RECORD OF PROCEEDINGS
PHYSICAL DISABILITY BOARD OF REVIEW

NAME: XXXXXXXXXX
BRANCH OF SERVICE: ARMY

CASE: PD-2022-00045
SEPARATION DATE: 20050330

SUMMARY OF CASE: Data extracted from the available evidence of record reflects this covered individual (CI) was an active duty E4, Infantryman, medically separated for "nodular sclerosis Hodgkin's lymphoma" and "Coumadin therapy," rated 0% each, with a combined disability rating of 0%.

CI CONTENTION: A 3-page brief was attached to the application requesting a review of additional conditions not identified by the Medical Evaluation Board (MEB) and Physical Evaluation Board (PEB). 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 PEB to be unfitting for continued military service, and when specifically requested by the CI, those conditions identified by the 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 – 20050118			VARD - 20050509			
Condition	**Code**	**Rating**	**Condition**	**Code**	**Rating**	**Exam**
Nodular Sclerosis Hodgkin's Lymphoma	7709	0%	Nodular Sclerotic Hodgkin's Lymphoma	7709-6354	10%	STR
Coumadin Therapy	7199-7120	0%				
COMBINED RATING: 0%			**COMBINED RATING OF ALL VA CONDITIONS: 10%**			

ANALYSIS SUMMARY:

Nodular Sclerosis Hodgkin's Lymphoma. According to the service treatment record (STR) and MEB narrative summary (NARSUM), the CI's condition began in October 2003 when he developed multiple lumps on the left and right sides of his neck while in Iraq. A diagnosis of lymphoma was considered, and he was evacuated in December 2003. Further work-up revealed a diagnosis of nodular sclerosis Hodgkin's lymphoma. The CI underwent four cycles of chemotherapy and radiation therapy, which were completed on 19 August 2004. Follow-up imaging of the pelvis, abdomen, chest, and neck on 30 August 2004 showed continued decrease in the size of the mediastinal mass and medial adenopathy consistent with a positive response to therapy.

During the 21 October 2004 MEB examination (recorded on DD Forms 2807-1 and 2808), 5 months prior to separation, the CI reported occasional numbness and tingling of the fingertips and toes. The examiner also completed the physical examination and MEB NARSUM on the

same day and noted complaints of “Hodgkin's lymphoma” and easy fatigability during a normal duty day, but worsened by exertional activity. Physical findings showed a normal gait, blood pressure at 101/65, and pulse was 53. The CI had prominent alopecia on both sides of the occipital scalp with midline hair intact. There was a palpable mid-clavicular lymph node, which caused the patient to flinch when moved, but no other lymphadenopathies. There were scattered brown spots in the upper back and neck area, a healed 1-inch scar along the left base of the neck, and a healed 1-inch scar on the left forearm with a port-a-cath. Physical examination was otherwise unremarkable without extremity weakness or sensory deficit.

The 3 December 2004 oncology examination, 4 months before separation, noted the CI was nearly 4 months post-therapy. He reported occasional lower left extremity (LLE) dysesthesias that resolved spontaneously and were not associated with swelling or redness, or exacerbated or relieved by anything. He felt well otherwise, with some weight gain and no other concerning issues. Physical examination was unremarkable, with no palpable lymphadenopathy. The left antecubital port-a-cath was clean, dry, and intact, and the CI was on Coumadin (anticoagulant). The oncologist noted the CI had normal cardiac and pulmonary test results after therapy, but “likely mild vinblastine neuropathy in the LLE” that would be clinically followed. A series of CT scans showed a normal pelvis; the abdomen with equivocal scattered small bowel thickening; the chest with mild mediastinal adenopathy that was stable and otherwise normal; and the neck with benign sinus findings and lymph nodes (in retrospect, these were present on previous imaging and remained unchanged).

Although there was no VA Compensation and Pension examination in evidence proximate to separation, VA treatments notes up until January 2006 showed the CI was evaluated by oncology, dermatology, and otolaryngology and remained in remission from the lymphoma. At a 29 July 2005 primary care examination, 4 months after separation, the CI reported “odd sensations” in the medial aspects of the LEs described as “blood rushing back and forth under the skin” and present since chemotherapy. The sensation was not burning or painful, and seemed to be improving, and he had no other complaints. The provider noted a very small, soft, freely movable supraclavicular lymph node on the right. Examination of the extremities was normal, including good pulses and intact sensation to light touch. The assessment stated, “no signs of recurrence” of the Hodgkin’s lymphoma and that the LE symptoms did “not sound like neuropathic pain.” The plan was to pursue further evaluation if the sensations worsened.

