

RECORD OF PROCEEDINGS
PHYSICAL DISABILITY BOARD OF REVIEW

NAME: XXXXXXXXXXXXX
CASE NUMBER: PD1200736
BOARD DATE: 20130122

BRANCH OF SERVICE: ARMY
SEPARATION DATE: 20031113

SUMMARY OF CASE: Data extracted from the available evidence of record reflects that this covered individual (CI) was an active duty SPC/E-5 (92Y10/Supply Specialist), medically separated for Type I diabetes mellitus (DM), requiring Insulin and restricted diet. The CI was diagnosed with Type I DM by internal medicine after a referral from the neurologist who noted the CI had abnormal glucose levels. The Type I DM condition remained uncontrolled despite efforts to improve compliance over a period of several months. The CI stated that his duties affect his ability to maintain compliance with his Insulin regimen, and did not improve adequately to meet the physical requirements of his Military Occupational Specialty (MOS) or satisfy physical fitness standards. He was issued a permanent P3 profile and referred for a Medical Evaluation Board (MEB). The MEB forwarded no other conditions for Physical Evaluation Board (PEB) adjudication. The PEB adjudicated the Type I DM condition as unfitting, rated 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: "I feel I have always been entitled to the next higher VA rating due to the nature of my Service Connected Disability. I have to take shots 4 times a day, strenuous activities cause me to have periods of hypoglycemia at work and during various activities outside of work. I have been going through these type issues since before I was released from the army. I have requested VA reevaluations on more than one occasion but have had no success in obtaining a higher rating." The CI's further contention on the DD 294 is summarized as supporting his having restriction of activities secondary to hypoglycemic issues and work restrictions due to the diabetes condition, and also contention for Narcolepsy, Sleep Apnea, hypertension, headaches and sore throats.

I find it somewhat annoying that the doctors within the VA state that my diet need to be restricted and I need to be careful with activities that I partake in. but when I request that an addendum be placed in my medical records to show that activities do need to be regulated, they refuse. I'm then in turn offered a letter to take to work that states or indicates I need specific times breaks etc for taking medication or times to properly monitor my diabetes. If this isn't a regulation in activities I'm not sure what would classify this. I've also have had as previously stated periods of hypoglycemia at work, to the point people have had to stop what they are doing to attend to me. While living in San Antonio Texas in 2009 , I had a incident involving hypoglycemia where I came into a state of confusion. while on the highway by myself. I was leaving from my mother's house helping her move on the west side of San Antonio, I somehow ended up on the southside of San Antonio which is roughly an hour drive and had no recollection of how I got there. During this incident I stopped in the middle of an exit in the middle of the road, initially people began driving around me I was passed out for roughly 2 hours before a business owner saw me out there and took me inside her used car dealership. She assisted me in getting my blood sugar up and called my mother to come pick me up and take me home. I have other incidents like this that I can recall, this is evidence that my activities should be regulated, as a Type I diabetic simple things like walking, exercising, heavy lifting or participating in work activities can cause and have caused Hypoglycemic episodes. In my research of disability ratings it seems as if Type 1 and Type 2 diabetics are treated as equals, this condition ruined my military career and does not allow me to have a decent quality of life because I DO have to regulate my activities or what I can do in fear of being sick and having hypoglycemic episodes. In my original determination letter there is a denial for service connected Narcolepsy. When I originally went in to the hospital I went for a sleeping disorder, I reported to my command that I would frequently stop breathing in my sleep. Initially I was diagnosed with Narcolepsy due to frequent daytime sleepiness and placed on a military profile. I was restricted from going to weapons qualifications, driving a military vehicle and I was ordered to do Physical Training at my own pace. I then had a sleep study done at the civilian hospital in Killeen Texas while I

was stationed at Ft. Hood, and I was ordered a second sleep study at Darnell Army Medical Center on Ft. Hood. At the time of the the second sleep study a neurologist ordered some blood work which I proceeded to have done. While waiting for the results, I continued normal work activities such as guard duty at Darnell Hospital. I had just pulled a 24hr guard shift at the hospital, my platoon sergeant called me that morning and told me I need to get to the hospital asap. When I got there the neurologist told me that I have diabetes, at first they started me out on metformin but those made me sick, then I was switched to Insulin shots. I never heard anything further in reference to the sleep disorder, that part of what I was going through was ignored and to this day I still struggle with this. I recently had a conversation with a nurse practitioner at the VA here in Indianapolis and I described to her what types of symptoms I was having. We both came to agreement that through her knowledge and my research it seems to be Sleep Apnea. This is the reason why I believe back in 2001/2002 is why they said it seems to be narcolepsy cause daytime sleepiness is one of the symptoms of sleep apnea along with erratic blood sugars, hypertension, headaches and sore throats which I suffer from all these. These issues still remain unresolved from the time that I originally brought the up prior to being diagnosed with Type I Diabetes Mellitus to now.

