

RECORD OF PROCEEDINGS
PHYSICAL DISABILITY BOARD OF REVIEW

NAME: XXXXXXXXXXXX
BRANCH OF SERVICE: ARMY

CASE: PD-2023-00022
SEPARATION DATE: 20041006

SUMMARY OF CASE: Data extracted from the available evidence of record reflects this covered individual (CI) was an active duty E5, Multiple Launch Rocket Systems Crewmember, medically separated for “myocarditis” with a disability rating of 10%.

CI CONTENTION: “With almost 10 years of service, I was separated from symptoms caused by a heart attack (myocardial infarction) that occurred from the mandatory Smallpox and Anthrax vaccine. This was a life altering event that I was deemed ineligible to continue my military career or receive medical retirement and caused ongoing issues. My current VA rating on this date this form is signed is 90%.” 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 - 20040803			VARD - 20040920			
Condition	Code	Rating	Condition	Code	Rating	Exam
Myocarditis	7099-7020	10%	Coronary Artery Disease	7005	10%	20030616
COMBINED RATING: 10%			COMBINED RATING OF ALL VA CONDITIONS: 20%			

ANALYSIS SUMMARY:

Myocarditis. According to the service treatment record (STR) and MEB narrative summary (NARSUM), the CI’s heart condition began in March 2003 after smallpox vaccination. During the 17 March 2003 exercise stress test, the CI was able to exercise 14 minutes on a full Bruce protocol. There was no evidence of ischemia and the examiner concluded this was a normal stress test. A METs (metabolic equivalent of task) value was not recorded. The CI completed a cardiac rehabilitation program in August 2003. The discharge report showed he increased his exercise tolerance during this period, however, not to the level expected of someone his age. At the 16 June 2003 VA Compensation and Pension (C&P) examination, 16 months before separation, the CI reported complaints of chest pain, shortness of breath, dizziness, and tiring easily with walking more than half a city block. The CI reported he was taking daily metoprolol to control his blood pressure. Physical examination showed a normal heart, and the examiner estimated the METs level at 5-6 based on “NYHA criteria.” An examination note stated, “The claimant achieved 5 METs on treadmill stress testing.” However, an addendum dated the same day showed a normal EKG with ejection fraction of 64% (normal 50%) and METs over 8. During an exercise stress test performed on 16 September 2003, the CI was able to exercise 10 minutes on a full Bruce protocol and achieved a METs of 13.5. A 20 November 2003 transthoracic EKG showed an ejection fraction of 55-65% with no left ventricular regional wall motion abnormalities. There was no evidence of cardiac hypertrophy or dilation. An April 2004 cardiac MRI demonstrated a normal study. At the 4 May 2004 white blood cell study, there was no evidence of active myocarditis. During the 12 July 2004 MEB examination (recorded on DD Forms 2807-1 and 2808), 3 months prior to separation, the CI reported frequent chest pain with exertion. The MEB NARSUM examination, the same day, noted complaints of chest pain. He had stopped use of all daily cardiac medications, but still used

nitroglycerine for chest pains. The cardiovascular examination was normal. The NARSUM documented the CI had reached 16.2 METS on a full Bruce protocol test and "no chest pain."

The panel directed attention to its rating recommendation based on the above evidence. The PEB rated the myocarditis 10%, analogously coded 7099-7020 (cardiomyopathy), citing 16.2 METS on exercise testing, and continuous medication required. The VA also rated the myocarditis 10%, coded 7005 (arteriosclerotic (atherosclerotic) heart disease (coronary artery disease), based on the C&P examination, citing 8 METs or above. Panel members agreed using either 7005 or 7020 diagnostic codes was appropriate and VASRD specific for the identified myocarditis, and a 10% rating but no higher was justified based on workload of greater than 7 METs but not greater than 10 METs as reported on the September 2003 stress test, NARSUM and VA addendum. The next higher 30% rating was not justified given the absence of achieving a METs level below 7 coupled with the absence of cardiac hypertrophy and or chamber dilatation.

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 myocarditis.

In the matter of the myocarditis 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 20230303, w/atchs

Exhibit B. Service Treatment Record

Exhibit C. Department of Veterans Affairs Record

AR20230008630, XXXXXXXXXXXX

XXXXXXXXXXXX

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.