

RECORD OF PROCEEDINGS  
PHYSICAL DISABILITY BOARD OF REVIEW

NAME: XX  
CASE NUMBER: PD1200816  
BOARD DATE: 20130206

BRANCH OF SERVICE: NAVY  
SEPARATION DATE: 20020510

**SUMMARY OF CASE:** Data extracted from the available evidence of record reflects that this covered individual (CI) was an active duty PH3/E-4 (Photographer Mate), medically separated for interstitial cystitis. The CI had a history of chronic urinary urgency, frequency, nocturia, and pelvic pain with urination and she was diagnosed with interstitial cystitis in April 2001. The CI did not improve adequately with treatment and was unable to meet the physical requirements of her rating or satisfy physical fitness standards. The CI was placed on limited duty (LIMDU) and referred for a Medical Evaluation Board (MEB). The MEB forwarded chronic interstitial cystitis condition, benign essential hypertension, and exercise induced asthma to the Physical Evaluation Board (PEB). The PEB adjudicated interstitial cystitis as the only unfitting condition. The PEB adjudicated exercise induced asthma and essential hypertension as Category III conditions (“Conditions that are not separately unfitting and do not contribute to the unfitting condition”) with application of Veterans Affairs Schedule for Rating Disabilities (VASRD). The CI made no appeals, and she was medically separated with a 10% disability rating.

**CI CONTENTION:** “I have chronic interstitial cystitis which worsens each year. The required medication needed to treat my condition causes me hair loss, gym bleeds, vaginal dryness, sore throat and constant heartburn. I also encounter many sleepless nights. My Elmiron medication is so strong that the side effect of vaginal dryness makes it hard for me to sit for long periods of time along with making it difficult for me to have sexual intercourse with my husband and because of the vaginal soreness; the medication also makes my arms and legs sore and stiff. The Elmiron causes me constant mouth dryness and soreness. During my menstrual cycle, it’s painful to wear sanitary napkins because the pad rubs against the vaginal area causing more pain and skin abrasions. I’m warranted an increase because I have to live the rest of my life experiencing this pain due to the Elmiron medication.”

**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 rating 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 Board for Correction of Naval Records.

**RATING COMPARISON:**

Service IPEB – Dated 20020128			VA 38 Months Post-Separation) – All Effective Date 20041025			
Condition	Code	Rating	Condition	Code	Rating	Exam
Interstitial Cystitis	7512	10%	Chronic Interstitial Cystitis	7512	20%*	20050617
Exercise Induced Asthma	CAT III		Restrictive Lung Disease	6699-6602	30%	20050617
Essential Hypertension	CAT III		Hypertension with History of Tachycardia	7101	10%	20051114
↓No Additional MEB/PEB Entries↓			0% X 1 / Not Service-Connected x 4			20051114
<b>Combined: 10%</b>			<b>Combined: 50%</b>			

\*Increased to 30% effective 20100105

ANALYSIS SUMMARY: The Board acknowledges the sentiment expressed in the CI's application regarding the significant impairment with which his service-incurred condition continues to burden her. It is a fact, however, that the Disability Evaluation System (DES) has neither the role nor the authority to compensate members for anticipated future severity or potential complications of conditions resulting in medical separation. This role and authority is granted by Congress to the Department of Veterans Affairs (DVA). The Board's authority as defined in DoDI 6040.44, resides in evaluating the fairness of DES fitness determinations and rating decisions for disability 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. Post-separation evidence is probative only to the extent that it reasonably reflects the disability and fitness implications at the time of separation.

