RECORD OF PROCEEDINGS
PHYSICAL DISABILITY BOARD OF REVIEW

NAME: XXXXXXXXXXX
CASE NUMBER: PD1201186
BOARD DATE: 20121211

BRANCH OF SERVICE: ARMY
SEPARATION DATE: 20020512

SUMMARY OF CASE: Data extracted from the available evidence of record reflects that this covered individual (CI) was an active duty SPC/E-4 (88H10/Cargo Specialist) medically separated for endometriosis, stage II. The CI had been experiencing severe chronic pelvic pain and irregular menstrual cycles for approximately 2 years. These symptoms were not responsive to medical treatment and a diagnostic laparoscopy was performed which confirmed the diagnosis of endometriosis. The CI underwent additional hormonal therapy which did not result in adequate improvement to meet the physical requirements of her Military Occupational Specialty (MOS) or satisfy physical fitness standards. She was issued a permanent P3 profile and was referred for a Medical Evaluation Board (MEB). The MEB forwarded endometriosis, moderate, as the only condition for Physical Evaluation Board (PEB) adjudication. The PEB adjudicated the endometriosis as unfitting and rated it 10% with application of the Veteran's Affairs Schedule for Rating Disabilities (VASRD). The CI made no appeals and was medically separated with a 10% disability rating.

CI CONTENTION: "The rating should be changed because endometriosis is very serious and caused pain meds and bed rest for at least 3 or 4 days a month and has also caused a hysterectomy by the VA hospital in Houston Texas."

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, endometriosis in this instance, 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 FPEB – Dated 20020329			VA (At and 7 Mos. Post-Separation) – All Effective Date 20020511			
Condition	**Code**	**Rating**	**Condition**	**Code**	**Rating**	**Exam**
Endometriosis Stage II	7629	10%	Endometriosis Stage II	7629	10%*	STR
↓No Additional MEB/PEB Entries↓			Major Depressive Disorder & Anxiety Disorder	9434	30%	STR and 20031014
			Patellofemoral Syndrome mild Rt. knee	5024	10%	20021218
Combined: 10%			**Combined: 40%**			

*Increased to 30% based on first C& exam on 20031020; effective 20030829, the date of claim for increase.

ANALYSIS SUMMARY: The Board acknowledges the sentiment expressed in the CI's application regarding the significant impairment with which her service-incurred condition continues to burden her. The Board wishes to clarify that it is subject to the same laws for disability entitlements as those under which the Disability Evaluation System (DES) operates. 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. That role and authority is granted by Congress to the Department of Veteran Affairs (DVA), operating under a different set of laws (Title 38, United States Code). The Board evaluates DVA evidence proximal to separation in arriving at its recommendations, but its authority resides in evaluating the fairness of DES fitness decisions and rating determinations for disability at the time of separation.

Endometriosis. The narrative summary (NARSUM) prepared 3 months prior to separation noted the CI was a 22-year-old female who presented with longstanding chronic pelvic pain for approximately 2 years. She first presented with severe menorrhagia and pelvic pain unresponsive to conservative therapy and was initially seen in the GYN Clinic and treated with birth control pills without any relief. Because of her continued severe pelvic pain as well as menorrhagia, a laparoscopy was performed in April 2001 and stage II endometriosis was diagnosed. She underwent excision of lesions at that time as well as fulguration of implants. Postoperatively, initially she did well; however, shortly her pain returned at the same severity as it was previously. Therefore, she was started on Lupron therapy and treated for approximately 6 months. After discontinuation of her Lupron therapy, her pain was still significant. Physical examination revealed a well developed, well nourished female in no significant discomfort. The abdominal examination revealed tenderness in the lower abdomen. She had no palpable organomegaly or masses. External genital examination revealed normal female. Vagina was clean. Cervix was nulliparous but positive to cervical motion tenderness. Uterus was upper normal in size and exquisitely tender to palpation. Adnexa revealed no masses; however, she was exquisitely tender bilaterally, rectovaginally confirmed. She had no nodes palpable. Prior lab exams revealed a positive endometriosis on biopsy with findings of: endometriosis implants noted over the vesico-uterine peritoneum/cul-de-sac/left and right utero-sacral ligaments; Master's window right cul-de-sac; normal appendix and upper abdomen. Tubes/ovaries appear to be free of endometriosis. Ultrasound performed on the patient was normal. Chest X-ray was performed which was also normal. At the MEB exam prepared 2.5 months prior to separation, the CI reported “my menstrual pattern has changed due to my medication” and “I was treated in the emergency room for the pain and loss of blood due to my endometriosis.” The MEB physical exam simply noted that the abdomen and viscera, external genitalia and pelvic examinations were not performed.

