Department of Veterans Affairs

RATING DECISION

1. REGIONAL OFFICE NUMBER	2. TYPE OF RATING	3. ORIGINAL DISABILITY RATING	4. VETERAN'S FILE NUMBER
372	DISABILITY	YES	[redacted]

5. VETERAN'S INITIALS AND SURNAME	6. COPY TO	7. VETERAN'S SOCIAL SECURITY NUMBER
[redacted]		

8. DATE OF CLAIM	9. DATE OF THIS RATING	10. DATE OF BIRTH	11. DATE OF DEATH
2-20-90	11-26-91	[redacted]	

12. ACTIVE DUTY (Mo., day, yr.)				13. ADDITIONAL SERVICE CODE
EOD	RAD	EOD	RAD	
1-7-85	12-6-89			

14. COMBAT STATUS	15. DATE OF LAST EXAMINATION	16. DATE OF FUTURE PHYSICAL EXAMINATION (Mo./yr.)	17. EMPLOYABLE (Compensation only)
1	10-17-90	12-92	YES

18. COMPETENT	19. SPECIAL PROVISION CODE	20. NUMBER OF ADDITIONAL DIAGNOSTICS	21. NUMBER OF ADDITIONAL S/C DIAGNOSTICS
YES			

22. SPECIAL MONTHLY COMPENSATION

A. STATUS	B. BASIC SMC	C. HOSPITAL SMC	D. LOSS OF USE	E. ANAT LOSS	F. OTHER LOSS
CURRENT					
FUTURE					

23. NARRATIVE

J. VAF 21-526, received February 20, 1990.

I. Service connection for low back condition, diplopia, or double vision, allergic reactions.

E. Service medical records November 27, 1984, to December 6, 1989, and VA examination conducted October 17, 1991.

F. A complete entrance or separation physical examination is not of record. Preenlistment examination November 27, 1984, gives a history of allergy pollen (hay fever). Clinical record of March 24, 1985, gives complaint of onset of urticarial pruritic rash after playing basketball; no breathing problems. Physical examination showed diffuse urticarial rash. Emergency record June 7, 1985, shows veteran playing sports and broke out in hives. It has happened before. No difficulty breathing. Report indicated hives on the arms, legs, and trunk. He was treated with Benadryl and hives cleared. Clinical record of August 16, 1985, indicates exercise-induced urticaria was treated. Veteran seen in the Allergy Clinic January 7, 1987, with complaint of recurrent severe urticarial reaction with difficulty in breathing when he goes into the woods. Referral to the Allergy/Immunization Clinic on April 9, 1987, showed that allergy tests were done and all were reported to be negative.

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Clinical record of April 28, 1987, shows complaints of questionable allergic reaction, hives (covering the entire body), labored breathing. He had history of intermittent urticaria, occasional shortness of breath, sensation of pressure in the throat. He was currently on medications. Examination showed that he was moving air effortlessly; speech normal; lungs clear; throat clear; skin clear, with no rashes, no rhinorrhea. Assessment was mild allergic-type symptoms but no specific urticaria or evidence of anaphylaxis. Veteran was hospitalized April 24 to April 27, 1989, with an injury to the back. He had multiple complaints of continued back pain thereafter, assessed as strain following trauma. He had decreased range of motion, along with pain. Orthopedic referral of continued complaints September 18, 1989, showed that a lumbosacral spine x-ray was negative for abnormality. Clinical record of April 23, 1986, showed complaints of right eye pain. Clinical record of March 18, 1988, shows that while playing basketball, finger poked in right eye. He had complaints of dull pain when moving the eye, and a gritty feeling. The assessment was minor eye injury. He was seen on May 8, 1989, with continued right eye complaints of double vision on lifting or when drinking alcohol, affecting just the right eye; assessed as post-concussion visual disturbance. Clinical record of November 6, 1989, shows complaints of double vision in the right eye. VA examination shows continued low back pain. No musculoskeletal defects were described on examination, and no neurological defects were found. Eye examination indicated that the veteran has restricted oblique superior function on the right due to partial trochlear paralysis with complaints of double vision, primarily when looking to the right, described as sometimes occurs.

D. Recurrent urticaria, which is claimed as allergic reaction, is an acute condition which the records indicate was exercise-induced, and no permanent residuals have been noted in the records thereafter. In the absence of permanent residuals, a noncompensable evaluation for pulmonary and skin dysfunction must be assigned. A noncompensable evaluation is assigned to impaired right eye muscle function with complaints of some double vision, since the condition is not shown to be constant, and since it is described as slight, it is not considered to be a compensable impairment of eye function.

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