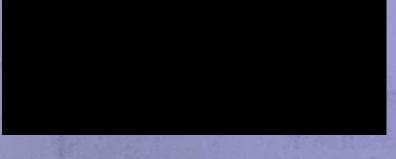
March 17, 2020



The Board of Veterans' Appeals remanded your appeal on January 24, 2020. We made a decision on your entitlement to VA benefits.

Dear

This letter will guide you through the information you should know and steps you may take now that VA has made a decision about your benefits.

Your Benefit Information:

 Service connection for obstructive sleep apnea is granted with an evaluation of 50 percent effective April 15, 2016.

Your combined rating evaluation is:

Combined Rating Evaluation	Effective Date
10%	Oct 31, 2011
60%	Aug 4, 2015
100%	Apr 15, 2016

How VA Combines Percentages

If you have more than one condition, VA will combine percentages to determine your overall disability rating. The percentages assigned for each of your conditions may not always add up to your combined rating evaluation. The following website has additional information about how VA combines percentages:

http://www.benefits.va.gov/compensation/rates-index.asp#howcalc.

We enclosed a VA Form 21-8760, Additional Information for Veterans



We have included with this letter:

- 1. Explanation of Payment
- 2. Additional Benefits
- 3. Where to Send Written Correspondence
- 4. VA Form 20-0998
- 5. Rating Decision
- 6. VA Form 21-8760
- 7. VA Form 21-8764
- 8. VA Form 28-1900
- 9. VA Form 28-8890

Contact information:

Web: <u>www.vets.gov</u> Phone: 1-800-827-1000

TDD: 711

To send questions online: visit https://iris.custhelp.com/

Social Media:

Twitter: @VAVetBenefits
Facebook: www.facebook.com/
VeteransBenefits

Your representative:

You appointed GEORGIA
DEPARTMENT OF VETERAN
SERVICE as your accredited
representative. They have also
received a copy of this letter.

They can help you with any questions you have about your claim.

If you or someone you know is in crisis, call the *Veterans Crisis Line* at 1-800-273-8255 and press 1.

with Service-Connected Permanent and Total Disability, which explains certain factors concerning your benefits.

Your monthly entitlement amount is shown below:

Monthly	Payment Start Date	Reason
Entitlement Amount	The state of the s	Cost of Living Adjustment
\$130.94	Jan 1, 2014	Cost of Living Adjustment
\$133.17	Dec 1, 2014	Compensation Rating Adjustment
\$1,059.09	Sep 1, 2015	Compensation Rating Flaguer
\$2,906.83	May 1, 2016	Individual Unemployability Adjustment, Compensation Rating
0061-TS3-003 enor		Adjustment
	Dec 1, 2016	Cost of Living Adjustment
\$2,915.55		Cost of Living Adjustment
\$2,973.86	Dec 1, 2017	
\$3,057.13	Dec 1, 2018	Cost of Living Adjustment
\$3,106.04	Dec 1, 2019	Cost of Living Adjustment

We are currently paying you as a single Veteran with no dependents.

If payments are due, you should receive your first payment, if not already in receipt of payments, within 7-10 days of this notice.

See Explanation of Payment for more details about your payment.

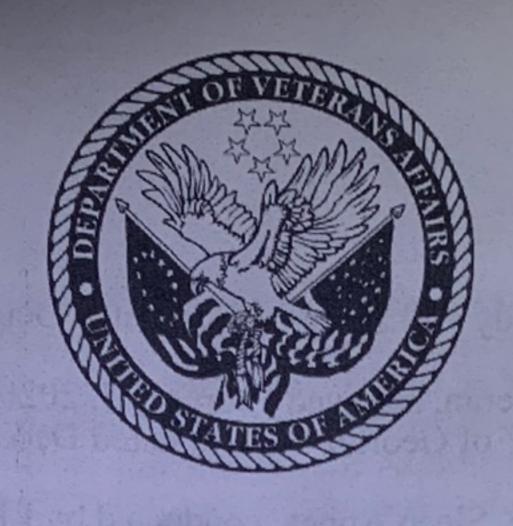
Your payment will be directed to the financial institution and account number that you specified. To confirm when your payment was deposited, please contact your financial institution.

If this account is no longer open,

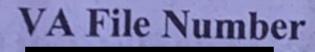
please notify us immediately.

