

RECORD OF PROCEEDINGS
PHYSICAL DISABILITY BOARD OF REVIEW

NAME: XXXXXXXXXXXXXXXX
CASE NUMBER: PD1200642
BOARD DATE: 20121025

BRANCH OF SERVICE: ARMY
SEPARATION DATE: 20020731

SUMMARY OF CASE: Data extracted from the available evidence reflects that this covered individual (CI) was an active duty SPC/E-4, (31U, Communications Specialist) medically separated for Type II diabetes mellitus (DM). The CI was diagnosed with Type II DM during basic training in 1997. Treatment with oral medication was instituted and he was lost to follow up until October 2000 when he presented to the emergency department with uncontrolled diabetes. Oral medications were restarted, he underwent a Medical Evaluation Board (MEB) in November 2000 and subsequent Physical Evaluation Board (PEB) in January 2001 which found him fit and he returned to duty. In March 2001 he was sent home early from a deployment because of symptoms due to poorly controlled DM. He could not meet the physical requirements of his Military Occupational Specialty (MOS) and was issued a permanent P3 profile. He was then referred for a second MEB which forwarded Type II DM as the only medically unacceptable condition for Physical Evaluation Board (PEB) adjudication. On 8 May 2002, the PEB adjudicated the DM, Type II, as unfitting and rated it 20%, with application of the Veteran’s Affairs Schedule for Rating Disabilities (VASRD). The CI made no appeals, and was medically separated with a 20% disability rating.

CI CONTENTION: The CI states: “Type 2 Mellitus Diabetes”

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. 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 20020508 | | | VA (2 Mos. Pre-Separation) – Effective Date 20020801 | | | |
|---|------|--------|--|------|--------|----------|
| Condition | Code | Rating | Condition | Code | Rating | Exam |
| Diabetes Mellitus, Type II, Uncontrolled on Oral Hypoglycemic Agent & Restricted Diet | 7913 | 20% | Diabetes Mellitus, Type 2 | 7913 | 10%* | 20020610 |
| ↓ No Additional MEB/PEB Entries ↓ | | | Not Service-Connected x 4 | | | 20020610 |
| Combined: 20% | | | Combined: 10% | | | |

*10% deduction for Diabetes that existed prior to service

ANALYSIS SUMMARY: The Board's authority as defined in DoDI 6044.40, however, resides in evaluating the fairness of Disability Evaluation System rating determinations for the disability existing at the time of separation. Post-separation evidence therefore is probative only to the extent that it reasonably reflects the disability at the time of separation. The Board utilizes VA 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.

Type II Diabetes Mellitus. The narrative summary prepared 4 months prior to separation notes the initial diagnoses of DM during basic training in 1997. At that time, the CI was started on oral medications and then was lost to follow-up and received no formal medical therapy from 1997 until 2000. In October 2000, he presented to the emergency room with symptoms of uncontrolled diabetes. The CI was started on the oral medication Metformin. He was determined to be fit for duty by a PEB on 29 January 2001 as he was controlled on Metformin alone. Since that time, the CI's DM became uncontrolled and a second oral medication, Glyburide, was added to the Metformin. In March 2001, the CI was returned early from a deployment because he was unable to participate in any of the training exercises due to elevated blood sugars. The CI's medical regimen was adjusted, he was sent to a diabetic education refresher course and he was monitored. He had periods of non-compliance with medical recommendations and when laboratory results indicated poorly controlled diabetes on his current oral hypoglycemics an MEB was re-initiated. Examination revealed a heavy set male. Ophthalmology evaluation dated 15 March 2002 revealed no evidence of diabetic retinopathy. Significant laboratory results were normal urine protein, blood urea nitrogen and creatinine. Fasting blood sugar was 246 and hemoglobin A1C was 11.5.

At the MEB exam the CI reported diabetes and hypertension, frequent or painful urination, high or low blood sugar and sugar or protein in urine on the DD Form 2807. The MEB physical exam noted normal mono-filament testing of feet and normal blood pressure. "Soldier with known Type II DM, unable to control blood sugar in field environment for MEB".

The VA Compensation and Pension (C&P) exam approximately 2 months prior to separation documented "erratic" follow up medical care for DM condition and no hospitalizations but several emergency room evaluations for hyperglycemia. Diet restriction was also mentioned and some limited activity secondary to symptoms of weakness and fatigue. Current treatment was with two oral medications with each one taken twice daily. Examination revealed normal blood pressure, normal non-dilated fundoscopic exam and intact sensation to light touch to distal lower extremities. It also referenced the MEB for all pertinent diagnostic and clinical tests and that a micro albumin test was performed and revealed no renal insufficiency.

The Board directs attention to its rating recommendation based on the above evidence. The PEB utilized VASRD code 7913, diabetes mellitus, and awarded a rating of 20% for DM uncontrolled on oral hypoglycemic and restricted diet. The VA utilized the same code but rated it 10% after a stated deduction of 10% for pre-service DM that was controlled with diet and exercise alone until October 2000. The PEB did not adjudicate the DM condition as existed prior to service. The VASRD rating criteria for DM requires consideration of diet restrictions, activity regulation, insulin requirement, hospitalizations, frequency of required provider visits for care and complications not compensable if separately evaluated. In this case, the CI required oral medication use along with diet restrictions which meets the criteria for a 20% evaluation. The next higher rating, 40%, requires the addition of activity regulation which is not present in this case. The CI did not have any hospitalizations or complications secondary to DM at the time of separation. After due deliberation, considering all of the evidence and mindful of VASRD §4.3

(reasonable doubt), the Board concluded that there was insufficient cause to recommend a change in the PEB adjudication for the DM, Type II 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 DM, Type II condition and IAW VASRD §4.119, 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 |
|----------------------------|-------------------|---------------|
| Diabetes Mellitus, Type II | 7913 | 20% |
| | COMBINED | 20% |

The following documentary evidence was considered:

- Exhibit A. DD Form 294, dated 20120608, w/atchs
- Exhibit B. Service Treatment Record
- Exhibit C. Department of Veterans' Affairs Treatment Record

XXXXXXXXXXXXXXXXXX
President
Physical Disability Board of Review

SFMR-RB

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

SUBJECT: Department of Defense Physical Disability Board of Review Recommendation for
XXXXXXXXXXXXXXXXXX, AR20120020556 (PD201200642)

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

XXXXXXXXXXXXXXXXXX
Deputy Assistant Secretary
(Army Review Boards)

CF:
() DoD PDBR
() DVA