


**DEPARTMENT OF HOMELAND SECURITY
BOARD FOR CORRECTION OF MILITARY RECORDS**

Application for the Correction of
the Coast Guard Record of:

BCMR Docket No. 2005-108

FINAL DECISION


This proceeding was conducted according to the provisions of section 1552 of title 10 and section 425 of title 14 of the United States Code. The Chair docketed the case on May 20, 2005, upon receipt of the applicant's completed application.

This final decision, dated March 8, 2006, is signed by the three duly appointed members who were designated to serve as the Board in this case.

APPLICANT'S REQUEST AND ALLEGATIONS

The applicant asked the Board to correct his record to show that he was placed on the Temporary Disability Retired List (TDRL) upon his release from active duty (RELAD) on March 3, 2005, and that he be awarded disability retirement pay from his date of release. He alleged that prior to his release, he was unfit for duty because he suffered from "Major Depressive Disorder, Recurrent—Severe Without Psychotic Features," as well as from severe pain and a limited range of motion in both shoulders.

The applicant alleged that, prior to his release from active duty, he requested evaluation by an Initial Medical Board (IMB) and processing under the Physical Disability Evaluation System (PDES). However, his command ignored his request and he was released without proper evaluation. The applicant stated that in December 2004, a physician's assistant (PA) found him fit for duty but that the finding was erroneous as it was based upon the PA's own assessment of his shoulders, rather than a doctor's assessment, and because his psychiatric condition was not taken into consideration.

SUMMARY OF THE RECORD

On January 26, 1980, the applicant enlisted in the Coast Guard Reserve. (He had served in the Marine Corps on active duty from May 22, 1963, through August 22, 1966, and in the Marine Corps Reserve from August 23, 1966, through January 25, 1980.)

The applicant was recalled to active duty in March 2003. In May 2003, the applicant underwent surgery on bilateral inguinal hernias. In July 2003, he sought treatment for bilateral shoulder pain and was diagnosed with nerve impingement and bursitis. Physical therapy did not resolve his pain. On November 13, 2003, the applicant underwent surgery (acromioplasty) on his right shoulder (rotator cuff). In February 2004, he underwent prostate surgery. On March 4, 2004, he underwent an acromioplasty on his left shoulder. Following the surgeries, the applicant underwent regular physical therapy. He returned to work in a "limited duty status" on June 14, 2004. A doctor noted that the applicant's right shoulder was doing well but that the applicant still complained of pain in his left shoulder. The applicant is left handed.

On July 19, 2004, the applicant asked his primary physician, Dr. B, whether he could be evaluated by a medical board. The applicant told Dr. B that he believed that his shoulder would "never be 100%." Dr. B noted that he explained to the applicant that not being "100%" would not trigger evaluation by a medical board.

On September 22, 2004, the applicant sought help for symptoms of anxiety, insomnia, fatigue, and inability to focus. He was interviewed by a psychology intern and told her that he was concerned that he would not be able to return to his prior work as an independent contractor installing alarm systems upon his release from active duty because of his shoulder pain. The intern diagnosed "Major Depressive Disorder, Recurrent—Severe Without Psychotic Features." A supervising psychologist, Dr. K, reviewed the intern's notes and concurred in the diagnosis.

On September 30, 2004, a PA noted that the applicant had a free range of motion and "4/5" strength in his right shoulder and, in his left shoulder, forward elevation to 180 degrees, abduction to 160 degrees, and "3+/5" strength. The PA diagnosed the applicant with chronic bilateral shoulder impingement with pain but found him "fit for current billet; should not engage in overhead activity/PSU/sea marshal activities." The applicant resumed regular physical therapy.

On October 4, 2004, the applicant consulted Dr. B, who noted that he had reviewed the PA's notes dated September 30, 2004, and that the applicant was fit for full duty. Dr. B also wrote that the applicant should continue taking medication and physical therapy for his shoulder pain and was "doing well" on medication for depression.

On October 13, 2004, following his first therapy appointment, the psychology intern noted that the applicant "is pursuing a medical board review at work, but it is

slow in coming and he feels much resistance from his doctor and superiors." She noted that he would return for another appointment in two weeks. Dr. K noted that he concurred in the intern's observations and plan. In November 2004, the applicant began weekly therapy sessions with the intern under Dr. K's supervision.

