

RECORD OF PROCEEDINGS  
PHYSICAL DISABILITY BOARD OF REVIEW

NAME: XXXXXXXXXXXXXXXX  
BRANCH OF SERVICE: AIR FORCE

CASE: PD-2022-00102  
SEPARATION DATE: 20030902

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**SUMMARY OF CASE:** Data extracted from the available evidence of record reflects this covered individual (CI) was an active duty E5, Tactical Aircraft Maintenance Craftsman, medically separated for “major depressive disorder [MDD]” with a disability rating of 10%.

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**CI CONTENTION:** The CI was given a higher rating by the VA for his conditions, and his original rating was decided using the DoDI 1332.39. 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 - 20030714			VARD – 20040223			
Condition	Code	Rating	Condition	Code	Rating	Exam
MDD	9434	10%	Major Depression	9434	30%	20031204
<b>COMBINED RATING: 10%</b>			<b>COMBINED RATING OF ALL VA CONDITIONS: 40%</b>			

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**ANALYSIS SUMMARY:**

**Major Depressive Disorder.** According to the service treatment record (STR) and MEB narrative summary (NARSUM), the CI’s MDD began in January of 2002 after feeling sad, tired, and self-defeated. The CI was never treated in the emergency room (presented for medication refill only) and his condition never required psychiatric hospitalization. The CI’s antidepressant medication treatment rendered good symptom control.

The 20 June 2003 MEB NARSUM examination, 2 months prior to separation, noted complaints of persistent anxiety despite medication. The CI reported medication (Zoloft) improved his depressive symptoms, but he stopped taking medication and talk therapy after 3 months, because he felt better. Within 6 months, all his symptoms returned, worse than before. He was restarted on the Zoloft but did not want talk therapy. He improved once again; however, he was still anxious at work. The mental status examination (MSE) noted depressed and restricted affect and mood. He was tearful, but speech, orientation, thought processes, content, and cognition were not impaired. Insight and judgement were intact, there was no evidence of psychosis, and suicidal and homicidal ideation was absent. During the 16 September 2003 emergency room visit

the CI reported he had been without Zoloft for about 1-2 weeks. He indicated that he felt almost complete relief from his symptoms upon taking Zoloft and requested a refill. His MSE was unremarkable.

At the 4 December 2003 VA Compensation and Pension (C&P) examination, 3 months after separation, the CI reported changing medications to Prozac and Trazadone. The Prozac increased energy significantly decreased irritability, and improved ability to enjoy things. The CI was training to become a financial broker. The CI was married, and the couple got along well. He went shopping with his wife, played with his son, and enjoyed video games, surfing the internet, going out, and reading. The MSE described mildly pressured speech, mood was reported as "pretty good," with constricted affect. There was no evidence of psychosis, and no suicidal or homicidal ideation. Cognition was intact.

The panel directed attention to its rating recommendation based on the above evidence. The PEB rated the MDD 10%, coded 9434 (MDD), citing mild social and industrial adaptability and impairment. The VA rated the MDD 30%, coded 9434, based on the C&P examination, citing social impairment, symptoms of depression, irritability, and inability to concentrate at times. 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, or hospitalization, and the apparent stability of symptoms with the use of medication, during the 24 months prior to separation, and the 3 months after separation. The commander's statement stated the CI's job as crew chief was "extremely stressful," and that his depression was not medically disqualifying for duty by Air Force standards but the stress and intensity of being crew chief disqualified him from that position. The NARSUM and VA C&P examinations demonstrated stability with medication, and relatively unremarkable MSEs. At the NARSUM the CI complained of persistent anxiety at work. He indicated improvement in depressive symptoms with medication, and there was no report of chronic insomnia, or cognitive problems. At the VA exam, the CI noted his symptoms of irritability, and depression had improved significantly with medication. He was well focused during the mini MSE and achieved a score of 29/29. He did not report impairment in thinking, concentration, sleep, energy, or memory. There was no report of panic attacks or anxiety attacks. The CI was not working but attending a training program for financial brokering. He reported no difficulties at home, and he was managing the training classes without problems. He was also functioning well socially.

Panel members agreed, the 10% rating and no higher was justified for "occupational and social impairment due to mild or transient symptoms which decrease work efficiency and ability to perform occupational tasks only during periods of significant stress, or 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 MDD.

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**BOARD FINDINGS:** In the matter of the MDD 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 20221018, 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 XXXXXXXXXXXX:

Reference your application submitted under the provisions of DoDI 6040.44 (Section 1554, 10 USC), PDBR Case Number PD-2022-00102.

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,