deferred PTSD
Mar 2006
post pump syndrome
denied

DEPARTMENT OF VETERANS AFFAIRS
VARO Detroit
477 Michigan Avenue
Detroit MI 48226

Represented by: 4/3/06
VIETNAM VETERANS OF AMERICA

Rating Decision
March 2, 2006

INTRODUCTION

The records reflect that you are a veteran of the Vietnam Era. You served in the Army from July 21, 1966 to July 18, 1969. You filed an original disability claim that was received on July 26, 2005. Based on a review of the evidence listed below, we have made the following decisions on your claim. Service Department extract confirms Vietnam Service dates of July 5, 1967 to July 3, 1968.PT

DECISION

1 . Service connection for erectile dysfunction is denied.

2 . Service connection for transient ischemic attack (stroke)/post pump syndrome is denied.

3 . Service connection for dental condition is denied.

4 . A decision on entitlement to compensation for post traumatic stress disorder/depression is deferred.

5 . A decision on entitlement to compensation for diabetic retinopathy is deferred.

6 . Service connection for diabetes mellitus, type II associated with herbicide exposure is granted with a 20 percent evaluation effective July 26, 2004.

7 . Service connection for coronary artery disease and silent myocardial infarction with coronary artery bypass graft surgery is granted with an evaluation of 30 percent effective July 26, 2004.

8 . Service connection for peripheral neuropathy of the lower right extremity is granted with an evaluation of 10 percent effective July 26, 2004.

9 . Service connection for peripheral neuropathy of the lower left extremity is granted with an evaluation of 10 percent effective July 26, 2004.

EVIDENCE

- Service Medical Records from July 7, 1966 through May 14, 1969
- Duty to assist letter dated August 10, 2005
- PTSD claim filed December 29, 2005
- Medical record from Richard Shockley dated July 26, 2005
- VA Dental Examination, VA Medical Center, Battle Creek, MI, dated February 10, 2006
- VA Examination, VA Medical Center, Battle Creek, MI, from February 2, 2006 through February 10, 2006
- Medical records from Kalamazoo Neurology from January 19, 2001 to August 20, 2002
- Medical records from MSU Kalamazoo Center for Medical Studies, Clinical Support Services, Dr. Peter Ziemkowski from November 30, 2001 to May 91, 2005
- Medical Records from Borgess Medical Center from December 13, 2000 to March 9, 2001
- Medical records from Joseph Bruno from June 29, 1992 to June 4, 1999
- Spouse Statement dated July 2, 2001
- Medical evidence from George Mack from December 13, 2000 to July 12, 2001
- Medical letter from Heart Center dated February 24, 2005

REASONS FOR DECISION

1. Service connection for erectile dysfunction as secondary to the service-connected disability of diabetes mellitus, type II.

Service connection may be granted for a disease or injury which resulted from a service-connected disability or was aggravated thereby. The evidence does not show that erectile dysfunction is related to the service-connected condition of diabetes mellitus, type II, nor is there any evidence of this disability during military service.

At the time of the VA examination you reported that you are able to achieve and maintain an erection for adequate vaginal penetration as well as ejaculation. The examiner has reported that erectile dysfunction is not likely related to diabetes mellitus. Service medical records show no evidence of an erectile dysfunction condition during service. Therefore, service connection for erectile dysfunction is denied since this condition neither occurred nor was aggravated by service.

2. Service connection for transient ischemic attack (stroke)/post pump syndrome.

Service connection may be granted for a disability which began in military service or was caused by some event or experience in service. Service connection for transient ischemic attack (stroke)/post pump syndrome is denied since this condition neither occurred in nor was caused by service.

Service medical records are negative for a diagnosed heart condition in service. Although the VA exam reports that transient ischemic attack/post pump syndrome occurred during coronary artery bypass graft surgery, the examiner has reported that this event was not likely related to diabetes. There is also no evidence of residuals from this event.