What You Should Do If You Disagree With Our Decision

If you do not agree with our decision, you have one year from the date of this letter to select a review option in order to protect your initial filing date for effective date purposes. You must file



DEPARTMENT OF VETERANS AFFAIRS **Veterans Benefits Administration DROC-DC**



Represented By: GEORGIA DEPARTMENT OF VETERAN SERVICE **Rating Decision** 03/16/2020

INTRODUCTION

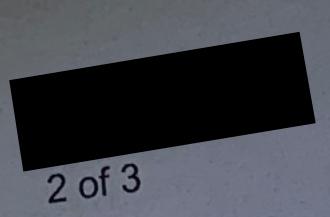
The records reflect that you are a veteran of the Peacetime. You served in the Army from March 2, 1982 to March 1, 1984. The Board of Veterans Appeals remanded the case to our office on January 24, 2020. Based on a review of the evidence listed below, we have made the following decision(s) on your claim.

DECISION

Service connection for obstructive sleep apnea is granted with an evaluation of 50 percent effective April 15, 2016.

EVIDENCE

- VA Form 21-526 EZ: Application for Disability Compensation and Related Compensation Benefits, received December 23, 2014. si cen clinic, a populanon knova te
- Rating Decision, dated March 5, 2015. Rating Decision, dated March 16, 2017.
- oversap with those of TBI as well as on Board of Veterans Appeals Remand, dated January 24, 2020.



- Private Treatment Records, Windy Hill Sleep Center, dated October 28, 2019, received
- Lay Evidence, submitted by Veteran, Private Treatment Records, ENT of Georgia Buck, dated December 10, 2019, received
- Disability Benefit Questionnaire, Sleep Apnea, conducted by LHI, dated March 12, 2020.

 Disability Benefit Questionnaire, Medical Opinion, conducted by LHI, dated March 12, 2020. Disability Benefit Questionnaire, Medical Opinion, conducted by LHI, dated March 12,
- VAMC (Veterans Affairs Medical Center) treatment records, Atlanta VAMC, dated from
- VAMC (Veterans Affairs Medical Center) treatment records, Long Beach VAMC, dated
- VAMC (Veterans Affairs Medical Center) treatment records, West LA VAMC, dated from September 17, 2016 through November 28, 2016.

REASONS FOR DECISION

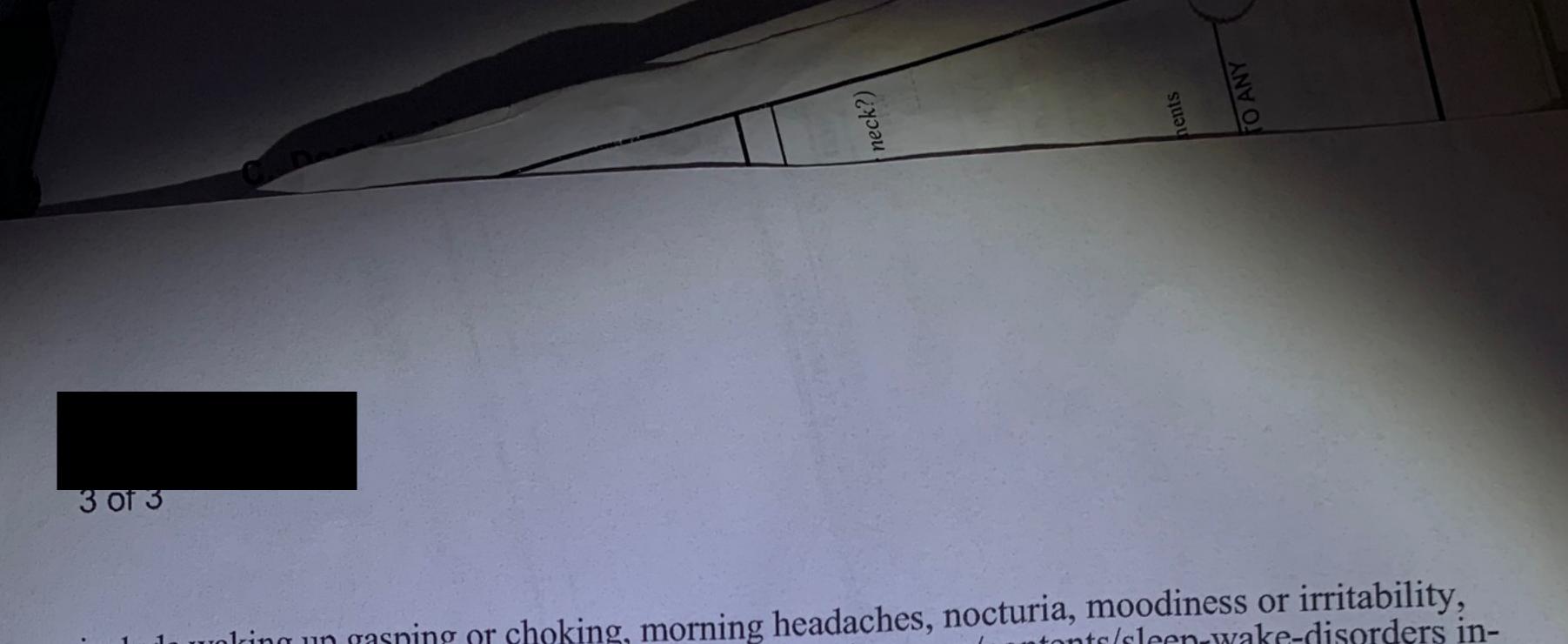
Service connection for obstructive sleep apnea as secondary to the service-connected disability of traumatic brain injury residuals with cognitive disorder not otherwise specified (claimed with vertigo).

