

RECORD OF PROCEEDINGS
PHYSICAL DISABILITY BOARD OF REVIEW

NAME:
CASE NUMBER: PD1200001
BOARD DATE: 20121002

BRANCH OF SERVICE: MARINE CORPS
SEPARATION DATE: 20070430

SUMMARY OF CASE: Data extracted from the available evidence of record reflects that this covered individual (CI) was an active duty LCpl/E-3 (7051/Aircraft Fire Fighting & Rescue Specialist), medically separated for bipolar I disorder, single manic episode, severe without psychotic features. The CI was "removed from theater in Iraq for suspected bipolar disorder after 4 months of deployment." He was started on medication and appeared normal on arrival at home station, however, he demonstrated increasingly bizarre behavior and was psychiatrically hospitalized with a diagnosis of bipolar disorder. He improved during hospitalization on treatment and was discharged with referral to a Medical Evaluation Board (MEB). Bipolar I disorder, single manic episode, severe without psychotic features was forwarded to the Physical Evaluation Board (PEB) IAW SECNAVINST 1850.4E. No other conditions appeared on the MEB's submission. The PEB adjudicated the bipolar I disorder as unfitting, rated 10% with application of SECNAVINST 1850.4E, and a skin condition was adjudicated as Category III (not unfitting). The CI appealed to a Reconsideration PEB (RPEB) which adjudicated the same determination as the PEB. The CI was then medically separated with a 10% combined disability rating.

CI CONTENTION: "I Would Like to obtain a military I.D." He elaborates no specific contentions regarding rating or coding and mentions no additionally contended conditions.

SCOPE OF REVIEW: The Board wishes to clarify that the scope of its review as defined in the Department of Defense Instruction (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 bipolar disorder condition meets the criteria prescribed in DoDI 6040.44 for Board purview, and is accordingly addressed below. 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 (BCNR).

RATING COMPARISON:

Service RPEB – Dated 20070222			VA (~1 Mo. Post-Separation) – All Effective Date 20070501			
Condition	Code	Rating	Condition	Code	Rating	Exam
Bipolar I Disorder, Single Manic Episode, Severe without Psychotic Features	9432	10%	Bipolar Disorder Type I	9432	70%*	20070209
History of Tinea (skin) ...	Not Unfitting		Skin Condition ...	7899-7806	NSC	20070209
↓No Additional MEB/PEB Entries↓			0% x 0/Not Service Connected x 0			20070209
Combined: 10%			Combined: 70%*			

* VA initial 9432 10% rating increased based on exam of 20080919 by VARD dated 20081113

ANALYSIS SUMMARY:

Bipolar I disorder, single manic episode, severe without psychotic features. All service and VA summaries indicated that the CI was “removed from theater in Iraq for suspected bipolar disorder after 4 months of deployment” although source documents from Iraq, Germany, or aeromedical transport were not in the record of evidence. The narrative summary (NARSUM), accomplished 9 days after hospital discharge and 4 months prior to separation, indicated the CI was “diagnosed with bipolar disorder NOS on 11 November 2006 while deployed in Iraq” and was on psychoactive medication (Seroquel [quetiapine]) and doing well by non-psychiatrist evaluation upon return to home station. While on medication, the CI demonstrated increasingly bizarre behavior and was psychiatrically hospitalized from 29 November 2006 to 11 December 2006 (discharged hospital day 11). The NARSUM noted the psychiatric symptoms on hospital admission as tangential thoughts with occasional loose association and lack of coherency manifested in delusions of grandeur. He was highly distractible, not oriented to place and time; judgment showed significant impairment and insight was poor. Risk of violence was considered moderate to high with an unstable mood. [Hospital discharge summary noted that admission was via ambulance transport and the emergency department, with global assessment of functioning (GAF) of 11-22, indicating some danger of hurting self or others.] The CI was an elopement risk and had emergent injected medication twice with at least one episode of four point restraints during his hospital course. The CI improved on two medications (Seroquel and Depakote) and the hospital discharge GAF was 61-70, in the mild symptom range with a diagnosis of bipolar disorder, single episode, manic. The CI was on Seroquel and Depakote at the time of the NARSUM and was in the medical holding company. The NARSUM diagnosis was bipolar I disorder, single manic episode, severe without psychotic features, the social and civilian adaptability was “Moderate” and he was considered a danger to himself and others in the environment of a USMC Lance Corporal. The GAF of 51-61 was in the range of moderate symptoms.

The non-medical assessment (NMA) was dated after the NARSUM, and indicated the CI was away from duties for 9 hours per week, and was recommended for discharge due to failure to adapt and characterized as under other than honorable conditions. There was one non-judicial punishment and an additional pending charge sheet conviction. The NMA indicates the CI “remains at high risk for continued misconduct, and he not only poses significant risk to himself, but to those that operate around him.”

