

RECORD OF PROCEEDINGS
PHYSICAL DISABILITY BOARD OF REVIEW

NAME: XXXXXXXXXX
BRANCH OF SERVICE: AIR FORCE

CASE: PD-2023-00090
SEPARATION DATE: 20050103

SUMMARY OF CASE: Data extracted from the available evidence of record reflects this covered individual (CI) was active duty E5, Security Forces Journeyman, medically separated for “asthma” 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 - 20040813			VARD - 20050614			
Condition	Code	Rating	Condition	Code	Rating	Exam
Asthma	6602	10%	Asthma	6602	NSC	20050316
COMBINED RATING: 10%			COMBINED RATING OF ALL VA CONDITIONS: 0%			

ANALYSIS SUMMARY:

Asthma. According to the service treatment record and MEB narrative summary (NARSUM), the CI had a history of allergic rhinitis, and was prescribed albuterol (inhalational bronchodilator) for bronchospasms in September 2003. At a primary care visit in November 2003, he reported wheezing triggered by severe allergy symptoms. He used albuterol 3-4 times a week for wheezing, chest tightness, and bronchospasms, and stated these symptoms were precipitated by allergies as well as upper respiratory infections. He was continued on his allergy medication (Allegra and Flonase) and albuterol, and started on Flovent (inhalational steroid). In December 2003, a pulmonologist diagnosed allergic rhinitis and mild asthma, and prescribed Advair (inhalational steroid/bronchodilator combination) in addition to his continued use of albuterol and allergy medications. In May 2004, his primary care provider increased his Advair dosage.

The 1 June 2004 MEB NARSUM examination, 7 months prior to separation, noted the CI was taking Advair twice a day, allergy medications once a day, and albuterol as needed. The examiner assessed mild intermittent asthma and allergic rhinitis well-controlled with current medications, and no significant limitations for the CI. On 20 May 2004, pulmonary function tests (PFTs) showed an FEV-1 of 88% of predicted and an FEV-1/FVC of 89%.

At the 16 March 2005 VA Compensation and Pension (C&P) examination, 2 months after separation, the CI reported that he did not have asthma attacks. There was no indication he was taking asthma medication, and the examiner noted he did not require any treatment for a respiratory condition. The PFTs showed an FEV-1 of 100% of predicted and an FEV-1/FVC of 88%, and a post-bronchodilator test was not performed given these normal limits.

The panel directed attention to its rating recommendation based on the above evidence. The PEB rated the asthma 10%, coded 6602 (asthma), citing DoD and VASRD guidelines. The VA did not service connect the asthma, based on the C&P examination, citing no permanent residual or chronic actual disability shown by service medical records or demonstrated by evidence following service. Panel members noted the CI was prescribed inhalational anti-inflammatory medication one month prior to the NARSUM examination, but found no documentation that this prescription was refilled. While there was no evidence the CI was taking any medication after separation, and the VA examiner stated no treatment was needed, the panel must recommend rating decisions in accordance with VASRD §4.97. A 30% rating stipulates “FEV-1 of 56- to 70-percent predicted, or; FEV-1/FVC of 56 to 70 percent, or; daily inhalational or oral bronchodilator therapy, or; inhalational anti-inflammatory medication.” The panel considered that the MEB NARSUM examination documented current daily bronchodilator and inhalational steroid prescriptions. Thus, the VASRD §4.97 threshold for a 30% rating was reasonably satisfied in this case on the basis of inhalational anti-inflammatory medication use. A 60% rating was not justified in the absence of at least monthly visits to a physician for required care of exacerbations, or intermittent (at least three per year) courses of systemic corticosteroids. After due deliberation, considering all the evidence and mindful of VASRD §4.3 (reasonable doubt), the panel recommends a disability rating of 30% for the asthma, coded 6602.

BOARD FINDINGS: In the matter of the asthma, the panel recommends a disability rating of 30%, coded 6602 IAW VASRD §4.97. 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; and, that the discharge with severance pay be re-characterized to reflect permanent disability retirement, effective the date of medical separation:

CONDITION	VASRD CODE	PERMANENT RATING
Asthma	6602	30%

The following documentary evidence was considered:

- Exhibit A. DD Form 294, dated 20231211, 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-2023-00090.

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 your separation be re-characterized to reflect disability retirement, rather than 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 determined that your records should be corrected accordingly. The office responsible for making the correction will inform you when your records have been changed.

As a result of the aforementioned correction, you are entitled by law to elect coverage under the Survivor Benefit Plan (SBP). Upon receipt of this letter, you must contact the Air Force Personnel Center via email at AFPC.SBP@US.AF.MIL to make arrangements to obtain an SBP briefing prior to rendering an election. If a valid election is not received within 90 days from the date of this letter, you will not be enrolled in the SBP program unless at the time of your separation, you were married, in such a case, failure to render an election will result in automatic enrollment by law.

If you require assistance for matters not involving military pay actions, please contact the AF Total Force Service Center at 800-525-0102. Any inquiry concerning your pay may be addressed to DFAS – Indianapolis Center, Department 3300 (ATTN: Correction of Records/Claims), 8899 East 56th Street, Indianapolis IN 46249-3300.