Service connection may be granted on a presumptive basis under 38 CFR 3.309(a) for transient ischemic attack (stroke) if this condition is manifested to a compensable degree (severe enough to be evaluated at least 10 percent disabling) within a one year period after military discharge (specified under 38 CFR 3.307). While the medical evidence shows that transient ischemic attack stroke is currently disabling to a compensable degree, however, the medical evidence fails to show that the disability became compensable within the one year period specified under 38 CFR 3.307. Therefore, service connection on a presumptive basis must be denied.

3. Service connection for dental condition.

Service connection may be granted for a disability which began in military service or was caused by some event or experience in service. Treatable carious teeth, replaceable missing teeth, dental or alveolar abscesses, periodontal disease (pyorrhea), and Vincent's

stomatitis are not disabling conditions, and may be considered service-connected solely for the purpose of determining entitlement to dental examinations or outpatient dental treatment.

4. Compensation for post traumatic stress disorder/depression.

The issue of compensation for post traumatic stress disorder/depression is deferred for the following information: Please develop for Army Personnel File and send a duty to assist letter with stressor questionnaire.

5. Compensation for diabetic retinopathy.

The issue of compensation for diabetic retinopathy is deferred for the following information: Please schedule a vision examination.

6. Service connection for diabetes mellitus, type II associated with herbicide exposure.

Service connection may be granted for specific diseases or conditions which are presumed to have been caused by service if manifested to a compensable degree following military discharge. Although not shown in service, service connection for diabetes mellitus, type II has been granted on the basis of presumption.

Service records confirm that you served in the Republic of Vietnam from July 5, 1967 to July 3, 1968. Private treatment records you submitted from Dr. Joseph Bruno dated April 4, 1997 reveal that you were diagnosed with new onset diabetes mellitus and prescribed a treatment regiment of Glucophage. The VA examination shows a controlled diabetes mellitus type II based on the hemoglobin A1C of 6.9. (reference range is 6.0 to 7.2) Diagnostic tests reveal an elevated random glucose level of 141 (reference range is 70 to 100). The examiner's rendered a diagnosis of diabetes mellitus type 2, due to agent orange exposure during Vietnam.

You report that you follow a diabetic diet. You deny ever having any hospitalizations, ketoacidosis or hypoglycemic reactions. You deny having any restrictions to physical activities due to diabetes. We have assigned an evaluation of 20 percent based on the required treatment of a restricted diet, and oral medication. A higher evaluation of 40 percent is not warranted unless insulin, restricted diet, and regulation of activities are required.

We have assigned an effective date of July 26, 2004, one year prior to the date of receipt of the claim.

7. Service connection for coronary artery disease and silent myocardial infarction with coronary artery bypass graft surgery as secondary to the service-connected disability of diabetes mellitus, type II.

Service connection for coronary artery disease and silent myocardial infarction with coronary artery bypass graft surgery has been established as related to the service-connected disability of diabetes mellitus, type II.

You submitted private treatment records from Dr. George Mack which confirm that you were diagnosed with coronary artery disease, in December of 2000. A heart catheterization was performed which revealed that 4 vessels needed to be occluded and you underwent a coronary artery bypass graft surgery. Dr. Ziemkowki reviewed past echocardiograms, which revealed that the ejection fraction varies but is consistently below 50, between 32 and 46. Echocardiogram completed on 2/3/06 showed an calculated ejection fraction of 51% and notes that the exam was technically difficult. The echo diagnosis is mild left ventricular dilation with systolic and diastolic left ventricular dysfunction, aortic sclerosis, and mitral annular calcification.

The VA examiner's assessment is coronary artery disease and silent myocardial infarction, with coronary artery bypass graft surgery. Chest x-rays revealed status post coronary bypass graft, borderline cardiomegaly. It is the opinion of the examiner that coronary artery disease is at least as likely as not related to diabetes mellitus.