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 diabetes mellitus condition as requested for consideration meets the criteria prescribed in DoDI 6040.44 for Board purview; and, is addressed below. The contended narcolepsy, sleep apnea, hypertension, headaches and sore throat conditions; and 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 20030911			VA (3 Mos. Post-Separation) – All Effective Date 20031114			
Condition	Code	Rating	Condition	Code	Rating	Exam
Type I Diabetes Mellitus	7913	20%	Diabetes Mellitus Type I	7913	20%*	20040229
↓No Additional MEB/PEB Entries↓			Not Service-Connected x 3			
Combined: 20%			Combined: 20%			

*VARD 20031103 Voc Rehab, VARD 20060630; VARD 20120627 continued the 20% rating for Type 1 DM.

ANALYSIS SUMMARY:

Type I Diabetes Mellitus (DM) Condition. At the MEB exam the CI reported having high and low blood sugar because of DM. The CI also said that job duties interfered with his compliance with Insulin therapy. The narrative summary (NARSUM) noted that the CI was poorly controlled on oral diabetic medications, required Insulin therapy, and was ultimately determined to be a Type 1 diabetic. The CI reported that within the first 2 weeks of Insulin therapy he experienced two episodes of relative hypoglycemia. The NARSUM stated that there were multiple documented discussions with the CI regarding continued non-compliance with the diabetes control program. The MEB exam noted the CI’s urine was positive for glucose and the glycosolated hemoglobin (HA1C-representing long-term glucose control) had been rising up to 11.4% in July 2003 (normal DM target less than 6.5%). At the time of the MEB exam the CI had been educated in diabetes control, including diet, and was taking Insulin four times daily. The CI’s P3 profile indicated restrictions of: access to a refrigerator at all times for Insulin; aerobic conditioning at own pace and distance; and physical fitness test – run, push-ups, and sit-ups permitted. The single emergency room visit was for high blood sugar early in the course of treatment.

At the VA Compensation and Pension (C&P) exam approximately 3 months after separation, the CI reported not following the diet well; "It is hard." It was noted that the CI was "Never hospitalized for diabetes. Never in coma, no hypoglycemia. ... No diabetic complications." Labs were abnormal, with a blood sugar of 333 mg/dL (normal 70-110), a HA1C of 14.3%. The diagnosis was "Diabetes Mellitus Type 1, without complications (poor compliance with the diet, loss of weight with good appetite)."

The Board directs attention to its rating recommendation based on the above evidence. The PEB rated the CI's Type 1 DM, requiring Insulin and restricted diet coded 7913 DM at 20%. The VA also rated this condition under VASRD code 7913 at 20%. The only rating code in the VASRD for DM is 7913. The possible criteria to consider for rating this CI are DM manageable by diet only, DM that requires medication and diet restriction, DM requires medication, diet and regulation of activity. (The highest two ratings for DM under 7913 require either evidence of hospitalizations for diabetic ketoacidosis or hypoglycemia OR twice per month or more visits to a diabetic care provider, AND complications that are not separately compensable). The CI contended that he requires regulation of activity in order to control his DM. VA guidance, precedence and legal opinion on "regulation of activities" for DM is that they must be physician prescribed "regulation of activities (avoidance of strenuous occupational and recreational activities)" as noted in the 7913 100% rating criteria. The evidence in the record does not support any physician-directed requirement to regulate activities to control the DM condition proximate to the date of the CI's 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 Type 1 DM condition.

BOARD FINDINGS: 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 Type 1 DM 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
Type 1 Diabetes Mellitus	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

XXXXXXXXXXXXXXXXXXXX, DAF
 Director
 Physical Disability Board of Review

SFMR-RB

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

SUBJECT: Department of Defense Physical Disability Board of Review Recommendation
for XXXXXXXXXXXX, AR20130002271 (PD201200736)

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

XXXXXXXXXXXXXXXXXXXX
Deputy Assistant Secretary
(Army Review Boards)