

DEPARTMENT OF TRANSPORTATION
BOARD FOR CORRECTION OF MILITARY RECORDS

Application for Correction of
Coast Guard Record of:

BCMR Docket
No. 1998-044

FINAL DECISION

Deputy Chairman:

This is a proceeding under the provisions of section 1552 of title 10, United States Code. It was commenced on December 18, 1997, by the filing of an application for relief with the Board.

This is the final decision in this case, dated February 25, 1999. It is signed by three duly appointed members who were designated to serve as the Board in this case.

The applicant, a former [REDACTED] pay grade E-5) asked the Board to correct his record to show that mitral valve prolapse was the disabling condition that caused his discharge from the Coast Guard. The applicant's DD Form 214 (discharge document) indicates that the applicant was discharged by reason of physical disability. His medical records indicate that he suffered "anxiety neurosis, with emotional tension or other evidence of anxiety productive of moderate social and industrial impairment."

The applicant enlisted in the Coast Guard on March 6, 1978. He served continuously on active duty until May 23, 1988, when he was discharged by reason of physical disability.

EXCERPTS FROM RECORD AND SUBMISSIONS

Brief Summary

On December 13, 1986, the applicant was admitted to United States Naval Hospital, [REDACTED]. The hospital summary indicated that the applicant was hospitalized for 2 days, after being brought to the hospital at the request of his executive officer (XO). At the time of admission, the applicant complained of "two recurrent episodes of dizzy spells associated with chest tightness without associated nausea, vomiting, diaphoresis, shortness of breath, or radiation of the pain. The medical report stated that the applicant admitted to marital discord and a high degree of anxiety over his job, and he felt that he needed to leave the ship for relief.

The applicant was discharged from the hospital with the following diagnoses:
"1. Somatic Complaints Secondary to Stress with Occupational and Marital Problems;
2. Essential Labile Hypertension (now normotensive)."

On March 11, 1987, an initial medical board determined that the applicant was suffering primarily from a panic disorder. A secondary diagnosis was "somatoform disorder (probable) - psychologic factors effecting physical condition or hypochondriasis." A third diagnosis was isolated T-wave negativity syndrome. The medical board recommended limited duty (no sea duty) for six months and referred the case to the central physical evaluation board (CPEB). The applicant was advised of the medical board findings. He did not object to them.

The medical board noted the following with respect to the applicant's physical condition:

Physical examination revealed no abnormalities other than a mid-systolic murmur at the cardiac apex. He was then referred to cardiology for evaluation for possible MVP (mitral valve prolapse). A routine resting ECG demonstrated T-wave abnormalities in several leads. Examination by the cardiologist was within normal limits except for a brief crescendo/decrescendo systolic murmur heard intermittently over the upper left sternal border without radiation. There was no accompanying diastolic murmur, click, rub, gallop or heave. A treadmill test to 84% of his maximal predicted heart rate demonstrated an ischemic ST response after seven minutes and forty seconds of exercise. No chest pain, ventricular premature beats, or conduction abnormalities were noted. A 24 hour holter monitor demonstrated no dysrhythmias. An M-mode and 2-D echocardiogram were normal. The cardiologist concluded that the patient demonstrated a so called "isolated T-wave negativity syndrome" which is a normal variant often observed in a small percentage of young black males. The abnormal treadmill test was considered to be a false positive test No further evaluation was deemed necessary and no cardiac therapy was recommended.

On September 7, 1987, a disposition medical board (DMB) was held at the direction of the CPEB to determine the applicant's medical condition. The DMB diagnosed the applicant as having a panic disorder, a somatoform disorder, and an isolated T-wave negativity syndrome. The DMB determined that the applicant was not fit for full duty and referred his case to the CPEB. The applicant's condition at that time was described as follows: "Since the onset of the patient's symptoms in November 1986, he has continued to experience intermittent panic attacks. The frequency is difficult to define but [it] is approximated at 1-2 episodes per month. However, in the past six months or so his symptoms have continued to abate although as mentioned before, he has been on shore duty only."

On March 2, 1988, the CPEB determined that the applicant suffered from "anxiety neurosis, with emotional tension or other evidence of anxiety productive of moderate social and industrial impairment." The CPEB determined that the applicant was not fit for duty and recommended that he be separated with severance pay. The CPEB also determined that the applicant's condition was 10% disabling.

On April 14, 1988, the applicant accepted the findings of the CPEB and waived his right to a formal hearing before a physical evaluation board.

The findings and recommendations of the CPEB were approved by the Commandant on April 25, 1988. The applicant was discharged on May 23, 1988.

Evidence Submitted by the Applicant

The applicant stated that he was misdiagnosed at the time of his discharge. He stated that his diagnosis should have been mitral valve prolapse. The applicant stated that in 1995 he was diagnosed as having mitral valve prolapse at the [REDACTED]. The applicant stated that the doctors that examined him for his medical board ruled out mitral valve prolapse.

The applicant asserted that all of the symptoms he had on active duty were symptoms associated with mitral valve prolapse. He stated that in 1986, he began to experience a sudden onset of anxiety, shortness of breath, a pressure sensation in his chest, a rapid and pounding heartbeat, and light-headedness.

The applicant submitted a statement from a civilian doctor at the [REDACTED]. She stated that the applicant had been diagnosed with mitral valve prolapse syndrome. He also submitted a copy of an Echocardiogram Doppler Report, indicating that he had mitral valve prolapse.

