

RECORD OF PROCEEDINGS  
PHYSICAL DISABILITY BOARD OF REVIEW

NAME: XXXXXXXXXXXXXXXX  
CASE NUMBER: PD1200579  
BOARD DATE: 20130125

BRANCH OF SERVICE: ARMY  
SEPARATION DATE: 20040411

**SUMMARY OF CASE:** Data extracted from the available evidence of record reflects that this covered individual (CI) was a National Guard Soldier, PFC/E-3(88M/Motor Transport Operator), medically separated for psychotic disorder, not otherwise specified (NOS). The CI was admitted for psychotic disorder, NOS, in 2003 for paranoid ideation. He responded well to treatment, but did not to meet the requirements of his Military Occupational Specialty or retention standards. He was issued a permanent P3/S3 profile and referred for a Medical Evaluation Board (MEB). The MEB forwarded psychotic disorder, NOS as an Axis I diagnosis, and medically unacceptable. Asthma and hypertension, identified as medically acceptable Axis III diagnoses, were also forwarded by the MEB to the Physical Evaluation Board (PEB). The PEB adjudicated the psychotic disorder, NOS, as unfitting, rated 10%, with application of the Veterans Affairs Schedule for Rating Disabilities (VASRD) and AR 635-40 B-107 para. (e.) The PEB adjudicated the asthma and hypertension as not unfitting. The CI made no appeals and was medically separated with a 10% disability rating.

**CI CONTENTION:** The CI states: "I feel it was not rated properly due to my bipolar disorder and the struggles I went through and still going through. I was not in my right mind frame but under heavy medication when I got the severence [sic] pay verses my %. If I was in my right mind things would have went differently of it I [sic] had been able to comprehend. I am asking the Army in which I love from myself being a soldier and knowing the values that we carry, I am asking for your help. My condition has me currently taking about 10 different medication [sic] trying to help my problem of bipolar disorder." The CI also appended a two page letter.

**SCOPE OF REVIEW:** The Board wishes to clarify that the scope of its review as defined in DoDI 6040.44 (Enclosure 3, paragraph 5.e. (2) is limited to those conditions which were determined by the PEB to be specifically unfitting for continued military service; or, when requested by the CI, those condition(s) "identified but not determined to be unfitting by the PEB." The ratings for unfitting conditions will be reviewed in all cases. The remaining conditions rated by the VA at separation are not within the Board's purview. Any conditions or contention not requested in this application, or otherwise outside the Board's defined scope of review, remain eligible for future consideration by the Army Board for Correction of Military Records.

**RATING COMPARISON:**

| Service PEB – Dated 20031215    |               |        | VA (3 & 4 Mos. Post-Separation) – All Effective Date—All NSC |      |        |          |
|---------------------------------|---------------|--------|--|------|--------|----------|
| Condition                       | Code          | Rating | Condition  | Code | Rating | Exam     |
| Psychotic Disorder, NOS         | 9210          | 10%    | Anxiety & Depression*  | 9400 | NSC    | 20040626 |
| Asthma                          | Not Unfitting |        | Asthma   | 6602 | NSC    | 20040706 |
| Hypertension                    | Not Unfitting |        | Hypertension   | 7101 | NSC**  | 20040706 |
| ↓No Additional MEB/PEB Entries↓ |               |        | 0% X 0 / Not Service-Connected x 10                          |      |        | 20040706 |

|                      |                          |
|----------------------|--------------------------|
| <b>Combined: 10%</b> | <b>Combined: Nothing</b> |
|----------------------|--------------------------|

\* VARD of 1/20/2012 service connected Bipolar Disorder w/Psychosis, 9432, rating it 70%, effective 6/23/11, combined 70%.  
 \*\*VARD of 7/19/2010 service connected hypertension, 7101, rating it at 0%, effective 4/12/04, the day after separation.