On November 17, 2004, Dr. N, a psychiatrist, noted that the applicant had been recalled to active duty but was "in limbo" because he had been "on limited duty for medical rehab after surg[ery] on both shoulders" for more than a year. Dr. N stated that "it is difficult to understand what is going on with the medical dept at USCG San Pedro that keeps him [on] limited duty for medical problems for over a year following surg[ery] and no medical board has been initiated. We will follow him since his psychological well being is going down hill. He is not fit for duty psychologically at this point. He is in psychotherapy." Dr. N did not write a diagnosis. Dr. B wrote on December 3, 2004, that Dr. N's note was inaccurate since the applicant's last surgery occurred on March 4, 2004.

On December 10, 2004, a PA tested the range of motion and strength in the applicant's shoulders. She measured his abduction in the left shoulder as 165 degrees and in the right shoulder as 180 degrees and measured his strength as "4/5 [in] all directions." The PA wrote that he was fit for full duty.

On December 15, 2004, Dr. B wrote that the applicant reported he was doing "okay" and that the medication he was taking for depression was helping. Dr. B also wrote that he had consulted with Dr. K about whether the applicant should be evaluated by a medical board due to his depression. Dr. K told Dr. B that the applicant would not need evaluation by a medical board.

On December 16, 2004, the psychology intern reported that the applicant continued to complain of a depressed mood and anxiety. She wrote that he "is nervous and worried about his future with the Coast Guard and continues to wonder why he has not been recommended for a medical review. [He] is particularly concerned that a medical assistant at the Coast Guard deemed him 'fit for full duty' without asking how [he] felt. [He] continues his physical therapy exercises but continues to have pain and difficulty with simple movements and activities of daily living." She also noted that the applicant complained of symptoms of post-traumatic stress disorder (PTSD) stemming from his combat experience as a marine. She wrote that the applicant "continues to meet criteria for Major Depressive Disorder" and that "it would be unsafe to return [him] to active duty status due to both current physical and psychological limitations." Dr. K again concurred in the report.

On December 27, 2004, the applicant's physical therapist measured his range of motion and strength in both shoulders. In his right shoulder, she found no limitation of motion and full "5/5" strength in all directions. In his left shoulder, she measured his

forward elevation as 171 degrees and his abduction as 151 degrees. In addition, she noted that his strength in his left shoulder was either "4+/5" or "5/5" in all directions. She noted that the applicant was now "(-)" or negative for nerve impingement, whereas at his previous session on November 24, 2004, she had noted "(+) nerve impingement."

On December 28, 2004, the applicant sought treatment for a sebaceous cyst on his right arm. Dr. B noted that the applicant told him that he "wants IMB in order to get advantage [with] govt contracts." Dr. B found the applicant fit for full duty but noted that he would discuss the applicant's condition with "ortho" because he was complaining of pain in his left shoulder.

On December 29, 2004, the Coast Guard informed the applicant that he would be eligible for retired pay upon attaining 60 years of age on June 3, 2005.

On January 4, 2005, Dr. B noted that "[d]uring RELAD [physical examination], [the applicant complained of] occasional [left] hand tingling." However, there is no report of the RELAD examination in the applicant's records. Dr. B noted that the applicant was wearing a very tight metal watchband on his left hand and advised him not to wear it for two to three weeks to see if the tingling would stop.

On January 6, 2005, the applicant's physical therapist wrote that he had been treating the applicant since October 26, 2004, due to his complaints of shoulder pain. He wrote that the applicant had a limited range of motion in his left shoulder and complained of not being able to lift heavy things or to do work overhead.

On January 13, 2005, the applicant complained of occasional numbness and tremors in his left hand. A health services technician noted that he had a full range of motion in his extremities and that the results of a "two point discrimination test" were normal. The technician found him fit for full duty and advised him to stop wearing the metal watchband, which was tight enough to turn his skin red.

On February 17, 2005, the applicant asked to be evaluated by a medical board due to Dr. N's finding that he was not psychologically fit for duty.

On March 3, 2005, the applicant was released from active duty.

VIEWS OF THE COAST GUARD

On October 7, 2005, the Judge Advocate General (JAG) of the Coast Guard submitted an advisory opinion in which he recommended that the application "be dismissed and returned to the Coast Guard so that the Coast Guard can conduct a physical [examination] to evaluate whether Applicant's condition rendered him unfit for contin-

ued service prior to separation.” The JAG stated that the Coast Guard had failed to conduct a demobilization (RELAD) physical for the applicant.