The applicant submitted an article, prepared by the [REDACTED] entitled "Mitral Valve Prolapse and Dysautonomia". According to this article, the symptoms of this condition are irregular heart beat, tachycardia, chest pain, panic attacks, and fatigue and weakness. The article stated that the panic attacks and fatigue weakness often cause patients to be treated for psychiatric conditions. The article also stated that "[s]ymptoms often occur following a major stress such as childbirth, severe viral illness or an emotional stressor such as change in marital status, job pressures, etc. Symptoms may vary from very mild to rather severe and may change considerably over time."

Views of the Coast Guard

On January 21, 1999, the Board received the views of the Coast Guard from the Chief Counsel of the Coast Guard. He stated that the Coast Guard would not object to granting the applicant relief and changing his diagnosis "to the appropriate VASRD

[Veteran's Affairs Schedule for Rating Disabilities] for mitral valve prolapse (by analogy under 7013 Tachycardia, paroxysmal (sic) infrequent attacks at 10% disability). 33 C.F.R. 4."

The Chief Counsel stated that despite the fact that the applicant offered no conclusive evidence to support his assertion, the Coast Guard recognizes that this possibility is inherent in all medical diagnoses, notwithstanding the fact that the Coast Guard followed proper procedures and its treating physicians exercised great care and due diligence.

The Chief Counsel further stated that the symptoms experienced by the applicant could apply to mitral valve prolapse or to anxiety neurosis, and, therefore, the applicant should retain the same 10% VASRD disability rating as he received for his original diagnosis in 1988.

The Coast Guard stated that the physicians involved with the applicant's IMB and DMB employed due diligence in making their determination that the applicant did not have mitral valve prolapse in 1988. The Chief Counsel stated that the applicant was given the necessary physical examination and other tests to determine if he had mitral valve prolapse. The Chief Counsel stated that none of the tests performed on the applicant at that time indicated that he suffered from mitral valve prolapse.

The Chief Counsel stated that there are similarities between Panic Disorder Symptoms and mitral valve prolapse. The Chief Counsel noted that it is possible to have both conditions at the same time. The Chief Counsel stated that a diagnosis of mitral valve prolapse in 1995 is evidence of its probable existence in 1988, although the applicant did not submit conclusive proof to support this conclusion. The Chief Counsel argued that medical studies have demonstrated that mitral valve prolapse and psychogenic chest pain and related symptoms frequently coexist, which makes it difficult to diagnose even when a trained cardiologist is looking for the symptoms of mitral valve prolapse. Internal Medicine, 91 (Jay H. Stein, M.D., 4th ed., 1994).

Applicant's Response to the Coast Guard Views

On February 3, 1999, the Board received the applicant's response to the views of the Coast Guard. He disagreed that his disability rating should remain at 10%, if the Board corrects his record to show mitral valve prolapse as his disabling condition. He stated that if the mitral valve prolapse carries a higher rating, he should have the higher rating.

APPLICABLE REGULATIONS

The VASRD rates Tachycardis, Paroxysmal (7013): Severe, frequent attacks at 30% and rates infrequent attacks at 10%.

FINDINGS AND CONCLUSIONS

The Board makes the following findings and conclusions on the basis of the applicant's record and submissions, the Coast Guard's submission, and applicable law:

1. The BCMR has jurisdiction of the case pursuant to section 1552 of title 10, United States Code.
2. The application is timely because it was filed within three years after the applicant discovered that he was allegedly misdiagnosed. The diagnosis took place in 1988, but he stated that he was not aware of the probable misdiagnosis until July 1995. He filed his application with the Board on December 18, 1997, thereby meeting the three year statute of limitations.
3. The Board finds, and the Coast Guard admits, that a probable error occurred in 1988 when the applicant received a discharge by reason of physical disability due to anxiety neurosis rather than a discharge due to mitral valve prolapse.
4. The Board is persuaded in this finding, not only by the lack of any objection from the Coast Guard, but by the fact that the symptoms suffered by the applicant upon his admission to the hospital on December 13, 1986 are similar to those for mitral valve prolapse. In December 1986, the applicant's symptoms were dizzy spells associated with chest tightness. The symptoms for mitral valve prolapse are irregular heart beat, tachycardia, chest pain, panic attacks, and fatigue and weakness. The Board finds that mitral valve prolapse symptoms are triggered by stressful situations. The medical report of the applicant's hospitalization in 1986 states that the applicant had marital problems and felt a high degree of anxiety over his job. In 1995, the applicant was finally diagnosed with mitral valve prolapse. The Board is persuaded that the applicant suffered from mitral valve prolapse at the time of his discharge.
5. The Board finds that based on the evidence the applicant should receive a disability rating of 10% for mitral valve prolapse by analogy under 7013 of the VASRD for Tachycardia, paroxysmal with infrequent attacks. The applicant's DMB, on September 7, 1987, found the applicant to have intermittent attacks with an approximate frequency of one to two attacks per month, but the attacks were continuing to abate. Thus the Board finds that the applicant's attacks occurred on an infrequent basis.
6. Accordingly, the Board finds that the applicant's record should be corrected to show that he was discharged by reason of physical disability due to mitral valve prolapse, with a 10% disability rating.

ORDER

The application of [REDACTED], USCG, for correction of his military record is granted. His record, including his DD Form 214, shall be corrected to show that he was discharged by reason of convenience of the Government, for a physical disability due to mitral valve prolapse, with a 10% disability rating, by analogy, under 7013 of the VASRD.

