RECORD OF PROCEEDINGS PHYSICAL DISABILITY BOARD OF REVIEW

BRANCH OF SERVICE: ARMY SEPARATION DATE: 20030512

<u>SUMMARY OF CASE</u>: Data extracted from the available evidence of record reflects that this covered individual (CI) was an active duty, SPC/E-4, (92A/Automated Logistical Specialist), medically separated for paroxysmal atrial fibrillation (PAF) with chest pain syndrome. The CI had a history of chest pain/tightness, shortness of breath and documented atrial fibrillation which involved numerous hospitals admits between 2001-2003. In July 2002 he was diagnosed with paroxysmal atrial fibrillation with unclear etiology. Despite treatment and medication, the CI had frequent recurrences of his PAF and could not fulfill the physical requirements of his Military Occupational Specialty 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 atrial fibrillation with chest pain as unfitting, rated 10%, with application of the Veterans Affairs Schedule for Rating Disabilities (VASRD). The CI made no appeals, and was medically separated with a 10% disability rating.

<u>CI CONTENTION</u>: The CI elaborated no specific contention in his application. He simply stated see attach medical records.

<u>SCOPE OF REVIEW</u>: 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 IPEB – Dated 20030312			VA (5 Mos. Pre-Separation) – All Effective Date 20030513			
Condition	Code	Rating	Condition	Code	Rating	Exam
Paraxysmal Atrial Fibrillation w/chest pain syndrome	7010	10%	Paroxysmal Atrilal Fibrillation w/chest pain	7010	10%	20021210
No Additional MER/DER F	Io Additional MEB/PEB Entries↓		Degenerative Arthritis R Knee	5010	10%	20021210
			0% X 0 / Not Service-Connected x 0			
Combined: 10%			Combined: 20%			

<u>ANALYSIS SUMMARY</u>: 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 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 DVA, 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.

Paroxysmal Atrial Fibrillation. The CI developed an irregularity of his cardiac pulse in 1999. The condition would appear intermittently manifesting itself clinically with chest pain and shortness of breath. In July 2002, a confirmed diagnosis of paroxysmal atrial fibrillation (AF) of uncertain etiology was made. Cardiac echo cardiogram study obtained 25 January 2002 revealed normal cardiac function with no evidence of heart disease. Stress exercise test (GXT) was normal demonstrating no coronary disease ischemic disease. Laboratory evaluation for source of the condition was unrevealing. Electrocardiogram (EKG) obtained 27 June 2002, when CI was asymptomatic revealed a regular slow rhythm with nonspecific changes. Routine chest X-rays were normal. In the 12 month period prior to separation, May 2002 to May 2003; the CI was treated on five occasions for cardiac related symptoms with AF documented by EKG on three. At the MEB/ narrative summary evaluation 18 December 2002, 5 months before separation, cardiac exam and rhythm were normal with no findings of cardiac dysfunction. At the Compensation and Pension 10 December 2002, 5 months prior to separation, the CI reported no cardiac symptoms. Cardiac examination was normal and no episodes of AF were reported after September 2002.

The Board directs attention to its rating recommendation based on the above evidence. The PEB and VA both rated the cardiac condition 10%, coded 7010, supraventricular arrhythmia, both citing four episodes of AF per year documented by EKG. A higher rating of 30% requires persistent arial fibrillation or paroxysmal atrial fibrillation with more than four episodes per year documented by EKG or Holter Monitor. The Board agreed that the AF condition was paroxysmal and noted only three episodes of AF documented by EKG in the 12 month period before separation. The Board unanimously agreed that the 10% rating was appropriate. The Board agreed that the CI had no documented myocardial, valvular, atherosclerotic occlusive or coronary artery disease or metabolic disease as an etiology for the condition for additional rating and was unable to find any pathway to a higher rating using any applicable VASRD code. 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 atrial fibrillation condition.

<u>BOARD FINDINGS</u>: 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 atrial fibrillation condition and IAW VASRD §4.104, the Board unanimously recommends no change in the PEB adjudication. There were no other conditions within the Board's scope of review for consideration.

<u>RECOMMENDATION</u>: The Board, therefore, recommends that there be no recharacterization of the CI's disability and separation determination, as follows:

UNFITTING CONDITION	VASRD CODE	RATING
Paroxysmal Atrial Fibrillation	7010	10%
	RATING	10%

The following documentary evidence was considered:

Exhibit A. DD Form 294, dated 201206, w/atchs Exhibit B. Service Treatment Record Exhibit C. Department of Veterans' Affairs Treatment Record

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

SUBJECT: Department of Defense Physical Disability Board of Review Recommendation for XXXXXXXXXXXXXXX, AR20130003042 (PD201200896)

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