**ANALYSIS SUMMARY:**

Psychotic Disorder, NOS. The CI was referred by a Chaplain for paranoid ideation and admitted on 17 June 2003, 10 months prior to separation. He admitted and then denied drug abuse, but was positive for THC (a metabolite of marijuana) on a urine drug screen. The Board noted that multiple subsequent drug screens in October of 2003 and April of 2004 were also positive for THC. He denied a personal or family history of prior mental illness. He was noted to have paranoia, confusion and questionable auditory hallucinations. He responded well to an anti-psychotic with resolution of symptoms by the time of discharge. He was thought to have marked impairment for military duty and definite social and industrial impairment. The previous February, he had been seen for asthma and was noted to have been anxious about a new marriage and the use of a gas mask. This was the only note referencing a mental health issue prior to his admission. Following his discharge on 11 July 2003, the next documented mental health visit was on 20 October 2003 when the examiner noted an altered mental status. The CI was brought in by his mother due to "bizarre behavior." He had recently started dating a woman who reportedly abused illegal and controlled drugs and shared these with the CI. He had stopped his anti-psychotic medication and noted that "the Lord keeps telling him things to do, that he's suppose(d) to get out of the military..." The examiner informed the mother that "1) he could be messing himself up w/ drugs; 2) it could be a form of schizophrenia or mental illness; 3) it could be a brain tumor; 4) it could be just him faking his behavior to try to get out of the military." He further wrote "When I said this he spoke up and said 'yep, that's what I'm trying to do'." The next day he presented to the emergency room complaining of paranoia and was treated with Haldol (an antipsychotic) and Ativan (for sedation and anxiety) with symptom improvement. Magnetic resonance imaging of the brain was unremarkable. He was again seen on 21 November 2003 and it was noted that "nothing had changed." The last visit in the record prior to separation was 15 April 2004. The CI admitted to using drugs again, but declined rehabilitation. At the MEB examination on 24 June 2003, 10 months prior to separation, the examiner noted a history of psychotic disorder without further elaboration. The narrative summary dictated on 10 July 2003 by his treating psychiatrist the day prior to discharge from the hospital. The history is above. At the VA Compensation and Pension (C&P) examination performed on 26 June 2004, 2 months after separation, the CI reported that he was now divorced, but that he had not been happy in the marriage. He also stated that he had used marijuana "off and on" while in the Army National Guard, but had not used it since separation. He denied a history of auditory hallucinations. The examiner was of the impression that some of the CI's symptoms could be related to the use of marijuana. The CI stated that he was not taking any psychotropic medications or attending outpatient treatment. He was working in a video store where he had been employed for 3 weeks. He reported that he enjoyed attending church and exercising. He was sleeping well and had a good appetite. He denied sadness, depression, auditory or visual hallucinations, or anxiety. On mental status examination, he was noted to be euthymic and appropriately dressed. No hallucinations were in evidence and the affect appropriate. He was alert, oriented and able to concentrate well with fair memory. He denied paranoid, homicidal and suicidal ideation. His Global Assessment of Function was assessed at 70, corresponding to mild symptoms or mild difficulty in functioning, and no psychiatric diagnosis was present. Review of subsequent VA decisions shows that the CI was diagnosed with bipolar disorder on 13 July 2005, but that this was not service-connected to the in-service diagnosis. Service-connection was granted for bipolar disorder at 70% disability effective 23 June 2011, over 7 years after separation.

The Board directs attention to its rating recommendation based on the above evidence. The PEB coded the condition 9210 for a non specified psychotic disorder and rated it at 10% for mild impairment treated with medication. The VA determined that there was no mental health disorder and did not grant either a rating or service-connection. The Board noted that the CI was responding well to medications at the time of discharge from the hospital, 9 months prior to separation. At a subsequent evaluation, the examiner could not determine the etiology of the problems and opined that drug abuse could be a factor as well as a desire for separation. The CI had positive drug screens for marijuana use on multiple occasions prior to separation. The most proximate examination to separation, the C&P, was normal and the CI was off of medications and denied recent substance abuse. After due deliberation, considering all of the evidence and mindful of VASRD §4.3 (Resolution of reasonable doubt), the Board concluded that there was insufficient cause to recommend a change in the PEB adjudication for the mental health condition.

**BOARD FINDINGS:** IAW DoDI 6040.44, provisions of DoD or Military Department regulations or guidelines relied upon by the PEB will not be considered by the Board to the extent they were inconsistent with the VASRD in effect at the time of the adjudication. The Board did not surmise from the record or PEB ruling in this case that any prerogatives outside the VASRD were exercised although it noted that the PEB also cited AR 635-40 B-107 para. (e.). In the matter of the psychotic, NOS condition and IAW VASRD §4.130, the Board unanimously recommends no change in the PEB adjudication. There were no other conditions within the Board’s scope of review for consideration.

**RECOMMENDATION:** The Board, therefore, recommends that there be no recharacterization of the CI’s disability and separation determination, as follows:

| <b>UNFITTING CONDITION</b>  | <b>VASRD CODE</b> | <b>RATING</b> |
|---|-------------------|---------------|
| Psychotic Disorder, Not Otherwise Specified, Manifested by Paranoid Delusions | 9210              | 10%           |
|   | <b>COMBINED</b>   | <b>10%</b>    |

The following documentary evidence was considered:

- Exhibit A. DD Form 294, dated 20120603, w/atchs
- Exhibit B. Service Treatment Record
- Exhibit C. Department of Veterans’ Affairs Treatment Record

xxxxxxxxxxxxxxxxxxxxxx, DAF  
 Director  
 Physical Disability Board of Review

SFMR-RB

MEMORANDUM FOR Commander, US Army Physical Disability Agency  
(TAPD-ZB / xxxxxxxx), 2900 Crystal Drive, Suite 300, Arlington, VA 22202-3557

SUBJECT: Department of Defense Physical Disability Board of Review Recommendation  
for xxxxxxxxxxxxxxxxx, AR20130002013 (PD201200579)

I have reviewed the enclosed Department of Defense Physical Disability Board of Review (DoD PDBR) recommendation and record of proceedings pertaining to the subject individual. Under the authority of Title 10, United States Code, section 1554a, I accept the Board's recommendation and hereby deny the individual's application. This decision is final. The individual concerned, counsel (if any), and any Members of Congress who have shown interest in this application have been notified of this decision by mail.

BY ORDER OF THE SECRETARY OF THE ARMY:

Encl

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Deputy Assistant Secretary  
(Army Review Boards)