In compliance with the Board of Veterans' Appeal remand, you were afforded a VA examination with medical opinion.

Service connection for obstructive sleep apnea has been established as related to the serviceconnected disability of traumatic brain injury residuals with cognitive disorder not otherwise specified (claimed with vertigo). (38 CFR 3.310)

An evaluation of 50 percent is assigned from April 15, 2016. The effective date is the date you became service connected for traumatic brain injury residuals with cognitive disorder not otherwise specified (claimed with vertigo). (38 ČFŘ 3.400)

We reviewed your VA examination dated March 12, 2020 conducted by the LHI. The examination shows the examiner reviewed your entire claims file. The diagnosis rendered was obstructive sleep apnea. The examiner opined that your obstructive sleep apnea is at least as likely as not (50 percent or greater probability) proximately due to or the result of your service connected traumatic brain injury residuals. The examiner's rationale states the current severity of the service connected Obstructive Sleep Apnea warrants by proximity, association of the traumatic brain injury residuals. "Sleep-related breathing disorders, including obstructive sleep apnea (OSA) and central sleep apnea (CSA), may occur with increased frequency after TBI. The reported prevalence of OSA varies widely across studies, ranging from 11 to 77 percent. The highest rates have been in studies that enrolled military personnel with sleep complaints from a sleep clinic, a population known to be enriched for sleep problems. Many symptoms of OSA overlap with those of TBI as well as other sleep-wake disorders. The most common symptoms of OSA in the general population are daytime sleepiness and loud snoring. Additional symptoms



include waking up gasping or choking, morning headaches, nocturia, moodiness or irritability, lack of concentration, and memory impairment (uptodate.com/contents/sleep-wake-disorders inpatients-with-traumatic-brain-injury). Therefore, it is at least as likely as not that the diagnosed patients-with-traumatic-brain-injury). Therefore, it is at least as likely as not that the diagnosed patients-with-traumatic-brain-injury). Therefore, it is at least as likely as not that the diagnosed patients-with-traumatic-brain diagnosed beyond normal progression) by sleep apnea was caused by, and potentially aggravated (worsened beyond normal progression) by succeeding the service-connected traumatic brain injury residuals. Additionally, brain dysfunction related your service-connected traumatic brain injury residuals may have caused and worsened his to your service-connected traumatic brain injury residuals may have caused and worsened his sleep apnea. Medical literature states, "Structural brain changes may also play a role in some patients. Abnormal neuroimaging is only found a minority of patients with mild TBI, although imaging is likely to miss more subtle brain damage such as diffuse axonal injury or microhemorrhages, which may affect sleep-wake and circadian circuits" (uptodate.com/contents/sleep-wake-disorders-in-patients-with-traumatic-brain-injury). Your lay statements and the April 2016 and October 2019 positive nexus opinions from Dr. Craig M. Bash were reviewed and I agree with the information provided and it correlates with your complaints, subjective history, and medical treatment records. A nexus is established.

We have assigned a 50 percent evaluation for your sleep apnea based on:

• Requires use of breathing assistance device such as continuous airway pressure (CPAP) machine

Additional symptom(s) include:

· Persistent day-time hypersomnolence

A higher evaluation of 100 percent is not warranted for sleep apnea syndromes unless the evidence shows:

· Carbon dioxide retention; or,

· Chronic respiratory failure; or,

· Cor pulmonale; or,

• Tracheostomy required. (38 CFR 4.96, 38 CFR 4.97)

This rating decision represents a total grant of benefits sought on appeal for this issue. As such, this issue is considered resolved in full.

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 website, www.va.gov.