The JAG based his recommendation on a memorandum on the case from the Coast Guard Personnel Command (CGPC), which the JAG adopted. CGPC stated that an extensive review of the applicant’s record “found no evidence that a demobilization physical exam was completed prior to the Applicant’s separation and that the Applicant had a potentially boardable mental health diagnosis which was under treatment prior to separation.” CGPC stated that because no separation physical examination was conducted, the applicant “had no reasonable opportunity to object to the presumption that he was physically qualified for separation.” CGPC stated that the Coast Guard should conduct a demobilization physical examination, which should include a mental health evaluation by a military psychiatrist “to evaluate the Applicant’s potentially boardable mental health diagnosis.” CGPC stated that “if the evaluation determines the Applicant’s condition rendered him unfit for continued service prior to separation, his case should then be referred to an Initial Medical Board (IMB) for processing through the PDES.”

APPLICANT’S RESPONSE TO THE COAST GUARD’S VIEWS

On October 13, 2005, the Chair sent the applicant a copy of the Coast Guard’s advisory opinion and invited him to respond within 30 days. No response was received.

SUMMARY OF APPLICABLE LAW

Disability Statutes

Title 10 U.S.C. § 1201 provides that a member who is found to be “unfit to perform the duties of the member’s office, grade, rank, or rating because of physical disability incurred while entitled to basic pay” may be retired if the disability is (1) permanent and stable, (2) not a result of misconduct, and (3) for members with less than 20 years of service, “at least 30 percent under the standard schedule of rating disabilities in use by the Department of Veterans Affairs at the time of the determination.” Title 10 U.S.C. § 1203 provides that such a member whose disability is rated at only 10 or 20 percent under the schedule shall be discharged with severance pay.

Provisions of the Personnel Manual

Article 12.B.6.a. of the Personnel Manual provides that “[b]efore retirement, involuntary separation, or release from active duty (RELAD) into the Ready Reserve (selected drilling or IRR), every enlisted member, except those discharged or retired for physical or mental disability, shall be given a complete physical examination in accor-

dance with the Medical Manual, COMDTINST M6000.1 (series). ... The examination results shall be recorded on Standard Form 88. To allow additional time to process enlisted members being discharged for enlistment expiration or being released from active duty, the physical examination shall be given at least six months before separation from active duty. All physical examinations for separations are good for 12 months. If the member is discharged for immediate reenlistment, the physical examination is not required. However, before discharge for immediate reenlistment, the commanding officer shall review the member's health record and require him or her to undergo a physical examination if evidence in the record or personal knowledge indicates a potential health problem."

Article 12.B.6.b. states that "[w]hen the physical examination is completed and the member is found physically qualified for separation, the member will be advised and required to sign a statement on the reverse side of the Chronological Record of Service, CG-4057, agreeing or disagreeing with the findings." Article 12.B.6.c. states that "[i]f a member objects to a finding of physically qualified for separation, the Standard Form 88 together with the member's written objections shall be sent immediately to Commander, (CGPC-epm-1) for review."

Provisions of the Medical Manual (COMDTINST M6000.1B)

Article 3.B.5. of the Medical Manual provides that when a member objects to a finding of qualified for separation or release, CGPC will review the record to make a final determination as to whether he will be separated or processed under the PDES.

Article 3.B.6. provides that "[w]hen a member has an impairment (in accordance with section 3-F of this Manual) an Initial Medical Board shall be convened only if the conditions listed in paragraph 2-C-2.(b) [of the PDES Manual] are also met. Otherwise the member is suitable for separation."

Article 3.F. of the Medical Manual provides that members with medical conditions that "are normally disqualifying" for retention in the Service shall be referred to an IMB by their commands.

Article 3.F.12.a.(2) provides that a range of motion that does not meet or exceed the following standards when measured with a goniometer is normally disqualifying for retention or separation. For forward elevation (when the arm is held straight down and raised forward in front of the body), the range of motion must be at least 90 degrees (parallel to the floor). For abduction (when the arm is held straight down and raised out to the side), the range of motion must be at least 90 degrees (parallel to the floor).

