RECORD OF PROCEEDINGS
PHYSICAL DISABILITY BOARD OF REVIEW

NAME: XXXXXXXXXXXXXXXXX
CASE NUMBER: PD1200634
BOARD DATE: 20130201

BRANCH OF SERVICE: ARMY
SEPARATION DATE: 20031126

SUMMARY OF CASE: Data extracted from the available evidence of record reflects that this covered individual (CI) was an active duty, SPC/E-4, (91W/Health Care Specialist), medically separated for chronic abdominal and pelvic pain secondary to endometriosis, status post (s/p) a total abdominal hysterectomy (TAH). In 1999 the CI had an emergency laparoscopy for a hemorrhagic corpus luteum cyst. The pathology report indicated endometriosis. Despite ongoing treatment, she failed to have any resolution of her symptoms and her pain worsened. In February 2003, she had complications during surgery for adhesions requiring a repair to a perforated section of her small bowel and a TAH and bilateral salpingo-oopherectomy (BSO). She continued to have pain post-operatively. She was also diagnosed with Grave's disease in November 2002. The CI did not improve adequately with treatment to meet the physical requirements of her Military Occupational Specialty or satisfy physical fitness standards. She was issued a permanent P3 profile and referred for a Medical Evaluation Board (MEB). The MEB forwarded chronic pelvic pain secondary to endometriosis s/p TAH and Grave's disease to the Physical Evaluation Board (PEB) as medically unacceptable. The PEB adjudicated the chronic abdominal and pelvic pain secondary to endometriosis as unfitting, rated 10%, with application of the Veterans Affairs Schedule for Rating Disabilities (VASRD). The Grave's disease was determined to be not unfitting. The CI made no appeals and was medically separated with a 10% disability rating.

CI CONTENTION: "My desire to serve my country was cut short due to a surgical mistake. I had 7 years of dedicated service to my country when my physical condition that was caused during my military service prevented me from continuing to retirement. I am still dedicated to the military and love all aspects of it. I miss the systematic missions and long for that feeling of comradery (*sic*) that can be found nowhere else." The CI elaborated further on her small bowel surgery and TAH, but did not contend for the treated Graves Disease.

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 unfitting chronic abdominal and pelvic pain secondary to endometriosis is within the scope. The TAH does not fail retention standards and is not a ratable, unfitting condition. The not unfitting Grave's disease was not contended and is, therefore, not within the purview of the Board. 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 IPEB – Dated 20030808			VA (5 Mos. Post-Separation) – All Effective Date 20031127			
Condition	**Code**	**Rating**	**Condition**	**Code**	**Rating**	**Exam**
Abdominal/pelvic pain secondary to endometriosis, s/p TAH	7629	10%	Pelvic pain s/p perforation of the small bowel w/repair and re-anastomosis	7328-7301	10%*	20040429
Graves Disease	Not Unfitting		Graves Disease	7900	10%	20040429
↓No Additional MEB/PEB Entries↓			TAH/BSO w/scar	7617	50%	20040429
			0% X 2 / Not Service-Connected x #			20040429
Combined: 10%			**Combined: 60%**			

*VA originally coded 7328 and rated at 0%; increased to 10% and changed code to 7328-7301 effective DOS after DRO review.

ANALYSIS SUMMARY: The Disability Evaluation System (DES) is responsible for maintaining a fit and vital fighting force. While the DES considers all of the member's medical conditions, compensation can only be offered for those medical conditions that cut short a member's career, and then only to the degree of severity present at the time of final disposition. The DES has neither the role nor the authority to compensate service members for anticipated future severity or potential complications of conditions resulting in medical separation nor for conditions determined to be service-connected by the Department of Veterans Affairs (DVA) but not determined to be unfitting by the PEB. However the, operating under a different set of laws (Title 38, United States Code), is empowered to compensate all service-connected conditions and to periodically re-evaluate said conditions for the purpose of adjusting the Veteran's disability rating should the degree of impairment vary over time. The Board's role is confined to the review of medical records and all evidence at hand to assess the fairness of PEB rating determinations, compared to VASRD standards, based on severity at the time of separation. The Board utilizes DVA evidence proximal to separation in arriving at its recommendations; and, DoDI 6040.44 defines a 12-month interval for special consideration to post-separation evidence. The Board's authority as defined in DoDI 6044.40, however, resides in evaluating the fairness of DES fitness determinations and rating decisions for disability at the time of separation. Post-separation evidence therefore is probative only to the extent that it reasonably reflects the disability and fitness implications at the time of separation. The Board has neither the jurisdiction nor authority to scrutinize or render opinions in reference to the CI's statements in the application regarding suspected DES improprieties in the processing of his case.

