

RECORD OF PROCEEDINGS
PHYSICAL DISABILITY BOARD OF REVIEW

NAME: X
CASE NUMBER: PD1200884
BOARD DATE: 20120212

BRANCH OF SERVICE: NAVY
SEPARATION DATE: 20030107

SUMMARY OF CASE: Data extracted from the available evidence of record reflects that this covered individual (CI) was an active duty PO3/E-4 (ET3/9604 Electronics Technician), medically separated for dermatographic urticaria. The CI had a long history of rash and hives which developed prior to her entering the Navy. The CI did not improve adequately with conservative treatment and was unable to perform within her rating, meet worldwide deployment standards, or meet physical fitness standards. She was placed on limited duty (LIMDU) and referred for a Medical Evaluation Board (MEB). The MEB forwarded dermatographic urticaria, chronic, to the Physical Evaluation Board (PEB) IAW SECNAVINST 1850.4E. No other conditions appeared on the MEB's submission. The Informal PEB (IPEB) adjudicated dermatographic urticaria as unfitting rated 10%. The condition was determined to have existed prior to service (EPTS) and a 0% reduction was made. The CI appealed, requesting the addition of posttraumatic stress disorder (PTSD) as an unfitting condition. A Reconsideration PEB considered the contended condition and determined no change in the PEB findings was required. The CI made no further appeals and she was medically separated with a 10% combined disability rating.

CI CONTENTION: "The medical Board rated only one condition for my discharge: urticaria. I was diagnosed with Post Traumatic Stress Disorder (PTSD) as well as anxiety and depression by a Naval doctor while on active duty as a result of sexual assault by shipmates in October 2000. This condition was not rated by the Medical Board; however it was rated at 30% by the VA. The urticaria I was rated and medically separated for was aggravated [*sic*] by the PTSD diagnosed in my medical record, but the PTSD was omitted from my rating. The PTSD made me medically unfit for duty on its own and also aggravated my urticaria to require constant medication. Other service connected conditions include TMJ and Bilateral Pes Cavus, both diagnosed while on active duty."

The CI also attached a letter directed to the PDBR that contained a more detailed history of events and the same contentions regarding PTSD.

SCOPE OF REVIEW: The Board's scope of review is defined in DoDI 6040.44, Enclosure 3, paragraph 5.e. (2). It is limited to those conditions determined by the PEB to be unfitting for continued military service and those conditions identified but not determined to be unfitting by the PEB when specifically requested by the CI. The rating for the unfitting dermatographic urticaria condition is addressed below. The PTSD as requested for consideration meets the criteria prescribed in DoDI 6040.44 for Board purview; and is addressed below. The temporomandibular joint (TMJ) and bilateral pes cavus 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 respective Board for Correction of Naval Records.

RATING COMPARISON:

Service Reconsideration PEB – Dated 20021016			VA - (2 Mos. Post-Separation) VARD 20030807 (most proximate to Date of Separation)			
Condition	Code	Rating	Condition	Code	Rating	Exam
Dermatographic Urticaria	7199-7118	10%*	Chronic, Urticaria Pruritis	7825	10%	20030306
PTSD and Rape Trauma**	Rebuttal Considered, No Change in Findings		Post Traumatic Stress Disorder	9411	30%	20030306
No Additional MEB/PEB Entries			Bilateral Plantar Fasciitis	5299-5278	10%	20030306
Combined: 10%			0% X 1 / Not Service-Connected x 2			20030306
			Combined: 40%			

*Pre Existing Condition - Reduced by 0%

** Reconsideration PEB considered Psych addendum dated 20020913 and recommended no change in findings to the IPEB.

ANALYSIS SUMMARY: The Board’s authority as defined in DoDI 6040.44, resides in evaluating the fairness of Disability Evaluation System (DES) fitness determinations and rating decisions for 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. Post-separation evidence is probative only to the extent that it reasonably reflects the disability and fitness implications at the time of separation.

Dermatographic Urticaria Condition. The CI complained of a history of an “itching rash off and on for many years which would develop into hives with an itching rash.” The CI had been treated with only minimal success in the past with numerous antihistamines which included Benadryl, Atarax, and Claritin. The rash worsened considerably during Boot Camp on a nearly daily basis. The CI was initially seen in the emergency room (ER) for hives in September 1998 with documentation that the hives had occurred on and off for 4 months. The CI was seen in primary care for several visits with complaints of hives and exacerbations at times due to stress. The CI was diagnosed with dermatographic urticaria in April 1999. The CI was seen in the ER in September 1999 and the examiner noted that the rash would start as an itching response that could develop anywhere on the body and with mild scratching develop into hives which would last up to a few hours and either resolve with medication or spontaneously. The CI continued with follow-up for the dermatographic urticaria with primary care from June 1999 through to June 2003 with antihistamine treatment. The CI did not experience any symptoms of difficulty breathing or tongue swelling at any time with a hives episode. The CI underwent a Limited Duty (LIMDU) Board in October 2001 approximately 15 months prior to separation in which the examiner noted that the CI was still complaining of hives being continuous and daily with some urticaria noted on her arms and a requirement of antihistamine medications. As a result of the exam, the LIMDU noted that due to the drowsiness side effect of the antihistamines, the CI was restricted from any work of a dangerous nature requiring alertness and would need the time to get the problem under control with medication so that she could perform sea duty. The MEB examination 6 months prior to separation indicated that the CI still had poor control of the urticaria on the maximum tolerable dose of antihistamine medication and she had failed to make substantial progress in her 8 months of LIMDU. The examiner opined that the dermatographic urticaria had now persisted in excess of 3 years and was not well controlled on medication. The VA Compensation & Pension (C&P) examination performed 3 months after separation indicated worsening of the urticaria in response to the stress from the PTSD that developed subsequent to a rape in 2000. The urticaria worsened in response to the stress or hot weather which caused breakthrough itching and urticaria and this caused the CI to lose about 12 days from work in the prior 6 months. Treatment had been limited to oral antihistamines, such as Benadryl, Singulair, and Zyrtec, no steroid therapy was ever initiated during her time in the Navy. At the time of this examination, the CI’s symptoms were controlled with medication except when she experienced a PTSD anxiety attack or when the

weather is very hot. She was experiencing fatigue because of her medication and had lost about 12 days of work in the previous 6 months. Her skin examination was normal without hives or rashes. She had never used oral steroids.