Interstitial Cystitis Condition. The CI initially presented in September 2000 with a 2 week history of burning, urgency, frequent urination, suprapubic pain, pressure and back pain. She failed to respond to treatment and a urology consult was requested. In April 2001, the urologist noted a history of urinary frequency, urgency, pelvic pain that was relieved by urination and nocturia 3 to 7 times a night. The physical exam was relatively benign with only minimal suprapubic tenderness. The CI was continued on a medication (Elmiron) specific to control the bladder pain and discomfort associated with interstitial cystitis, along with a medication (Atarax) to stabilize mast cells in the bladder tissue and a medication (Elavil) which helps to stabilize pain fibers in the pelvis and reduce overall pain. The immediate follow-up urology appointment performed in May 2001 showed a significant improvement in the CI's symptoms with voiding every 3 to 4 hours during the day and nocturia once nightly; however, the pain while decreased still persisted. The CI was reevaluated in September 2001 for LIMDU reevaluation. At the time of the reevaluation, the CI had not improved and requested a PEB. The CI underwent a cystoscopy in October 2001, however due to the lesions and severe discomfort, the urologist wanted to repeat this procedure under anesthesia with possible biopsies and fulguration. Later that month, the CI underwent a cystoscopy under anesthesia for a fulguration to remove the Hunner's ulcer in the bladder. The urologist subsequently noted the CI still had urinary urgency, frequency, and hematuria secondary to interstitial cystitis and planned to modify her medication regime. The MEB narrative summary (NARSUM) examination 5 months prior to separation documented a year history of interstitial cystitis symptoms with minimal improvement. No information regarding either daytime or nighttime voiding frequency was included. The non-medical assessment (NMA) in January 2002 indicated the CI required frequent lavatory visits and that she was away from her duties on average 8 hours per week for treatment, evaluation, or recuperation. The VA Compensation & Pension (C&P) examination done in approximately 38 months after separation noted that the CI urinated 8 times at intervals of 2 hours during the day and during the night, she urinated 4 times at intervals of 2 hours with associated problems of dysuria, weakness, and fatigue.

The Board directs attention to its rating recommendation based on the above evidence. The PEB coded the interstitial cystitis condition 7512 cystitis, chronic rated as 10%. The VA used the same coding as the PEB but assigned a 20% rating based on urinary frequency of every 2 hours during the day and 4r times each night. There was ample documentation in the service treatment record that the CI has urinary frequency and urgency however most of the notes did not quantify the number of times that the urgency occurred. An outpatient urology clinic visit note 14 months prior to separation indicated urinary frequency and nocturia 3 to 7 times a night. A note a month later indicated the CI was voiding every 3 to 4 hours during the day and had nocturia once nightly. No further information regarding actual voiding frequency was available in the record. The NMA indicated that the CI required frequent lavatory visits, however this frequency was not quantified, nor did the NMA address any nocturia. The C&P exam, approximately 38 months after separation, noted that the CI urinated 8 times during the day at intervals of 2 hours and during the night; she urinated 4 times at intervals of 2 hours.

This supports a 20% rating. However, this exam falls well outside the 12-month window specified in DoDI 6040.44 regarding VA evaluations for special Board consideration and therefore has little direct significance to the determination of a rating at the time of separation. It appears the CI's condition worsened over time. A 10% disability rating is assigned for daytime voiding interval between 2 and 3 hours, or; awakening to void 2 times per night and the available record contains no evidence to support a frequency greater than this prior to separation from service. 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 interstitial cystitis condition.

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**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 interstitial cystitis condition and IAW VASRD §4.71a, the Board unanimously recommends no change in the PEB adjudication. There were no other conditions within the Board's scope of review for consideration.

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**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>
Interstitial Cystitis	7512	10%
	<b>COMBINED</b>	<b>10%</b>

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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

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Acting Director  
Physical Disability Board of Review

MEMORANDUM FOR DIRECTOR, SECRETARY OF THE NAVY COUNCIL OF REVIEW  
BOARDS

Subj: PHYSICAL DISABILITY BOARD OF REVIEW (PDBR) RECOMMENDATIONS

Ref: (a) DoDI 6040.44  
(b) CORB ltr dtd 21 Feb 13

In accordance with reference (a), I have reviewed the cases forwarded by reference (b), and, for the reasons provided in their forwarding memorandum, approve the recommendations of the PDBR that the following individual's records not be corrected to reflect a change in either characterization of separation or in the disability rating previously assigned by the Department of the Navy's Physical Evaluation Board:

- former USN
- former USN
- former USMC
- former USN
- former USMC
- former USN
- former USN
- former USN
- former USMC
- former USMC
- former USMC
- former USMC

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Assistant General Counsel  
(Manpower & Reserve Affairs)