RECORD OF PROCEEDINGS PHYSICAL DISABILITY BOARD OF REVIEW

NAME: XXXXXXX CASE: PD-2022-00100 BRANCH OF SERVICE: AIR FORCE SEPARATION DATE: 20050415

<u>SUMMARY OF CASE</u>: Data extracted from the available evidence of record reflects this covered individual (CI) was a Reserve O3, Communications-Computer Systems Officer, medically separated for "congenital bicuspid aortic valve with moderate aortic insufficiency, symptomatic, EPTS with service aggravation," rated at 10%.

<u>CI CONTENTION</u>: "I respectfully request your consideration of active-duty medical evidence of cardiac dilation, warranting a 30% rating in accordance with the VASRD in effect at the time of my discharge. Please consider attached records of left atrial enlargement from 3.0 to 4.3cm over the period 2000-2003 and the very similar attached PDBR record. Please review all conditions." 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 FPEB - 20050125			VARD - 20060110			
Condition	Code	Rating	Condition	Code	Rating	Exam
Congenital Bicuspid Aortic Valve with Moderate Aortic Insufficiency	7000	10%	Bicuspid Aortic Valve with Aortic Regurgitation	7000	10%	20050621
COMBINED RATING: 10%			COMBINED RATING OF ALL VA CONDITIONS: 30%			

ANALYSIS SUMMARY:

<u>Congenital Heart Condition</u>. According to the service treatment record (STR) and MEB narrative summary (NARSUM), the Cl's heart condition was first discovered during a flight physical in 1999.

At the 8 September 2000 echocardiogram (echo), all four cardiac chambers were noted to be "normal" in dimensions. Although the follow-up echo measured the left atrium diameter at 4.3cm (normal up to 4.0cm), the 6 May 2004 echo found the left atrium measurement to be 3.5cm (normal). There was no evidence of cardiac wall hypertrophy.

During the 13 November 2003 cardiology visit, exercise testing performed following the Standard Bruce Protocol showed the CI exercised for 11 minutes which is equal to an exercise capacity in excess of 10 metabolic equivalents (METs). The 15 June 2004 MEB NARSUM

examination, 10 months prior to separation, noted complaints of "concerning symptoms" during periods of high exertion. He described presyncope symptoms of lightheadedness and tunnel vision. The CI was not taking continuous medications to control symptoms. Physical examination showed a soft aortic insufficiency murmur at the left sternal border. There were no other abnormalities noted.

At the 21 June 2005 VA Compensation and Pension (C&P) examination, 2 months after separation, the CI reported he was asymptomatic when the condition was diagnosed in 1999. In the subsequent 5 years, he had developed shortness of breath and presyncope symptoms with running. Auscultation of the heart revealed a faint, grade 1/6 diastolic murmur beginning shortly after the second heart sound ending 1/3 of the way through diastole, maximally along the left sternal border at the third, left intercostal space at the left parasternal line. There was no appreciable S3 or S4 and no systolic murmurs heard. The examiner judged the aortic regurgitation to be mild.

The panel directed attention to its rating recommendation based on the above evidence. The PEB rated the heart condition 10%, coded 7000 (valvular heart disease). The VA also rated the heart condition 10%, coded 7000, based on the C&P examination, citing lack of evidence that the Cl's ability to exercise was limited to less than 7 METs.

Panel members agreed the Cl's heart condition at the time of separation was best characterized as allowing 10 METs workload without continuous medications, justifying a 10% rating under code 7000 but no higher. 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 heart condition.

<u>BOARD FINDINGS</u>: In the matter of the heart condition 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 20221106, 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 XXXXXXX:

Reference your application submitted under the provisions of DoDI 6040.44 (Section 1554, 10 USC), PDBR Case Number PD-2022-00100.

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