We have assigned an evaluation of 30 percent because the left ventricle appears slightly dilated and left atrium is mildly dilated. A higher evaluation of 60 percent is not warranted unless there is more than one episode of acute congestive heart failure in the past year; or workload greater than 3 METs but not greater than 5 METs resulting in dyspnea, fatigue, angina, dizziness, or syncope; or left ventricular dysfunction with an ejection fraction of 30 to 50 percent. One MET (metabolic equivalent) is the energy cost of standing quietly at rest and represents an oxygen uptake of 3.5 milliliters per kilogram of body weight per minute.

We have assigned an effective date of July 26, 2004, one year prior to the date of receipt of the claim.

8. Service connection for peripheral neuropathy of the lower right extremity as secondary to the service-connected disability of diabetes mellitus, type II.

Service connection for peripheral neuropathy of the lower right extremity has been established as related to the service-connected disability of diabetes mellitus, type II.

The VA examiner diagnosed peripheral neuropathy of the lower right extremity which is mild to moderate in severity as determined by an EMG. He states that this condition is at least as likely as not related to diabetes mellitus.

You report that you have some tingling on the plantar surfaces of your feet and lateral surface of the ankle. The VA examination revealed there is some paresthesia and mild neuritis. It appears that the peripheral peroneal nerve tracts are involved. You report that you have numbness over your legs and over the area of vein vessel harvesting and the lateral portions of leg which have been consistently there since his coronary artery bypass graft surgery in 2001. There is no evidence of peripheral edema, pedal or ankle edema. There is no stasis pigmentation or eczema on lower legs. No ulcers and no nail abnormalities. No spooned or clubbed nails either on fingernails or toenails and no varicose veins.

Examination of the extremities reveals that vibratory sensation is intact on the bilateral lower extremities. Both feet are sensitive and equal to light touch. We have assigned an evaluation of 10 percent is assigned for incomplete paralysis of foot movements which is mild. A higher evaluation of 20 percent is not warranted unless there is evidence of incomplete paralysis of foot movements which is moderate.

We have assigned an effective date of July 26, 2004, one year prior to the date of receipt of the claim.

9. Service connection for peripheral neuropathy of the lower left extremity as secondary to the service-connected disability of diabetes mellitus, type II.

Service connection for peripheral neuropathy of the lower left extremity has been established as related to the service-connected disability of diabetes mellitus, type II.

The VA examiner diagnosed peripheral neuropathy of the lower left extremity which is mild to moderate in severity as determined by an EMG. He states that this condition is at least as likely as not related to diabetes mellitus.

You report that you have some tingling on the plantar surfaces of your feet and lateral surface of the ankle. The VA examination reveals that there is some paresthesia and mild neuritis. It appears that the peripheral peroneal nerve tracts are involved. You report that you have numbness over your legs and over the area of vein vessel harvesting and the lateral portions of leg which have been consistently there since his coronary artery bypass graft surgery in 2001. There is no evidence of peripheral edema, pedal or ankle edema. There is no stasis pigmentation or eczema on lower legs. No ulcers and no nail abnormalities. No spooned or clubbed nails either on fingernails or toenails and no varicose veins.

Examination of the extremities reveals that vibratory sensation is intact on the bilateral lower extremities. Both feet are sensitive and equal to light touch. There is one area over scar on left lower leg that has decreased sensation to touch. There are no involuntary movements. We have assigned an evaluation of 10 percent is assigned for incomplete

paralysis of foot movements which is mild. A higher evaluation of 20 percent is not warranted unless there is evidence of incomplete paralysis of foot movements which is moderate.

We have assigned an effective date of July 26, 2004, one year prior to the date of receipt of the claim.

REFERENCES:

Title 38 of the Code of Federal Regulations, Pensions, Bonuses and Veterans' Relief contains the regulations of the Department of Veterans Affairs which govern entitlement to all veteran benefits. For additional information regarding applicable laws and regulations, please consult your local library, or visit us at our web site, www.va.gov.

DEPARTMENT OF VETERANS AFFAIRS
VA Regional Office
Patrick V. McNamara Federal Building
477 Michigan Ave.
Detroit MI 48226-2591

MAR 10 2006

In Reply Refer To:

MAR 10 2006

Dear

We made a decision on your claim for service connected compensation received on July 26, 2005.