Chronic Abdominal and Pelvic Pain Secondary to Endometriosis. The CI presented with abdominal pain while deployed and was found to have a ruptured corpus luteum cyst with a large hemorrhage into the abdomen. Her post-operative recovery was uneventful, but her abdominal/pelvic pain persisted. On 24 April 2001, she underwent laparoscopy and was noted to have endometriosis and adhesions. She subsequently developed constipation and was noted to have an adhesion-induced tortuous colon on sigmoidoscopy. She remained symptomatic despite hormonal medications. In February 2003, she again had laparoscopy and lysis of the adhesions, but developed abdominal pain after the surgery and was found to have a perforated segment of small bowel which was surgically resected in a second procedure. Due to the extent of the pelvic pathology, the surgeon also performed a TAH BSO, procedures which had been discussed with the CI prior to the surgery and to which she had consented. She was seen multiple times in the immediate post-operative period with residual pain. At the MEB

examination on 9 June 2003, 4 months after the last surgery and 5 months prior to separation, the CI reported persistent abdominal pain and intestinal trouble since the surgery. The narrative summary was dictated on 19 July 2003. The examiner noted that the CI had enjoyed some improvement in her pelvic pain, but that she continued to have significant pain and would likely have issues with adhesions in the future. On examination, she was noted to have midline incision scars, but otherwise there were no masses noted and the abdomen was nontender. Pelvic and rectal examinations were deferred as she had undergone a complete examination at the time of the surgery. She was not on any treatment for the endometriosis or pelvic pain at the time of the dictation, but was taking replacement hormones following the TAH BSO. She was unable to do vigorous activities. At the VA Compensation and Pension examination on 29 April 2004, 5 months after separation, the CI reported that she still developed pain in the left abdomen on occasion and passed a lot of gas. On examination she was noted to be in no acute distress. She weighed 105 pounds, one pound less than on her accession examination 8 years earlier. The scars were noted to be non-tender and well-healed. The abdomen was soft, nontender and without masses. Normal external female genitalia were present.

The Board directs attention to its rating recommendation based on the above evidence. The VA awarded 50% for the TAH BSO. As already noted, this is not medically unacceptable, unfitting for service, or ratable. The VA determined that the pelvic pain was secondary to the perforation of the small bowel initially and awarded a 0% rating coded 7328 (resection of the small bowel) since she did not have diarrhea, anemia or inability to gain weight. Upon Decision Review Officer (DRO) reevaluation, the VA awarded 10% for pelvic pain secondary to adhesions coded 7328-7301 (peritoneal adhesions). The PEB also awarded 10%, but utilized the coding option 7629 (endometriosis). The Board considered that the unfitting abdominal and pelvic pain could have been caused by the endometriosis, the adhesions or both. Under code 7328, her condition would not be compensable due to the absence of diarrhea or weight loss. While she clearly had endometriosis, she was not under treatment and would also be non-compensable under this coding option. The peritoneal adhesions coding option, 7301, does support a 10% disability rating. However, this provides no advantage to the CI. By precedent, the Board typically does not change the PEB coding choice unless there is an advantage to the CI. 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 chronic abdominal and pelvic pain 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. In the matter of the chronic abdominal and pelvic pain condition and IAW VASRD §4.114 and §4.116, 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:

UNFITTING CONDITION	VASRD CODE	RATING
Chronic Abdominal and Pelvic Pain Secondary to Endometriosis,	7629	10%

status post Total Abdominal Hysterectomy		
	COMBINED	10%

The following documentary evidence was considered:

Exhibit A. DD Form 294, dated 20120602, w/atchs
Exhibit B. Service Treatment Record
Exhibit C. Department of Veterans' Affairs Treatment Record

XXXXXXXXXXXXXXXXXXX, 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 XXXXXXXXXXXXXXX, AR20130003068 (PD201200634)

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)