

RECORD OF PROCEEDINGS  
PHYSICAL DISABILITY BOARD OF REVIEW

NAME: XXXXXXXXXX  
BRANCH OF SERVICE: ARMY

CASE: PD-2022-00117  
SEPARATION DATE: 20030207

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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, Multichannel Transmission Systems Operations Maintainer, medically separated for “intractable diplopia.” Intractable diplopia was determined to have existed prior to service (EPTS) and was not rated.

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**CI CONTENTION:** “Eye surgery that led to double vision. Due to this I was discharged from the Army.” 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 – 20020912			VARD - 20030611			
Condition	Code	Rating	Condition	Code	Rating	Exam
Intractable Diplopia	6090	EPTS	Diplopia	6090	0%	20030602
<b>COMBINED RATING: EPTS</b>			<b>COMBINED RATING OF ALL VA CONDITIONS: 40%</b>			

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**ANALYSIS SUMMARY:**

**Intractable Diplopia.** According to the service treatment record (STR) and MEB narrative summary (NARSUM), the CI’s eye condition began in February 2001 after eye surgery to correct estropia (strabismus). The 15 April 2002 MEB NARSUM examination, 11 months prior to separation, noted complaints of persistent diplopia. Prisms were tried but they did not eliminate the diplopia. Examination of the eyes showed visual acuity 20/20 in both eyes without correction. Ocular pressures were normal, but the examiner wrote, “currently has double vision in both eyes that is not correctable.” During the 17 April 2002 MEB examination (recorded on DD Forms 2807-1 and 2808) the CI reported being in good health but had double vision. Physical examination was unremarkable. At the 2 June 2003 VA Compensation and Pension (C&P) eye examination, 4 months after separation, the CI reported some diplopia since the operation that was intermittent in nature but was becoming less and less evident over time. The diplopia was currently less frequent and “lot of times, he does not experience double vision.” The examination of the eyes showed scaring over both medial recti muscles. Vision without correction was 20/30 in both eyes, and 20/20 bilaterally with correction. Ocular

pressures were normal. The examiner noted that the CI had alternating esotropia that was improving post-surgery, and likely to continue to improve over time.

Panel members directed attention to its rating recommendation based on the above evidence. The PEB rated the intractable diplopia EPTS, coded 6090 (diplopia), citing a congenital condition. The VA rated the diplopia 0%, coded 6090, based on the C&P examination, citing "diplopia is not shown to be constant and findings on VA exam do not show the condition is disabling." The PEB opined that surgery and outcomes therefrom, to correct a congenital condition, are not ratable and are considered EPTS. The panel found no evidence to refute the fact that the estropia condition in this case was congenital, but the entry exam showed the presence of alternating strabismus corrected with glasses.

Panel members first considered the nature of the condition referencing the medical literature, which indicates that estropia is a form of strabismus (eye misalignment) characterized by an inwards turn of one or both eyes. It may be intermittent or constant and may occur with near fixation, distance fixation, or both. The condition of estropia generally has a benign course, and most improve vision with corrective lenses or surgery. At the time of entry into Service, the CI's condition was corrected with glasses.

The STR showed that the CI elected to have corrective surgery done and that this treatment was not required. The literature indicated that although rare, intractable diplopia is not an expected complication of surgery to correct estropia but is a potential risk that tends to improve over time. The panel also noted at the time of the C&P examination, the condition had significantly improved. The CI reported that his diplopia since the operation was intermittent in nature, and had become less and less frequent, "a lot of times, he does not experience double vision." The VA eye examiner stated the CI's condition was improving and opined that it was good that the CI experienced double vision at times, which "will help keep his eye straight." The CI reportedly had "greatly improved," the examiner noted. Panel members concluded the natural course of post-surgery diplopia appears to be one of improvement over time, not intractable, which was the case in this CI.

Panel members considered whether the condition of diplopia that developed after surgery should be considered not permanently aggravated by service and therefore not ratable since it was related to a condition that existed prior to surgery. The panel considered the following policies:

AR 635-40, 5-17(d) Other matters related to pre-existing disability: "Generally recognized risks associated with treating pre-existing conditions will not be considered service aggravation. Unexpected adverse events over and above known hazards, directly attributable to treatment, anesthetic or operation performed or administered for a medical condition existing before entry on active duty, may be considered service aggravation."

DoDI 1332.38 E3. P4.5.6. Treatment of Pre-Existing Conditions: "Generally recognized risks associated with treating preexisting conditions shall not be considered service aggravation."

Panel members first agreed, although the condition of diplopia did not exist prior to surgery, it was an associated risk in the treatment of the condition that existed prior to surgery, and therefore, was subject to the above referenced policies. After due deliberation in consideration of the preponderance of the evidence, the panel concluded that there was insufficient cause to recommend a change in the PEB determination that the intractable diplopia, post-surgery, to correct a congenital condition was EPTS and not service aggravated, and therefore not recommended for disability rating.

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BOARD FINDINGS: In the matter of the intractable diplopia and IAW VASRD §4.31, 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 20221104, w/atchs

Exhibit B. Service Treatment Record

Exhibit C. Department of Veterans Affairs Record



**DEPARTMENT OF THE ARMY**  
ARMY REVIEW BOARDS AGENCY  
25118TH STREET SOUTH, SUITE 385  
ARLINGTON, VA 22202-3531

AR20230007837, XXXXXXXXXXXX

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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.