

RECORD OF PROCEEDINGS
PHYSICAL DISABILITY BOARD OF REVIEW

NAME: XXXXXXXXXXXXXXXX
BRANCH OF SERVICE: AIR FORCE

CASE: PD-2023-00084
SEPARATION DATE: 20041001

SUMMARY OF CASE: Data extracted from the available evidence of record reflects this covered individual (CI) was an active duty E4, Tactical Aircraft Maintenance F-15 Journeyman, medically separated for "Crohn's disease" with a disability rating of 10%.

CI CONTENTION: No specific contention was made. 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 - 20040629			VARD - 20050131			
Condition	Code	Rating	Condition	Code	Rating	Exam
Crohn's Disease	7323-7399	10%	Crohn's Disease, Ulcerative Colitis, and Internal Hemorrhoids	7323-7319	30%	20040921
COMBINED RATING: 10%			COMBINED RATING OF ALL VA CONDITIONS: 40%			

ANALYSIS SUMMARY:

Crohn's Disease. According to the service treatment record (STR) and MEB narrative summary (NARSUM), the CI's Crohn's condition began in February 2004 with sudden onset of abdominal pain.

The undated MEB NARSUM examination, approximately 3 months prior to separation (using the MEB and PEB dates, both taking place during June 2004), noted complaints of severe abdominal pain with nausea. The CI denied any associated vomiting diarrhea, hematochezia, hematemesis, or melena, and denied any previous history of similar symptoms. The CI was taking generic Pentasa (medication to treat a certain bowel disease) for Crohn's. Physical examination revealed a soft abdomen, with right sided pain on palpation, nondistended and normal bowel sounds with no masses, or guarding. Blood and chemistry labs were within normal limits. A previous CT scan of the abdomen and pelvis showed thickening of the terminal ileum, and colonoscopy showed findings suggestive of Crohn's disease.

At the 21 September 2004 VA Compensation and Pension (C&P) examination, 1 week before separation, the CI reported he suffered from lower abdominal pain with alternating diarrhea and constipation that occurred two-thirds of the year. He reported taking Pentasa for Crohn's disease and ulcerative colitis and that he had frequent internal hemorrhoids because of these conditions, or alternating diarrhea and constipation. Physical examination showed the CI was well developed, well nourished and in no acute distress. The abdomen was nontender to palpation. Under remarks, the examiner stated "The effect of the condition on the claimant's usual occupation is minimally. The effect of the condition on the claimant's daily activity is minimally."

The panel directed attention to its rating recommendation based on the above evidence. The PEB rated the Crohn's disease condition 10%, analogously coded 7323-7399 (ulcerative colitis). The VA rated the Crohn's disease condition 30%, dual-coded 7323-7319 (ulcerative colitis - irritable colon syndrome), based on the C&P examination, citing symptoms of diarrhea, or alternating diarrhea and constipation with more or less constant abdominal distress.

The undated MEB NARSUM documented the report of severe abdominal pain with nausea but did not record the frequency or the effectiveness of treatment. However, the available STR demonstrated significant improvement with treatment. There were no recorded exacerbations during the 6 months prior to separation and no documented medical visits for GI symptoms in the 6 months prior to separation. The C&P examination noted there was no functional impairment resulting from his condition and that his condition had not resulted in any time lost from work. Although the C&P examination recorded the CI's symptoms occurred more than 2/3 of the year, the STR documented only 1 month of continued symptoms (February-March 2004), with symptoms beginning in February 2004, 7 months prior to separation, but no recorded GI symptoms beyond March 2004, the 6 months before separation.

A 25 April 2005 VA progress note, 7 months after separation, recorded the CI had some episodic right lower quadrant pain and no bloody stools, although he had decreased the Pentasa medication significantly to avoid running out. The examiner stated the CI was doing well on the lower dose of medication. There was no mention of chronic abdominal pain or nausea. The STR showed evidence of 1 possible exacerbation in June 2005, based on a GI consult note dated 2 June 2005, 8 months after separation, which stated his condition as "currently flaring and out of Pentasa." The CI was having episodes of nocturnal diarrhea with 5-7 bowel movement per day and no bloody stool. Physical examination showed mild tenderness and pain on palpation of the right lower quadrant of the abdomen but otherwise a normal abdomen exam. An 18 July 2005 medical visit, 10 months after separation, noted the CI's report that he tended to only have GI symptoms "if he forgets to take the medication." A 21 July 2005 visit noted the CI was doing well and his condition was well controlled.

The panel noted in the month of June 2005 when the CI had an exacerbation, it was in the absence of or reduction of his medication, and the positive response he had with the reinstatement of the medication. The panel also noted the CI was recorded to be in relatively good general health at the time of separation. The panel noted the record documented no malnutrition, anemia requiring treatment, serious complications, sepsis, or flares of the disease requiring hospitalization or treatment with additional steroid medications beyond March 2004. The panel agreed the preponderance of evidence supported the condition to be moderate at the time of separation. Panel members concluded, based on the available evidence, and at the time of separation, there were infrequent exacerbations of his condition and therefore, met the 10% criteria for moderate under the 7323 code (ulcerative colitis). The panel also considered a rating under code 7319 (irritable colon syndrome), and panel members agreed the higher rating of 30% was not justified for severe condition with "more or less constant abdominal distress," based on the absence of "more or less constant abdominal distress." Panel members agreed

the 10% rating using the 7319 code for moderate with frequent episodes of bowel disturbance with abdominal distress could apply; however, there was of no benefit to the CI.

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 Crohn's condition.

BOARD FINDINGS: In the matter of the Crohn's disease condition and IAW VASRD §4.114, 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 20231030, 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 XXXXXXXX:

Reference your application submitted under the provisions of DoDI 6040.44 (Section 1554, 10 USC), PDBR Case Number PD-2023-00084.

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.