

RECORD OF PROCEEDINGS  
PHYSICAL DISABILITY BOARD OF REVIEW

NAME: XXXXXXXXX  
BRANCH OF SERVICE: ARMY

CASE: PD-2022-00096  
SEPARATION DATE: 20060421

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**SUMMARY OF CASE:** Data extracted from the available evidence of record reflects this covered individual (CI) was an active duty O2, Engineer Officer, medically separated for “bipolar disorder type I,” with a disability rating of 10%.

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**CI CONTENTION:** The CI experienced a psychotic break while conducting a mission in Iraq which led to a lifelong struggle with bipolar disorder. He was only given a 10% disability rating but should have been granted a medical retirement. The CI has been in inpatient treatment several times as his condition continues to negatively affect his life and ability to maintain a livelihood. The complete submission is at Exhibit A.

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**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.

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**RATING COMPARISON:**

SERVICE PEB - 20060316			VARD - NA			
Condition	Code	Rating	Condition	Code	Rating	Exam
Bipolar Disorder, Type I	9432	10%	No VA Examination in Evidence			
<b>COMBINED RATING: 10%</b>			<b>COMBINED RATING OF ALL VA CONDITIONS: NA</b>			

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**ANALYSIS SUMMARY:**

**Bipolar Disorder.** According to the service treatment record (STR) and MEB narrative summary (NARSUM), the CI’s bipolar disorder manifested as an acute psychotic episode in December 2005 while deployed to a combat mission in Iraq. He was medically evacuated to Landstuhl and was admitted to the psychiatry inpatient unit, diagnosed with brief psychotic episode.

During the 19 January 2006 MEB examination (recorded on DD Forms 2807-1 and 2808), 2 months prior to separation, the CI reported symptoms of anxiety and paranoia. The examiner noted the CI was receiving counseling at the outpatient psychiatry clinic and had plans to attend weekly group therapy.

The 8 February 2006 MEB NARSUM examination, 2 months prior to separation, noted the CI’s condition had improved prior to leaving Landstuhl.

When he arrived at Walter Reed Army Medical Center (WRAMC) in December 2005, he was taking antipsychotic and mood stabilizing medication. The CI reported he felt less suspicious of people and felt a little more like himself. He denied having suicidal or homicidal ideation, agitation, anxiousness, manic symptoms, and hallucinations, but still felt like people were talking about him. The CI described his sleep as good and his energy and appetite as okay. Hospital course at WRAMC indicated that he did well on the ward and interacted appropriately with other patients and staff. His condition had improved, and he was deemed stable for transfer to his duty station (Fort Hood).

At the time of discharge from WRAMC, the diagnosis of brief psychotic episode remained since his psychotic symptoms had persisted for less than one month. He departed for Fort Hood in January 2006.

While on the inpatient unit at Fort Hood, the CI displayed no safety concerns, and he seemed to have improved with medication. The mental status examination (MSE) recorded the CI being fully oriented with normal mood and affect, and no evidence of psychosis. He experienced no overt paranoia, delusions, ideas of reference, or pressured speech. Insight, judgment, and cognition were intact. The examiner recorded a diagnosis of bipolar disorder, type I, severe, most recent episode manic, with mood congruent psychotic features. The examiner also noted the condition was chronic and recurring and may require hospitalization again depending on medication compliance. The CI would need regular psychiatric follow up and remain on mood stabilizing and antipsychotic medication. There were no additional mental health encounters beyond the NARSUM in evidence.

The panel directed attention to its rating recommendation based on the above evidence. The PEB rated the bipolar disorder 10%, coded 9432 (bipolar disorder). Panel members first agreed that the provisions of VASRD §4.129 for a “mental disorder that develops in service as a result of a highly stressful event” were not applicable.

Panel members next proceeded with the rating recommendation. The panel considered the absence of emergency room treatment, hospitalization, and the apparent stability of symptoms during the 2 months prior to separation. The NARSUM indicated that the condition had stabilized with medication, and the examiner opined that the CI would continue to need medication to maintain mood stability. The panel found no re-emergence of manic symptoms or post service evidence of hospitalization, mood instability, or psychosis. At the time of the NARSUM, the MSE was normal. There was no report of chronic insomnia, memory loss, panic attacks, anxiety, mood symptoms or psychosis. Absence additional information, the panel finds lack of evidence to support the higher rating of 30%. Therefore, panel members agreed, the 10% rating was justified for symptoms controlled by continuous medication.

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 bipolar disorder.

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**BOARD FINDINGS:** In the matter of the bipolar disorder and IAW VASRD §4.130, 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.

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The following documentary evidence was considered:

Exhibit A. DD Form 294, dated 20220913, w/atchs

Exhibit B. Service Treatment Record

AR20230008330

Dear XXXXXXX:

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.