Article 3.F.12.c.(5) provides that muscle weakness may be disqualifying if there is "[f]laccid paralysis of one or more muscles, producing loss of function that precludes

satisfactory performance of duty following surgical correction or if not remediable by surgery” or if there is “[s]pastic paralysis of one or more muscles producing loss of function that precludes satisfactory performance of duty.”

Article 3.F.16.c. states that a mood disorder such as bipolar disorder or “recurrent major depression” may be disqualifying, as well as “[a]ll other mood disorders associated with suicide attempt, untreated substance abuse, requiring hospitalization, or requiring treatment (including medication, counseling, psychological or psychiatric therapy) for more than 6 months. Prophylactic treatment requiring more than one drug, or associated with significant side effects (such as sedation, dizziness or cognitive changes) or frequent follow-up that limit duty options. (Prophylactic treatment with medication may continue indefinitely as long as the member remains asymptomatic following initial therapy).”

Article 3.F.1.c. of the Medical Manual states the following:

Fitness for Duty. Members are ordinarily considered fit for duty unless they have a physical impairment (or impairments) which interferes with the performance of the duties of their grade or rating. A determination of fitness or unfitness depends upon the individual’s ability to reasonably perform those duties. Members considered temporarily or permanently unfit for duty shall be referred to an Initial Medical Board for appropriate disposition.

Article 3.F. of the Medical Manual provides that members with medical conditions that are disqualifying for retention in the Service shall be referred to an IMB by their commands. Article 3.F.12. provides the minimum ranges of motion that each party of the body must have for retention on active duty. Article 3.F.15.n.(1) states that neuralgia (nerve pain) may be disqualifying when “symptoms are severe, persistent, and not responsive to treatment.” Article 3.F.15.n.(2) states that neuritis (inflammation of a nerve causing pain and numbness) may be disqualifying when “manifested by more than moderate, permanent functional impairment.”

Provisions of the PDES Manual (COMDTINST M1850.2C)

Chapter 2.A.15. of the PDES Manual defines “fit for duty” as “[t]he status of a member who is physically and mentally able to perform the duties of office, grade, rank or rating. This includes specialized duty such as duty involving flying or diving only if the performance of the specialized duty is a requirement of the member’s enlisted rating.”

Chapter 2.C.2.a. provides that the “sole standard” for “making determinations of physical disability as a basis for retirement or separation shall be unfitness to perform the duties of office, grade, rank or rating because of disease or injury incurred or aggravated through military service.” Chapter 2.C.2. states the following:

b. The law that provides for disability retirement or separation (10 U.S.C., chapter 61) is designed to compensate members whose military service is terminated due to a physical disability that has rendered him or her unfit for continued duty. That law and this disability evaluation system are not to be misused to bestow compensation benefits on those who are voluntarily or mandatorily retiring or separating and have theretofore drawn pay and allowances, received promotions, and continued on unlimited active duty status while tolerating physical impairments that have not actually precluded Coast Guard service. The following policies apply.

(1) Continued performance of duty until a service member is scheduled for separation or retirement for reasons other than physical disability creates a presumption of fitness for duty. This presumption may be overcome if it is established by a preponderance of the evidence that:

(a) the member, because of disability, was physically unable to perform adequately in his or her assigned duties; or

(b) acute, grave illness or injury, or other deterioration of the member's physical condition occurred immediately prior to or coincident with processing for separation or retirement for reasons other than physical disability which rendered the service member unfit for further duty.

(2) A member being processed for separation or retirement for reasons other than physical disability shall not be referred for disability evaluation unless the conditions in paragraphs 2.C.2.b.(1)(a) or (b) are met.

c. If a member being processed for separation or retirement for reasons other than physical disability adequately performed the duties of his or her office, grade, rank or rating, the member is presumed fit for duty even though medical evidence indicates he or she has impairments.

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e. An evaluatee whose manifest or latent impairment may be expected to interfere with the performance of duty in the near future may be found "unfit for continued duty" even though the member is currently physically capable of performing all assigned duties. Conversely, an evaluatee convalescing from a disease or injury which reasonably may be expected to improve so that he or she will be able to perform the duties of his or her office, grade, rank, or rating in the near future may be found "Fit for Duty."

Chapter 3 provides that if a member's fitness for continued duty is in question, an IMB of two medical officers shall conduct a thorough medical examination, review all available records, and issue a report with a narrative description of the member's impairments, an opinion as to the member's fitness for duty and potential for further military service, and if the member is found unfit, a referral to a Central Physical Evaluation Board (CPEB). The member is advised about the PDES and permitted to submit a response to the IMB report.