At the VA Compensation and Pension (C&P) exam performed 17 months after separation, the CI reported onset of complaint about April 2000 when she complained of severe abdominal and pelvic pain with cramping and associated heavy menstrual flow. Her symptoms progressed to chronic pelvic pain and eventual treatment with Danocrine resulted in essentially resolution of her symptoms. The CI completed her supply of Danocrine early in 2003. Her provider had prescribed oral contraceptives for symptom control. She stated that since off treatment with Danocrine, her symptoms of abdominal pain, pelvic .pain and cramping had recurred. She complained of abdominal/pelvic pain and cramping with pain level at 7 to 8 (zero to 10 scale) during menstrual cycles. Her pain level reached 4 to 5 (zero to 10 scale) 5 days a week. Her pain level was at two during the time of the exam. She complained of excessive vaginal bleeding during menstrual cycles. She stated she utilized 15 to 20 pads or tampons daily, during her 3 to 5 days of menstrual flow. Her cycles were irregular. She complained of weakness, fatigue and mild constipation. She denied complaints of vaginal discharge, fever, or bladder symptoms. Treatments included a history of laparoscopy in April 2001 after which she reportedly was diagnosed with stage II endometriosis. She was initially treated in 2000 with oral contraceptives (name unknown), then with Lupron, then successful treatment with Danocrine. The physical exam revealed the following: External genitalia were normal. No bulging of vaginal wall, no urinary incontinence. Vaginal walls were pink with normal rugae and no lesions or discharge. Cervix was pink, smooth, without discharge and non-tender to

palpation. Uterus was firm and smooth with mild tenderness. No adnexal tenderness or masses detected.

The Board directs attention to its rating recommendation based on the above evidence. The PEB applied VASRD code 7629 and rated it 10% which equates with; Pelvic pain or heavy or irregular bleeding requiring continuous treatment for control IAW VASRD §4.116. The VA also applied VASRD code 7629 and rated it 10% based on the service treatment records (STRs) alone. After the first C&P examination was completed, the VA assigned a 30% disability rating. As described above, this C&P examination documented findings very similar to those on the NARSUM examination and it does not appear to represent a worsening of the condition over time. The VASRD code for endometriosis, 7629, utilizes symptom control, if symptoms are controlled then a 10% rating is indicated or if symptoms are not controlled then a 30% is indicated; and then the presence of bowel or bladder lesions and symptoms are required for the highest, 50%, rating for this condition. In this case there were no bowel or bladder lesions or symptoms. And although the pathology report demonstrated endometriosis implants noted over the vesico-uterine peritoneum which could be interpreted as bladder lesions, bladder involvement with endometriosis is demonstrated by endometrial implants in the bladder wall itself and would be diagnosed via cystoscopy. This CI had no bowel or bladder symptoms and her endometriosis did not involve her bowels or her bladder so the highest, 50%, rating is not warranted. The Boards deliberation settled on a 10% versus 30% discussion. The CI was prescribed hormonal modification treatment with Lupron or Danocrine sometime around August 2001 and was continued until sometime in April 2003 with the CI experiencing pelvic pain even while taking these medications. There is a year gap in these records which began 2 months prior to the CI's separation. For approximately 2 years prior to separation, the CI experienced pelvic pain (with and without hormonal based treatments) and the pain continued when the medical documentation starts again after the year gap. Additionally, at the time of the C&P examination, 17 months after separation, the CI's pelvic pain was present at a level of 4 to 5 on a 10 scale several days per week. As noted in her contention, she eventually went on the have a hysterectomy sometime later, again indicating that her symptoms were not controlled. The preponderance of evidence makes it more likely than not, that, at the time of separation, the CI's pelvic pain was not controlled despite all treatment rendered up to that date. After due deliberation, considering all of the evidence and mindful of VASRD §4.3 (reasonable doubt), the Board recommends a disability rating of 30% for the endometriosis 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 endometriosis condition, the Board unanimously recommends a disability rating of 30%, coded 7629 IAW VASRD §4.116. There were no other conditions within the Board's scope of review for consideration.

RECOMMENDATION: The Board recommends that the CI's prior determination be modified as follows; and, that the discharge with severance pay be recharacterized to reflect permanent disability retirement, effective as of the date of her prior medical separation:

UNFITTING CONDITION	VASRD CODE	RATING
Endometriosis, Stage II	7629	30%
	COMBINED	30%

The following documentary evidence was considered:

Exhibit A. DD Form 294, dated 20120611, w/atchs
Exhibit B. Service Treatment Record
Exhibit C. Department of Veterans' Affairs Treatment Record

XXXXXXXXXXXXXX, DAF
President
Physical Disability Board of Review

SFMR-RB

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

SUBJECT: Department of Defense Physical Disability Board of Review Recommendation for XXXXXXXXXXXXXX, AR20130000115 (PD201201186)

1. Under the authority of Title 10, United States Code, section 1554(a), I approve the enclosed recommendation of the Department of Defense Physical Disability Board of Review (DoD PDBR) pertaining to the individual named in the subject line above to recharacterize the individual's separation as a permanent disability retirement with the combined disability rating of 30% effective the date of the individual's original medical separation for disability with severance pay.

2. I direct that all the Department of the Army records of the individual concerned be corrected accordingly no later than 120 days from the date of this memorandum:

a. Providing a correction to the individual's separation document showing that the individual was separated by reason of permanent disability retirement effective the date of the original medical separation for disability with severance pay.

b. Providing orders showing that the individual was retired with permanent disability effective the date of the original medical separation for disability with severance pay.

c. Adjusting pay and allowances accordingly. Pay and allowance adjustment will account for recoupment of severance pay, and payment of permanent retired pay at 30% effective the date of the original medical separation for disability with severance pay.

d. Affording the individual the opportunity to elect Survivor Benefit Plan (SBP) and medical TRICARE retiree options.

3. I request that a copy of the corrections and any related correspondence be provided to the individual concerned, counsel (if any), any Members of Congress who have shown interest, and to the Army Review Boards Agency with a copy of this memorandum without enclosures.

BY ORDER OF THE SECRETARY OF THE ARMY:

Encl

XXXXXXXXXXXX
Deputy Assistant Secretary
(Army Review Boards)

CF:
( ) DoD PDBR
( ) DVA