

RECORD OF PROCEEDINGS
PHYSICAL DISABILITY BOARD OF REVIEW

NAME: XXXXXXXX
BRANCH OF SERVICE: AIR FORCE

CASE: PD-2023-00049
SEPARATION DATE: 20070627

SUMMARY OF CASE: Data extracted from the available evidence of record reflects this covered individual (CI) was an active duty E6, Public Affairs Craftsman, medically separated from the Temporary Disability Retired List (TDRL) for “post-traumatic stress disorder” with a disability rating of 10%.

CI CONTENTION: The 10% was not appropriate for his conditions, which were never properly evaluated at the end of the TDRL period. 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 - 20070509			VARD - 20081030			
Condition	Code	Rating	Condition	Code	Rating	Exam
Post-Traumatic Stress Disorder	9411	10%	Post-Traumatic Stress Disorder and Depression	9411	70%	20080624
COMBINED RATING: 10%			COMBINED RATING OF ALL VA CONDITIONS: 70%			

ANALYSIS SUMMARY:

Post-Traumatic Stress Disorder (PTSD). According to the service treatment record (STR) and MEB narrative summary (NARSUM), the CI’s mental health (MH) condition began in June 2005 with post-deployment adjustment issues. He was separated and placed on the TDRL on 10 January 2006.

At the 2 April 2007 psychiatric MEB NARSUM TDRL examination, 3 months prior to TDRL removal, the examiner noted the CI’s depressive symptoms were “minimal at best with resolution of hopelessness and suicidal ideation.” Concentration problems and lack of motivation were his primary residual PTSD symptoms, but he was not receiving treatment or taking any medication. There was no evidence of psychiatric hospitalization or treatment in the emergency room (ER) for any MH condition. The CI had been married to his wife for 16 years with no reports of marital discord or interpersonal issues. The mental status examination (MSE) was unremarkable except for an anxious and tense mood. The examiner noted that he “described himself as a normally

outgoing person who is optimistic but became withdrawn with a change in outlook after going to Iraq.” There was no mention of any difficulties engaging with others, lack of friendships, or inability to socialize due to PTSD. Based on the CI’s history and presentation, the examiner opined that he did not meet diagnostic criteria for major depression disorder, and that his “primary anxiety disorder was in the PTSD spectrum.” The assessment was “mild social and industrial impairment for PTSD” with a possible need for “professional intervention” if he could not improve his concentration and motivation issues on his own.

The 24 June 2008 VA Compensation and Pension (C&P), 12 months after TDRL removal, noted the CI had received psychotherapy and medication management for less than one year from 2005-2006 before TDRL placement. The examiner stated that in the previous 7 months, the CI was not taking any medication but had started talk therapy, which was beneficial and helped him focus on priorities. He reported sporadic sleep and depressed mood as well as increased irritability, which led him to self-isolate as a coping mechanism. He felt distant from his wife but described his 3 children (ages 15, 9, and 8) as “a bright spot,” and maintained a “pretty good” relationship with them. He was also still close to his parents. He did not engage in social activities and stated he had no friends, and that his coworkers were not considered friends. The MSE documented flat and blunted affect, but tearfulness when talking about his life changing since returning from Iraq. The examiner noted that during concentration tests, the CI was unable to perform serial 7s but was able to spell a word forward and backward. The examiner recorded no evidence of impairment in judgment, thought processes/content, or orientation.

The panel directed attention to its rating recommendation based on the above evidence. The CI was removed from the TDRL with a permanent disability disposition of separation with severance pay at 10% for PTSD, coded 9411. The PEB cited mild social and industrial adaptability impairment. The VA rated the PTSD 70%, also coded 9411, based on the C&P examination, citing “occupational and social impairment, with deficiencies in most areas, such as work, family relations, thinking, and mood, due to such symptoms as: suicidal ideation, obsessional rituals which interfere with routine activities; depression affecting the ability to function independently, appropriately and effectively; and inability to establish and maintain effective relationships.”

The panel considered whether the CI’s MH condition at the time of TDRL removal warranted a 70%, 50%, 30% or 10% disability rating. A 70% rating is granted when there is evidence of occupational and social impairment *in most areas* as noted above. Panel members first acknowledged that according to the VA C&P examination, the CI was employed full-time since his military discharge and had not lost time at work due to his MH symptoms. There was no objective evidence that he was not functionally independent or suffered from impaired thinking, as the examiner noted intact thought processes and content, as well as judgment and insight. He reported getting along well with his parents and children, despite his reported self-isolation to avoid family conflict. He was able to maintain a marital relationship for 16 years, and there were no documented problems at home or work during the TDRL period. Although the examiner opined that the CI engaged in obsessional thoughts based on his watching TV or surfing the internet, these activities do not fit the definition of clinical obsessions, i.e., no evidence they interfere with routine activities or related to compulsion. Thus, the panel agreed that a 70% rating was not justified on this basis.

The panel next considered whether a 50% rating was warranted for “occupational and social impairment with reduced reliability and productivity.” Although the examiner recorded mildly impaired memory (recent and immediate), there was no evidence of an objective memory assessment or memory issues. The CI complained of difficulties concentrating and memory problems, particularly at work; however, panel members found no evidence showing an inability to perform work tasks or negative feedback or imminent job loss because of an inability to focus or concentrate. There was also no documentation indicating the CI’s MH symptoms interfered with his work performance. The CI mentioned having fleeting, passive suicidal ideations 1-2 times

a month, without plan or intent, but the record did not indicate he reported suicidal ideation to his therapist. Thus, the panel agreed that a 50% rating was not supported since there was no evidence of impairment in work performance, significant mood symptoms, panic attacks, or impaired judgment.

When considering whether the CI's MH condition met the diagnostic criteria for a 30% rating, panel members noted that at the MEB NARSUM examination, most proximate to TDRL removal, he reported some anxiety, intrusive thoughts, and hypervigilance only when "he was intensely reminded of military service." There was no documented evidence of chronic insomnia, memory loss, decreased work efficiency or intermittent occupational impairment. He stated that since October 2006 he was "feeling much better," which was partly related to reconnecting with his church. The MEB NARSUM and C&P examinations documented that the CI had not taken any psychotropic medications in the months prior to or during the TDRL period as well as 12 months afterwards. There were no reports of panic attacks, ER or inpatient psychiatric treatment, domestic/workplace violence, lack of impulse control, or anger outbursts. The CI remained stable during the TDRL period and beyond and had been employed full-time in his job for more than 2 years with no time lost due to his MH condition. Therefore, the panel concluded his disability was most reflective of the 10% rating at time of TDRL removal 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." After due deliberation, considering all the evidence and mindful of VASRD §4.3 (reasonable doubt), the panel concluded that there was insufficient cause to recommend a change in the PEB adjudication for the PTSD at the time of TDRL removal.

BOARD FINDINGS: In the matter of the PTSD and IAW VASRD §4.130, the panel recommends no change in the PEB adjudication at the time of TDRL removal and permanent disability disposition. 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 20230612, 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-2023-00049.

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