Chapter 4 provides that a CPEB shall review the IMB report, the CO's endorsement, and the member's medical records. Chapter 2.C.3.a.(3)(a) provides that, if a CPEB

finds that the member is unfit for duty because of a permanent disability, it will propose a physical disability rating. Chapter 4.A.14.c. provides that if the member objects to a CPEB finding, he may demand a formal hearing by a Formal Physical Evaluation Board (FPEB). Chapter 5.C.11.a. provides that after the hearing, the FPEB shall issue findings and a recommended disposition of each case in accordance with the provisions of Chapter 2.C.3.a. The applicant may submit a rebuttal within 15 working days, and the FPEB must respond and, if indicated, prepare a new report. The FPEB's final report is reviewed for sufficiency by an officer at CGPC and by the Judge Advocate General, and forwarded to the Chief of the Administrative Division of CGPC for final action.

Chapter 2.C.10.a.(2) provides that the CPEB or FPEB will consider a medical condition to be "permanent" when "[a]ccepted medical principles indicate the defect has stabilized to the degree necessary to assess the permanent degree of severity or percentage rating" or if the "compensable percentage rating can reasonably be expected to remain unchanged for the statutory five year period that the evaluatee can be compensated while on the TDRL." Under Chapter 8, if the CPEB (or the FPEB) determines that a member is unfit for duty and the condition may not be permanent but is at least temporarily greater than 30 percent, the member may be placed on the TDRL for a maximum of five years. Chapter 8.A.2. provides that the TDRL "safeguards members from being permanently retired with a condition that is not stable and could result in a higher disability rating." While on the TDRL, a member's case is periodically reviewed by the CPEB to determine if his condition has stabilized so that a permanent rating may be assigned (or he may be found fit for duty if he recovers).

FINDINGS AND CONCLUSIONS

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

1. The Board has jurisdiction concerning this matter pursuant to 10 U.S.C. § 1552. The application was timely.

2. The applicant alleged that prior to his release from active duty on March 3, 2005, he was unfit for duty due to a diagnosis of "Major Depressive Disorder, Recurrent—Severe Without Psychotic Features" and due to pain and limited ranges of motion in his shoulders. He asked the Board to correct his record to show that he was placed on the TDRL following his release from active duty. The Board begins each case presuming that the applicant's records are correct and that Coast Guard officials, including medical personnel, have acted correctly and in good faith.¹ The record indicates that

¹ 33 C.F.R. § 52.24(b). See *Arens v. United States*, 969 F.2d 1034, 1037 (Fed. Cir. 1992); *Sanders v. United States*, 594 F.2d 804, 813 (Ct. Cl. 1979) (holding that "absent strong evidence to the contrary," government officials are presumed to have acted "lawfully, correctly, and in good faith").

the applicant's command and primary physician, Dr. B, considered his request for a medical board but did not believe that his condition warranted evaluation by a medical board or PDES processing.

3. The JAG and CGPC recommended that the Board order the Coast Guard to conduct a physical examination of the applicant because they found no evidence that he had undergone a physical examination prior to his release from active duty, as required by Article 12.B.6.a. of the Personnel Manual. There is no report of a RELAD physical examination in the applicant's medical record. However, Dr. B's note dated January 4, 2005, indicates that the applicant did undergo a RELAD physical examination. Therefore, either the report was never completed and entered in the applicant's record or it was removed from his medical record.

4. Article 3.F.12.a.(2) of the Medical Manual requires only that members be able to lift their arms 90 degrees, or parallel to the floor, both to the front and to the side. On July 19, 2004, the applicant asked Dr. B whether he could be evaluated by a medical board for his shoulder condition. Dr. B noted that he explained to the applicant that his shoulder condition was not sufficiently severe to warrant PDES processing. Measurements of the ranges of motion in the applicant's shoulders taken on September 30, 2004, December 10, 2004, and December 27, 2004, greatly exceeded these minimum requirements for retention and separation. In addition, the applicant's medical records contain no mention of any flaccid or spastic paralysis of his muscles that would disqualify him for retention or separation under Article 3.F.12.c.(5). Although the applicant's physical therapist wrote on his behalf on January 6, 2005, that the applicant had a limited range of motion in his left shoulder and complained of not being able to lift heavy things or to do work overhead, the physical therapist's report on the applicant's range of motion and strength dated December 27, 2004, indicates that the applicant's shoulder condition did not disqualify him for retention or separation. Dr. B, who was clearly aware of the applicant's shoulder condition, noted that he was fit for duty several times in the months prior to his release from active duty. Therefore, the Board finds that the applicant has not proved that his shoulder condition rendered him unfit for retention or separation, in accordance with the standards in the Medical Manual, when he was released from active duty on March 3, 2005.

