RECORD OF PROCEEDINGS
PHYSICAL DISABILITY BOARD OF REVIEW

NAME: X X X X X X X X X X X X X X X X X X X CASE: PD-2022-00038
BRANCH OF SERVICE: MARINE CORPS SEPARATION DATE: 20040101

SUMMARY OF CASE: Data extracted from the available evidence of record reflects this covered individual (CI) was an active duty E4, Aircraft Firefighting and Rescue Specialist, medically separated for "ileocolonic Crohn's disease, currently in remission" with a disability rating of 10%.

CI CONTENTION: The ulcerative colitis rating should have been higher based on the VASRD in effect in 2003. The complete submission is at Exhibit A.

SCOPE OF REVIEW: The panel's scope of review is defined in DoDI 6040.44. It is limited to review of disability ratings assigned to those conditions determined by the Physical Evaluation Board (PEB) to be unfitting for continued military service, and when specifically requested by the CI, those conditions identified by the Medical Evaluation Board (MEB), but determined by the PEB to be not unfitting or non-compensable. Any conditions outside the panel's defined scope of review, and any contention not requested in this application, may remain eligible for future consideration by the Board for Correction of Military Records. The panel's authority is limited to assessing the fairness and accuracy of PEB rating determinations and recommending corrections when appropriate. The panel gives consideration to VA evidence, particularly within 12 months of separation, but only to the extent that it reasonably reflects the severity of disability at the time of separation.

RATING COMPARISON:

SERVICE PEB - 2030104			VARD - 20041207			
Condition	**Code**	**Rating**	**Condition**	**Code**	**Rating**	**Exam**
Ileocolonic Crohn's Disease	7399-7323	10%	Ileocolonic Crohn's Disease, Status Post Ileal and Right Colonic Resection…	7329	20%	20041109
COMBINED RATING: 10%			**COMBINED RATING OF ALL VA CONDITIONS: 20%**			

ANALYSIS SUMMARY:

Ileocolonic Crohn's Disease. According to the service treatment record (STR) and MEB narrative summary (NARSUM), the CI's Crohn's condition began in January 2002 with initial reports of crampy, intermittent, abdominal pain in the right lower quadrant associated with diarrhea, fever, and 10-15 pounds of weight loss.

The 10 October 2002 MEB NARSUM examination, 14 months prior to separation, noted complaints of Crohn's disease. The examiner documented the CI's history, noting that after an emergency room visit in June 2002 for fatigue, fever, and severe abdominal pain, "an ileal and right colonic resection to the hepatic flexure was performed with primary anastomosis." A pathology report revealed findings consistent with Crohn's disease and the CI spent several days

Controlled by: DAF
Controlled by: SAF/MRBD
CUI Categories: SP-MIL/SP-PRVCY
Limited Dissemination Control: N/A
POC: SAF.MRBD.Workflow@us.af.mil

in the hospital. At the first outpatient visit in August 2002, the CI denied any abdominal pain, fevers, chills, night sweats, eye symptoms, arthralgias, dysphagia, pyrosis, skin rashes, hematochezia, or melena. Additionally, the CI had gained 5 pounds since the surgery and reported 2-3 soft stools per day. The CI was on medication, and a colonoscopy showed no evidence of active Crohn's disease. At gastrointestinal clinic follow-ups in September and October 2002, the CI had no complaints and reported doing well on prescribed medication; physical findings and lab studies were normal. Upon examination, the NARSUM examiner documented a soft, non-tender, non-distended abdomen with normal active bowel sounds, no masses, and a well-healed abdominal surgical scar. Laboratory tests were normal, and the examiner diagnosed "ileocolonic Crohn's disease, currently in remission."

During the 6 November 2003 MEB examination (recorded on DD Forms 2807-1 and 2808), 2 months before separation, the CI reported stomach pain that was later diagnosed as Crohn's disease. Physical findings revealed a normal abdominal examination and stable Crohn's disease.

While there was no VA Compensation and Pension (C&P) examination in evidence, the 2004 VA Rating Decision referenced the 9 November 2004 C&P examination, 10 months after separation. At the examination, the CI complained of mild, intermittent pains in the upper mid abdominal region that were aggravated by certain foods; dairy products and red meat caused diarrhea. The CI was still on medication and had 5-6 daily bowel movements of soft consistency. On examination, weight was 126 pounds and height 61 inches. The abdomen was soft, non-tender and non-distended, and the examiner assessed "ileocolonic Crohn's disease…presently with moderate functional limitation secondary to frequent movement of bowels and dietary restrictions."

The panel directed attention to its rating recommendation based on the above evidence. The PEB rated the Crohn's condition 10%, analogously coded 7399-7323 (colitis, ulcerative), citing the condition was currently in remission. The VA rated the Crohn's condition 20%, coded 7329 (intestine, large, resection of), based on the C&P examination, citing moderate symptoms. Although the CI underwent surgery for the Crohn's disease, panel members agreed that analogous use of code 7323 was appropriate since clinical manifestation of the disease was the reason for the MEB and subsequent separation.

The panel next proceeded to the rating recommendation for the condition and noted that a 30% under code 7323 is justified when the condition is moderately severe with frequent exacerbations. However, the NARSUM examiner recorded 2-3 episodes of soft stool per day and assessed that the condition was in remission. There was no complaint of abdominal pain, food intolerance leading to diarrhea, no weight loss but rather a 5-pound gain, and the physical examination was normal. The STR was silent in the time between the MEB and C&P examination, which was 27 months after the CI's August 2002 colonoscopy that showed no active disease. The C&P examination noted reports of mild, intermittent mid-abdominal pain aggravated by certain foods. Panel members concluded that evidence of moderately severe symptoms with frequent exacerbations was not supported, and agreed that a 10% rating, but no higher, was justified for the Crohn's condition. After due deliberation, considering all the evidence and mindful of VASRD §4.3 (reasonable doubt), the panel concluded there was insufficient cause to recommend a change in the PEB adjudication for the Crohn's condition.

BOARD FINDINGS: In the matter of the ileocolonic Crohn's disease and IAW VASRD §4.114, the panel recommends no change in the PEB adjudication. There are no other conditions within the panel's scope of review for consideration. Therefore, the panel recommends no modification or re-characterization of the CI's disability and separation determination.

The following documentary evidence was considered:

Exhibit A. DD Form 294, dated 20220102, w/atchs
Exhibit B. Service Treatment Record
Exhibit C. Department of Veterans Affairs Record

3/29/2023

DEPARTMENT OF THE NAVY
SECRETARY OF THE NAVY COUNCIL OF REVIEW BOARDS
720 KENNON STREET SE STE 309
WASHINGTON NAVY YARD, DC 20374-5023

INREPLY REFER TO
6040
CORB: 003
11 May 23

From: Director, Secretary of the Navy Council of Review Boards
To: XXXXXXXXX

Subj: Physical Disability Board of Review Determination

Ref: (a) DoDI 6040.44(Series)

1. The Physical Disability Board of Review (PBDR) reviewed your case in accordance with reference (a) and fo1warded their recommendation for action.

2. On 11 May 2023, the Assistant Secretary of the Navy (Manpower and Reserve Affairs) accepted the PDBR's recommendation of no change to your characterization of separation or disability rating assigned.

3. The PDBR determination is final and not subject to appeal or review.