The VA exam, 2 months prior to separation, indicated the CI was without significant symptoms, and the examiner indicated records stated “(the CI) was in sustained remission.” The CI was taking his medications and was “employed on a full-duty basis on medical hold.” He was functioning well, but was socially isolated. Mental status exam was essentially normal. Diagnosis was “Bipolar disorder type 1, single episode, on medications, did not exist prior to enlistment, in partial remission.” GAF was 55 in the range of moderate symptoms. GAF comments indicated “his bipolar disorder in almost full-sustained remission with medications.” VA treatment records from 1 and 2 months post-separation indicate the CI had stopped his medications, had grandiose thinking and refused medication or treatment. His GAF remained in the moderate range. VA records from 16 months remote from separation indicated rapid cycling bipolar disorder with serious symptoms, a GAF of 48, and inability to maintain work or relationships since military discharge.

The Board directs attention to its rating recommendation based on the evidence just described. There was not sufficient evidence to indicate that the CI’s mental disorder was due to a highly stressful event and the provisions of VASRD §4.129 were not adjudged to be applicable to this case. Rating was therefore IAW VASRD §4.130 at separation. All members agreed that the §4.130 threshold for a 50% rating was not approached and that the criteria for a 0% rating were

well-exceeded. The deliberation settled on arguments for a 10% versus a 30% permanent rating recommendation.

The severity of the CI's bipolar condition as evidenced by the MEB evaluation could best be described as moderate, and in conjunction with the NMA statement and GAF of 51-60 justified a DoDI 1332.9 rating of 30% for moderate social/industrial impairment. The severity of the CI's condition at the VA psychiatric rating examination could best be described as mild. The CI denied significant symptoms; however, the VA examiner's indication of the CI being "full-time employed while on medical hold" was without details and was considered of questionable probative value for occupational functioning. The VA examiner's indication of "almost full-sustained remission" was not supported by the record, which indicated psychiatric hospital discharge 2 months prior to the exam. The GAF score was 55, similar to the GAF assigned by the MEB psychiatrist. The VA assigned a §4.130 rating of 10% based on this examination. VA treatment notes within 2 months of separation indicated some grandiose thinking, self-stopping of medication that was proximate to separation, and refusal of treatment. Remote VA treatment notes indicated a history of poor occupational adaptability since separation from the service.

The 30% description, "occupational and social impairment with occasional decrease in work efficiency and intermittent periods of inability to perform occupational tasks, although generally functioning satisfactorily, with routine behavior, self-care, and conversation normal" is a better fit with the occupational functioning in evidence since the psychiatric MEB examiners and the NMA statement indicated that the CI's reliability was affected. 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 bipolar disorder 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 bipolar disorder condition, the Board unanimously recommends a disability rating of 30% coded 9432 IAW VASRD §4.130. 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 his prior medical separation:

UNFITTING CONDITION	VASRD CODE	RATING
Bipolar I Disorder, Single Manic Episode, Severe Without Psychotic Features	9432	30%
	COMBINED	30%

The following documentary evidence was considered:

Exhibit A. DD Form 294, dated 20111214 w/atchs.

Exhibit B. Service Treatment Record.

Exhibit C. Department of Veterans' Affairs Treatment Record.

President
Physical Disability Board of Review

MEMORANDUM FOR DEPUTY COMMANDANT, MANPOWER & RESERVE AFFAIRS
COMMANDER, NAVY PERSONNEL COMMAND

Subj: PHYSICAL DISABILITY BOARD OF REVIEW (PDBR) RECOMMENDATIONS

Ref: (a) DoDI 6040.44
(b) PDBR ltr dtd 2 Nov 12
(c) PDBR ltr dtd 6 Nov 12
(d) PDBR ltr dtd 14 Nov 12

1. Pursuant to reference (a) I approve the recommendations of the Physical Disability Board of Review set forth in references (b) through (d).
2. The official records of the following individuals are to be corrected to reflect the stated disposition:
 - a. former USMC: Retroactive increase in disability rating from 30 percent to 50 percent for the period member was on the Temporary Disability Retired List with a final disability rating of 10 percent effective 1 October 2001.
 - b. former USMC: Disability retirement with a final disability rating of 30 percent and assignment to the Permanent Disability Retired List effective 15 July 2005.
 - c. former USMC: Disability retirement with a final disability rating of 30 percent and assignment to the Permanent Disability Retired List effective 30 April 2007.
3. Please ensure all necessary actions are taken, included the recoupment of disability severance pay if warranted, to implement these decisions and that subject members are notified once those actions are completed.

Assistant General Counsel
(Manpower & Reserve Affairs)