

RECORD OF PROCEEDINGS
PHYSICAL DISABILITY BOARD OF REVIEW

NAME: XXXXXXX
BRANCH OF SERVICE: AIR FORCE

CASE: PD-2022-00120
SEPARATION DATE: 20060419

SUMMARY OF CASE: Data extracted from the available evidence of record reflects this covered individual (CI) was an active duty E3, Communication-Computer System Operations Apprentice, medically separated for “exertional chest pain associated with deconditioning and mild chronic obstructive pulmonary disease [COPD]” with a disability rating of 0%.

CI CONTENTION: 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 PEB - 20060307			VARD – 20070215			
Condition	Code	Rating	Condition	Code	Rating	Exam
Exertional Chest Pain Associated with COPD	6699-6604	0%	COPD	6604-6602	10%	20070116
COMBINED RATING: 0%			COMBINED RATING OF ALL VA CONDITIONS: 10%			

ANALYSIS SUMMARY:

Chest Pain Associated with COPD. According to the service treatment record and MEB narrative summary (NARSUM), the CI experienced chest pain in December 2004 during a training run. He was diagnosed with mild COPD, with no evidence of asthma, and prescribed an albuterol inhaler as needed. A chest CT was normal, and lab results, including a negative methacholine challenge, were unremarkable. A nuclear medicine stress test on 14 March 2005 showed normal blood pressure and pulse response and no evidence of ischemia by EKG or imaging.

During pulmonary function tests (PFTs) on 20 June 2005, the examiner noted consistent patient effort and after bronchodilator therapy, the forced expiratory volume (FEV-1) was 71% of predicted, and the FEV-1 over the forced vital capacity (FEV-1/FVC) ratio was 87% of predicted. Additional PFTs on 30 June 2005 showed FEV-1 at 84% of predicted and FEV-1/FVC at 89% of predicted, after bronchodilator administration.

At the 8 February 2006 MEB NARSUM examination, 2 months before separation, the CI complained of chest pain with exertion that led him to seek medical care 10 times over the previous 9 months. The examiner noted that after a profile for shin splints limited his activity, he was diagnosed with exercise intolerance due to poor fitness and he was advised to gradually work up to a full run. Treatment with non-steroidal anti-inflammatory medications for the pain and albuterol for the shortness of breath did not help. Physical findings showed lungs clear to auscultation with no wheezes or other adventitious sounds, and left anterior rib tenderness.

During the 16 January 2007 VA Compensation and Pension (C&P) examination, 9 months after separation, the CI reported shortness of breath with exertion, and incapacitating episodes once every 2 months. He had a productive cough with a small amount of whitish phlegm, and described shortness of breath when walking only three-fourths of a city block. He was using an albuterol inhaler as needed. After bronchodilator administration, PFTs showed FEV-1 at 75% and FEV-1/FVC at 82% of predicted. The examiner documented lungs clear to auscultation.

The panel directed attention to its rating recommendation based on the above evidence. The PEB rated the chest pain associated with COPD 0%, analogously coded 6699-6604 (COPD), citing Department of Defense and Veterans Administration Schedule for Rating Disabilities guidelines. The VA rated the COPD 10%, dual-coded 6604-6602 (COPD-asthma), based on the C&P examination, citing PFTs which showed FEV-1 of 71-80% predicted and FEV-1/FVC of 71-80%, after bronchodilator treatment. Panel members agreed that the majority of PFT results proximate to separation demonstrated FEV-1 and FEV-1/FVC of 71-80% of predicted, which met the criteria for a 10% rating under code 6604. After due deliberation, considering all the evidence and mindful of VASRD §4.3 (reasonable doubt), the panel recommends a disability rating of 10% for the chest pain with COPD, coded 6699-6604.

BOARD FINDINGS: In the matter of the chest pain with COPD, the panel recommends a disability rating of 10%, coded 6699-6604 IAW VASRD §4.100. There are no other conditions within the panel's scope of review for consideration.

The panel recommends the CI's prior determination be modified as follows, effective the date of medical separation:

CONDITION	VASRD CODE	PERMANENT RATING
Exertional Chest Pain Associated with COPD	6699-6604	10%

The following documentary evidence was considered:

- Exhibit A. DD Form 294, dated 20221121, 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 XXXXX:

Reference your application submitted under the provisions of DoDI 6040.44 (Section 1554, 10 USC), PDBR Case Number PD-2022-00120.

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 not in accordance with the guidelines of the Veterans Affairs Schedule for Rating Disabilities. Accordingly, the Board recommended modification of your assigned disability rating without re-characterization of your separation with severance pay.

I have carefully reviewed the evidence of record and the recommendation of the Board. I concur with that finding, accept the recommendation and direct that your records be corrected as set forth in the attached copy of a Memorandum for the Chief of Staff, United States Air Force. This will not result in any change to your separation documents or the amount of severance pay you are entitled to. Disability severance pay is computed the same regardless of a rating of 0, 10 or 20 percent.

Sincerely,

Attachments:

1. Directive
2. Record of Proceedings