This letter tells you about your entitlement amount and payment start date and what we decided. It includes a copy of our rating decision that gives the evidence used and reasons for our decision. We have also included information about additional benefits, what to do if you disagree with our decision, and who to contact if you have questions or need assistance.

What Is Your Entitlement Amount And Payment Start Date?

Your monthly entitlement amount is shown below:

Monthly Entitlement Amount	Payment Start Date	Reason For Change
$817.00	Aug 1, 2004	Granted service connected benefits.
839.00	Dec 1, 2004	Cost folding increase.
873.00	Dec 1, 2005	Cost of living increase.

We are paying you as a single veteran with zero dependents.

When Can You Expect Payment?

Your payment begins the first day of the month following your effective date. You will receive a payment covering the initial amount due under this award, minus any withholdings, in approximately 15 days. Payment will then be made at the beginning of each month for the prior month. For example, benefits due for May are paid on or about June 1.

What Did We Decide?

We determined that the following condition(s) was/were related to your military service, so service connection has been granted:

Medical Description	Percent (%) Assigned	Effective Date
Diabetes Mellitus	20%	Jul 26, 2004
Coronary artery disease	30%	Jul 26, 2004
Peripheral neuropathy, lower right	10%	Jul 26, 2004
Peripheral neuropathy of the lower leg	10%	Jul 26, 2004

We denied service connection for erectile dysfunction.

We denied service connection for transient ischemic attack (stroke)/post pump syndrome.

We denied service connection for dental condition.

We have deferred a decision on the following issue(s) because we need additional information or evidence:

- Diabetic retinopathy and ptsd/depression

We have requested a medical examination. You will be notified of the date, time and place to report.

We have requested records from Army Personnel File:

- post traumatic stress disorder/depression

You should have already received a letter about our request. If not, please contact our office.

If you have a copy of <u>any</u> of the stated records, you may submit them to the address at the top of this letter.

Your overall or combined rating is 60%. We do not add the individual percentages of each condition to determine your combined rating. We use a combined rating table that considers the effect from the most serious to the least serious conditions.

We have enclosed a copy of your Rating Decision for your review. It provides a detailed explanation of our decision, the evidence considered and the reasons for our decision. You can find the decision discussed in the section titled *"Decision."* The evidence we considered is discussed in the section titled *"Evidence."* The reasons for our decision can be found in the portion of the rating titled *"Reasons for Decision"* or *"Reasons and Bases."*

We enclosed a VA Form 21-8764, "Disability Compensation Award Attachment-Important Information," which explains certain factors concerning your benefits.

Before we can pay additional benefits for dependent(s), send us the following:

VA Form 21-686c, "Declaration of Status Of Dependents." Please fill out every blank on the from which applies to you.

How Do You Start Direct Deposit?

Your money may be deposited directly into your checking or savings account. This is the safest and most reliable way to get your money. For more information about Direct Deposit, please call us toll free by dialing 1-877-838-2778.

Are You Eligible To Additional Benefits?

Since you have been rated for a new service connected disability, you may be eligible for government life insurance if you are in good health (except for any service connected conditions) and apply within two years of this notification of your disability rating. If you are totally disabled, you may be eligible to have your government life insurance premiums waived. You should receive an S-DVI package within two weeks. This package will contain information about the insurance and an application. If you do not receive an S-DVI package, please contact the Insurance Center to request additional information. Call the Insurance toll free number, 1-800-669-8477, or visit the Insurance web site, **http://www.insurance.va.gov**, for further information about Service-Disabled Veterans Insurance.

You may be able to receive vocational rehabilitation employment services. The enclosed VA Form 28-8890, "Important Information About Vocational Rehabilitation Benefits," explains this benefit completely. To apply for this benefit, complete and return the enclosed VA Form 28-1900, "Disabled Veterans Application for Vocational Rehabilitation."