The Board directs attention to its rating recommendation based on the above evidence. The PEB coded the dermatographic urticaria condition as 7199 analogous to 7118 angioneurotic edema rated 10% (Attacks without laryngeal involvement lasting one to 7 days and occurring 2 to 4 times a year). The PEB determined the condition to be EPTS and reduced the disability rating by 0%. The VA coded the chronic, urticaria pruritis coded 7825 urticaria and rated at 10% for recurrent episodes occurring at least 4 times during the past 12-month period, and; responding to treatment with antihistamines or sympathomimetics.

The Board must first evaluate the PEB's EPTS determination. The Board's authority for recommending a change in the EPTS determination is not specified in DoDI 6040.44, but is considered adjunct to its DoD-specified obligation to review fitness adjudications. While the CI did report a history of pruritus prior to service, there is no indication in the record that this condition ever reached the level of symptoms reported near the time of separation from service. The CI's military entrance physical documents a normal skin examination and no diagnosis of any skin disorder. With no apparent degree of disability at the time of entrance into naval service, 0% is appropriately deducted from the disability rating determined at the time of separation.

The Board reviewed the criteria for 7825 and considered the CI's history of chronic urticaria and the need for daily medications to control this condition. The Board was unclear as to why the PEB used the coding 7199 analogous to 7118. The CI did not have any documented episodes of angioneurotic edema. Although the at the time of the C&P exam, the CI contended that the urticaria had worsened and was service aggravated, there is no evidence in the record to document that steroids were required or a consult with dermatology was needed for additional treatment recommendations; the CI was continued on her antihistamine treatment. After much discussion, the Board decided that the coding of 7825 chronic, urticaria pruritis more accurately described the CI's condition. The Board deliberated on the natural history and potential service aggravating factors for the worsening of the dermatographic urticaria condition. However, both coding options result in the same disability rating and neither option offers any advantage to the CI. After due deliberation in consideration of the totality of the evidence, the Board concluded that there was insufficient cause to recommend a change in the PEB adjudication for the dermatographic urticaria condition.

Contended PEB Conditions. The contended condition adjudicated as not unfitting by the PEB was PTSD. The Board's first charge with respect to this condition is an assessment of the appropriateness of the PEB's fitness adjudication. The Board's threshold for countering fitness determinations is higher than the VASRD §4.3 (reasonable doubt) standard used for its rating recommendations, but remains adherent to the DoDI 6040.44 "fair and equitable" standard.

The CI was not granted LIMDU for this PTSD condition; it was not implicated in the commander's statement; and it was not judged to fail retention standards. The PTSD was reviewed by the action officer and considered by the Board. There was no indication from the record that this condition significantly interfered with satisfactory duty performance. The CI was diagnosed in October 1999 for adjustment disorder with depressed mood vs. medical problem. After the rape assault, the CI was followed by mental health clinic and found fit for duty throughout each visit in 2001. The November 2001 psychology note documented that the CI was functioning well and there was no indication of significant psychopathology and that the CI was fit for full duty. The MEB psychiatric addendum examination 4 months prior to separation indicated that there were some active PTSD including thoughts of rape, fear of large groups of strangers, fatigue and irritability, however the CI was recently married and reported

that her symptoms were in almost complete remission during the time surrounding her wedding. The examiner further documented that the symptoms never necessitated removal from full duty status or use of psychotropic medications. The Global Assessment of Functioning (GAF) was 65 (some mild symptoms). The C&P examination 2 months after separation noted a GAF 60 (moderate symptoms).

The Board directs attention to its rating recommendation based on the above evidence. The PEB noted that the PTSD and rape trauma condition was reconsidered because of a rebuttal by the CI to the IPEB; however, there was no change in the findings. The VA coded the PTSD condition 9411 and rated 30%. The CI was evaluated several times by both psychology and psychiatry and each time, she was found to be fit for full duty. At no time was the CI given a LIMDU for a mental health condition. After due deliberation in consideration of the preponderance of the evidence, the Board concluded that there was insufficient cause to recommend a change in the PEB fitness determination for the PTSD contended condition and therefore, no additional disability rating can be recommended.

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. In the matter of the dermatographic urticaria condition and IAW VASRD §4.104, the Board unanimously recommends no change in the PEB adjudication. In the matter of the contended PTSD condition, the Board unanimously recommends no change from the PEB determinations as not unfitting. 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
Dermatographic Urticaria	7199-7118	10%
	COMBINED	10%

The following documentary evidence was considered:

- Exhibit A. DD Form 294, dated 20120610, w/atchs
- Exhibit B. Service Treatment Record
- Exhibit C. Department of Veterans' Affairs Treatment Record

X
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 04 Apr 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:

- xformer USMC
- xformer USN
- xformer USMC
- xformer USMC
- xformer USN
- xformer USMC
- xformer USMC
- xformer USN
- xformer USMC
- xformer USN
- xformer USMC

x
Assistant General Counsel
(Manpower & Reserve Affairs)