The panel directed attention to its rating recommendation based on the above evidence. The PEB rated the lymphoma 0%, coded 7709 (Hodgkin’s disease), citing stage II lymphoma, which was in "complete remission." The 9 May 2005 VA Rating Decision (VARD) cited the MEB NARSUM examination findings regarding the lymphoma and rated the condition 10%, dual coded 7709-6354 (Hodgkin’s disease-Chronic Fatigue Syndrome), based on the STR, citing residual fatigue. At the time of separation, there was no evidence of active disease or current treatment of the Hodgkin’s lymphoma, and the CI had completed all therapy over 6 months before his military discharge. Based on the rating criteria for diagnostic code 7709, if there has been no local recurrence or metastasis after 6 months, the Hodgkin’s lymphoma is rated on residuals. Thus, panel members concluded the CI was not eligible for the 100% rating under 7709 at separation. At multiple examinations near separation, the CI reported occasional LE dysesthesias and/or occasional numbness and tingling of the fingers and toes. However, all physical examinations of the extremities in evidence were normal, without any identified objective neurologic deficits. Therefore, the panel agreed a rating for permanent disability due to peripheral neuropathy as a lymphoma residual was not warranted at separation.

The CI also reported easy fatigability at the MEB NARSUM examination. However, there was no evidence of “debilitating fatigue, cognitive impairments (such as inability to concentrate, forgetfulness, confusion), or a combination of other signs and symptoms which wax and wane but result in periods of incapacitation of at least one but less than two weeks total duration per

year, or symptoms controlled by continuous medication" to support a 10% rating coded 7709-6354 (Chronic Fatigue Syndrome) as a residual of the lymphoma. The VASRD note for this code states "for the purpose of evaluating this disability, the condition will be considered incapacitating only while it requires bed rest and treatment by a physician." There was no evidence in record that the CI's residual fatigue resulted in any period of incapacitation. 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 nodular sclerosis Hodgkin's lymphoma.

Coumadin Therapy. According to the STR and MEB NARSUM, the CI was prescribed Coumadin, an anticoagulation medication, as part of his treatment to prevent a blood clot from developing in the venous catheter in place for chemotherapy. The 21 October 2004 MEB NARSUM examination noted the CI was on Coumadin, but there were no pertinent physical findings related to the prophylactic use of the medication. An STR note on 11 February 2005 indicated the port-a-cath was removed due to therapy completion. A subsequent oncology note on 7 April 2005 indicated the CI was not on any medications.

The panel directed attention to its rating recommendation based on the above evidence. The PEB rated the Coumadin therapy 0%, dual coded 7199-7120 (analogous to varicose veins), citing "no report of embolus noted in the NARSUM." The May 2005 VARD did not address the Coumadin therapy. Panel members noted that a hypercoagulable state is typically rated by analogy to post-phlebitic syndrome of any etiology (7199-7121). Under code 7121, asymptomatic varicose veins are rated 0%, and any higher rating requires the presence of symptoms following a thrombosis. In this case, the CI was on Coumadin as a preventive measure only at the time of the MEB and PEB. The Coumadin prescription appeared to have been discontinued after the indwelling catheter was removed on 11 February 2005. In any case, the CI had no incidence of a blood clot, and thus no residual symptoms to support a rating for this 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 Coumadin therapy.

BOARD FINDINGS: In the matter of the nodular sclerosis Hodgkin's lymphoma and IAW VASRD §4.117, the panel recommends no change in the PEB adjudication. In the matter of the Coumadin therapy and IAW VASRD §4.104, 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 20220323, w/atchs
Exhibit B. Service Treatment Record
Exhibit C. Department of Veterans Affairs Record

AR20230004249, XXXXXXXXXX

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Dear XXXXXXXXXX:

The Department of Defense Physical Disability Board of Review (DoD PDBR) reviewed your application and found your separation disability rating and your separation from the Army for disability with severance pay to be accurate. I have reviewed the Board's recommendation and record of proceedings (copy enclosed), and I accept its recommendation. I regret to inform you that your application to the DoD PDBR is denied.

This decision is final. Recourse within the Department of Defense or the Department of the Army is exhausted; however, you have the option to seek relief by filing suit in a court of appropriate jurisdiction.

A copy of this decision has been provided to the counsel you listed on your application; XXXXXXXXXXXXXXXXXXX