

RECORD OF PROCEEDINGS
PHYSICAL DISABILITY BOARD OF REVIEW

NAME: XXXXXXXX
BRANCH OF SERVICE: AIR FORCE

CASE: PD-2022-00092
SEPARATION DATE: 20031205

SUMMARY OF CASE: Data extracted from the available evidence of record reflects this covered individual (CI) was an active duty E5, Integrated Avionics Systems Journeyman, medically separated for “paroxysmal supra ventricular tachycardia [PSVT]” with a disability rating of 10%.

CI CONTENTION: “I was medically discharged in December of 2003 with at either 10% or 20% for my heart conditions...” 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 - 20030930			VARD - 20040720			
Condition	Code	Rating	Condition	Code	Rating	Exam
PSVT	7010	10%	PSVT	7010	0%	20040323
Marfan's Syndrome Associated with Dilated Aorta	7110	Not Unfitting (EPTS)	Marfan's Syndrome with Dilated Aorta	5299-7005	NSC	20040323
COMBINED RATING: 10%			COMBINED RATING OF ALL VA CONDITIONS: 100%			

ANALYSIS SUMMARY:

PSVT. According to the service treatment record and MEB narrative summary (NARSUM), the CI complained of frequent heart palpitations in the fall of 1999 with rapid heartbeat. At that time, he had a cardiac work-up to include a treadmill stress test, echocardiogram (echo), and wear of both Holter and event monitors. Treadmill stress test results were normal, but the Holter monitor revealed sinus rhythm with occasional premature atrial contractions. No arrhythmias were captured on the event monitor over a course of 4 weeks. An echo in March 2000 revealed a mildly dilated aortic root measuring 4.0 cm. Cardiology suspected a PSVT, but the CI required no medications and had done well, so he was returned to normal activity.

At the 23 July 2003 MEB NARSUM examination, 5 months prior to separation, the CI reported persistent “bouts of fast heartbeat” intermittently until 29 April 2003, when he experienced an hour and a half long episode and sought emergency room (ER) care where he was treated with

Adenosine (antidysrhythmic). He experienced another episode accompanied by chest pain a week later, and was seen by a cardiologist who assessed that while there was “some feature of Marfan’s syndrome,” the CI did not meet the criteria to confirm this diagnosis. In a second opinion, another cardiologist suggested the CI he did have Marfan’s syndrome and started him on Atenolol (beta blocker). Upon examination, the MEB NARSUM examiner noted normal heart rate and rhythm, with no murmurs. The CI was not interested in ablation treatment, and the examiner noted “his condition significantly limits his ability to do his job,” and that his unit had moved him to an administrative position after experiencing episodes on the job. The examiner also noted that the Marfan’s syndrome (aortic root dilation) needed to be followed by cardiology.

At the 23 March 2004 VA Compensation and Pension (C&P) examination, 3 months after separation, the CI reported his 1999 ER visit and that no issues were found after wearing a Holter monitor during cardiac workup. Although he continued to have occasional PSVT episodes after starting medication, these did not require ER treatment. The examiner noted unremarkable physical findings, and that the CI had continued with his medication. A stress test on 5 May 2004 recorded normal results and a negative ECG study.

The panel directed attention to its rating recommendation based on the above evidence. The PEB rated the PSVT 10%, coded 7010 (supraventricular arrhythmias), citing DoD and VASRD guidelines. The VA rated the PSVT 0%, also coded 7010, based on the C&P examination, citing no permanent atrial fibrillation. Panel members agreed 7010 was the only appropriate diagnostic code for the CI’s condition. However, there was no episode of supraventricular tachycardia or PSVT demonstrated by ECG or Holter monitor which would warrant a higher 30% rating for “more than 4 episodes a year of PSVT via ECG or Holter monitor.” 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 PSVT.

Contended PEB Condition: Marfan's Syndrome. The panel’s main charge is to assess the fairness of the PEB determination that the contended condition was not unfitting. The contended condition was not implicated in the commander’s statement, and there was no performance-based evidence from the record that the condition significantly interfered with satisfactory duty performance at separation. The PEB determined the Marfan’s Syndrome associated with dilated aorta existed prior to service, and the VA considered it a congenital developmental defect which was unrelated to military service, and not subject to service connection. After due deliberation, the panel concluded there was insufficient cause to recommend a change in the PEB fitness determination for the contended condition, so no additional disability rating is recommended.

BOARD FINDINGS: In the matter of the PSVT and IAW VASRD §4.104, the panel recommends no change in the PEB adjudication. In the matter of the contended Marfan’s syndrome, the panel agrees it cannot recommend it for additional disability rating. 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 20220914, w/atchs

Exhibit B. Service Treatment Record

Exhibit C. Department of Veterans Affairs Record

SAF/MRB
3351 CELMERS LANE
JBA NAF WASHINGTON, MD 20762-6435

Dear XXXXXXXXXX:

Reference your application submitted under the provisions of DoDI 6040.44 (Section 1554, 10 USC), PDBR Case Number PD-2022-00092.

After careful consideration of your application and treatment records, the Physical Disability Board of Review determined that the rating assigned at the time of final disposition of your disability evaluation system processing was appropriate. Accordingly, the Board recommended no rating modification or re-characterization of your separation.

I have carefully reviewed the evidence of record and the recommendation of the Board. I concur with that finding and their conclusion that modification of your disability rating or characterization of your separation is not warranted. Accordingly, I accept the recommendation that your application be denied.

Sincerely,

Attachment:
Record of Proceedings