

RECORD OF PROCEEDINGS
PHYSICAL DISABILITY BOARD OF REVIEW

NAME: XXXXXXXXXX
BRANCH OF SERVICE: ARMY

CASE: PD-2022-00053
SEPARATION DATE: 20030811

SUMMARY OF CASE: Data extracted from the available evidence of record reflects this covered individual (CI) was an active duty E4, Motor Transport Operator, medically separated for "irritable bowel syndrome [IBS] with chronic colitis" with a disability rating of 10%.

CI CONTENTION: His condition has worsened over time and doctors know more about the disease now than at separation. He also requested 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 - 20030410			VARD - 20040608			
Condition	Code	Rating	Condition	Code	Rating	Exam
IBS with Chronic Colitis	7319	10%	IBS with Colitis	7323-7319	0%	STR
COMBINED RATING: 10%			COMBINED RATING OF ALL VA CONDITIONS: 0%			

ANALYSIS SUMMARY:

IBS with Chronic Colitis. According to the service treatment record (STR) and MEB narrative summary (NARSUM), the CI's began experiencing abdominal pain with diarrhea and blood in his stool in October 2001. At a gastroenterology visit on 18 February 2002, he reported abdominal pain with diarrhea that lasted for weeks and then went away for weeks and up to 2 months. He reported seeing blood in his stool once and guaiac positive stools on 2-3 occasions. The gastroenterologist felt these symptoms were most consistent with IBS but ordered a colonoscopy due to the history of heme-positive stools and family history of early colon cancer. Colonoscopy results in April 2002 showed focal changes of chronic granulomatous colitis suggestive of early Crohn's disease. At a gastroenterology follow-up on 29 April 2002, the CI was unsure whether his prescribed medication was working but reported less pain and fewer symptoms since the previous visit. He stated that all his symptoms were worse when he was under stress. At the 27 November 2002 follow-up, the CI reported alternating diarrhea and constipation that waxed and waned, and intermittent episodes or rectal bleeding. He again observed that his symptoms seemed to be related to stress.

During the 20 December 2002 MEB examination (recorded on DD Forms 2807-1 and 2808), 8 months prior to separation, the CI reported abdominal symptoms that seemed to flare up when he was under stress. Physical examination revealed normal abdominal findings. The 11 March 2003 MEB NARSUM examination, 5 months before separation, noted complaints of daily uncomfortable abdominal pain that restricted work performance. The examiner noted the abdomen was soft and non-tender with normal bowel sounds on auscultation. There was no VA examination proximate to separation in evidence.

At a 5 August 2004 VA surgery consult, 12 months after separation, the examiner noted that the CI was "totally asymptomatic" with the no evidence of Crohn's disease on the most recent colonoscopy. Physical examination did not reveal any abdominal abnormalities.

The panel directed attention to its rating recommendation based on the above evidence. The PEB rated the IBS 10%, coded 7319 (irritable colon syndrome), citing "moderate" symptoms. The VA rated the IBS 0%, dual-coded 7323-7319 (colitis, ulcerative-irritable colon syndrome), based on the STR, citing failure to show for the VA C&P examination and no evidence of frequent episodes of bowel disturbance with abdominal distress. Panel members agreed that at the time of separation, there was no evidence of "more or less constant abdominal distress" for the next higher 30% rating under code 7319. Also, even though the CI's predominant symptoms were from IBS, there was no evidence of frequent exacerbations of Crohn's disease for the next higher 30% rating under code 7323. 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 IBS with chronic colitis.

BOARD FINDINGS: In the matter of the IBS with chronic colitis 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 20220507, w/atchs
- Exhibit B. Service Treatment Record
- Exhibit C. Department of Veterans Affairs Record

AR20230004901,

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Dear XXXXXXXXXXXX:

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.