5. Beginning in September 2004, the applicant sought help for psychological symptoms. A psychology intern interviewed him on September 22, 2004, and diagnosed him with "Major Depressive Disorder, Recurrent—Severe Without Psychotic Features." Dr. K reviewed the intern's notes and concurred in her findings. Under Article 3.F.16.c. of the Medical Manual, "recurrent major depression" and other mood disorders "associated with suicide attempt, untreated substance abuse, requiring hospitalization, or requiring treatment ... for more than 6 months" are normally disqualifying for retention or separation. As the medical notes include no mention of a prior major

depression, the basis for the intern's finding that the depression was recurrent is unclear.

6. On November 17, 2004, Dr. N, a psychiatrist, noted that the applicant was "not fit for duty psychologically at this point" but did not diagnose him. On December 15, 2004, Dr. B noted that Dr. K told him that the applicant would not need evaluation by a medical board because of his mental health. However, on December 16, 2004, Dr. K apparently concurred in the psychology intern's conclusion that the applicant "continues to meet criteria for Major Depressive Disorder" and that "it would be unsafe to return [him] to active duty status due to both current physical and psychological limitations." Dr. B was clearly aware of the applicant's psychological diagnosis and still found him fit for duty. Given the conflicting reports of the applicant's mental status, the Board finds that whether the applicant was psychologically fit for duty or unfit for continued service at the time of his release from active duty is unclear in the record.

7. The applicant asked to be placed on the TDRL, which requires at least a 30% disability rating. However, the applicant has not proved by a preponderance of the evidence that he was unfit for continued service because of his mental health in accordance with the standards provided in Article 3.F.16.c. of the Medical Manual. Nor has he proved that he was at least 30% disabled by major depression prior to his release from active duty. Moreover, under Chapter 2.C.2.b.(1) of the PDES Manual, his continued performance of duty creates a presumption of fitness for duty that the applicant has not overcome. Therefore, the Board finds that the applicant is not entitled to placement on the TDRL.

8. In the advisory opinion, the JAG and CGPC recommended that the Board have the Coast Guard perform a physical examination and mental health evaluation to determine the applicant's fitness for duty since there is no report of a timely RELAD physical examination in his record. In light of the absence of the report and the lack of clarity in the record concerning the applicant's psychological fitness for duty prior to his release from active duty on March 3, 2005, the Board finds that the recommended relief is appropriate.

9. Accordingly, partial relief should be granted by ordering the Coast Guard to conduct expeditiously a physical examination and mental health evaluation of the applicant. If he is found to be currently unfit for duty due to a disability that was incurred while he was serving on active duty, the Coast Guard should convene an IMB in accordance with the PDES Manual, COMDTINST M1850.2C. If the applicant is evaluated by an IMB, and the IMB determines that he was unfit for duty on March 3, 2005, the Coast Guard should further process him under the PDES, and his DD 214 and other records should be corrected to reflect the results of that processing.

[ORDER AND SIGNATURES APPEAR ON NEXT PAGE]

ORDER

The application of xxxxxxxxxxxxxxxxxxxxxxxxx, USCGR, for correction of his military record is granted in part as follows:

The Coast Guard shall expeditiously conduct a physical examination and mental health evaluation of the applicant. If he is found to be unfit for duty due to a physical or mental disability that he incurred while serving on active duty, the Coast Guard shall convene an IMB to evaluate him in accordance with COMDTINST M1850.2C. If the applicant is evaluated by an IMB, and the IMB determines that he was unfit for duty on March 3, 2005, the Coast Guard shall further process him under the PDES, and his DD 214 and other records shall be corrected as necessary to reflect the results of that processing.

The Coast Guard shall pay the applicant any amount he may be due as a result of any correction made to his record in accordance with this order.

