



**DEPARTMENT OF VETERANS AFFAIRS  
Roanoke Regional Office  
116 N. Jefferson Street  
Roanoke, VA 24016**

[REDACTED]

**VA File Number**

[REDACTED]

**Represented by:  
VIRGINIA DEPARTMENT OF VETERANS SERVICES**

**Rating Decision  
September 14, 2012**

**INTRODUCTION**

The records reflect that you are a veteran of the Vietnam Era. You served in the Army from August 1, 1972 to September 13, 1973. We received a Notice of Disagreement from you on March 21, 2012, about our earlier decision to deny service connection for chronic obstructive pulmonary disease (COPD). Based on a review of the evidence listed below, we have made the following decision on your claim.

**DECISION**

Service connection for COPD (claimed also as asthma) is granted with an evaluation of 60 percent effective March 24, 2011.

**EVIDENCE**

- VA Form 21-526, *Veteran's Application for Compensation and/or Pension*, dated March 18, 2011, received March 24, 2011.

[REDACTED]

We have assigned a 60 percent disability evaluation because PFTs show forced expiratory volume in one second (FEV-1) of 40 to 55 percent of the predicted value; and ratio FEV-1 to forced vital capacity (FEV1/FVC) of 40 to 55 percent. To assign a greater evaluation of 100 percent, there must be FEV-1 less than 40 percent predicted; or FEV-1/FVC less than 40 percent; or diffusion capacity of the lung for carbon monoxide by the single breath method [DLCO (SB)] less than 40 percent predicted; or maximum exercise capacity less than 15 ml/kg/min oxygen consumption (with cardiac or respiratory limitation); or cor pulmonale (right heart failure); or right ventricular hypertrophy; or pulmonary hypertension (shown by echo or cardiac catheterization); or episode(s) of acute respiratory failure; or the requirement for outpatient oxygen therapy. We cannot grant a higher evaluation at this time because your symptomatology does not approximate the criteria for a rating in excess of 60 percent.

Records from Martinsburg VA Medical Center show on March 11, 2010, post-prescription PFTs revealed FVC of 111 percent predicted, FEV-1 of 70 percent predicted, and FEV-1/FVC ratio of 48 percent. On VA exam, your post-bronchodilator PFTs revealed FVC of 79 percent predicted, FEV-1 of 52 percent predicted, and FEV-1/FVC ratio of 52 percent. Interpretation was moderately severe obstruction before medication and no significant improvement after medication. A DLCO was not done as the PFT results were sufficient to evaluate your pulmonary status. There were no complications such as cor pulmonale, right ventricular hypertrophy, pulmonary hypertension, or chronic respiratory failure with carbon dioxide retention. You reported treatment with Symbicort 80/45 two times daily as well as Albuterol ProAir as needed with good response. You did not require the usage of outpatient oxygen therapy.

We have assigned an effective date of March 24, 2011, the date we received your 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](http://www.va.gov).

- Pulmonary Function Test (PFT) Report from Martinsburg VA Medical Center dated March 11, 2010.
- Veterans Claims Assistance Act (VCAA) letter to you dated May 12, 2011, in which we notified you of our duty to assist you and requested evidence to support your claim.
- VCAA Notice Response from you dated May 17, 2011.
- VA Forms 21-4138, *Statements in Support of Claim*, from you dated May 17, 2011 and March 9, 2012 (Notice of Disagreement).
- Service treatment records dated July 1972 to September 1976.
- VA examination report from QTC Medical Services dated September 28, 2011.
- Letter from you dated December 21, 2011.
- Treatment reports from Martinsburg VA Medical Center dated September 1998 to December 2011, including electronic review of records.
- Independent Medical Expert Nexus Opinion from Dr. Craig N. Bash dated May 19, 2012, with attachments.
- Summary of Informal Conference with Decision Review Officer (DRO) by telephone on September 14, 2012.

### **REASONS FOR DECISION**

#### **Service connection for COPD (claimed also as asthma).**

You timely elected to have your claim reviewed by a DRO. This decision constitutes that de novo review and is based on a review of all evidence of record and applicable laws. This decision constitutes a complete grant of the benefits sought in your appeal. Therefore, the appeal is considered resolved, and no further action will be taken.

We have granted service connection for your COPD (claimed also as asthma) because service treatment records show you were first treated for bronchitis and wheezing during service in March 1973, and Dr. Bash, an expert in pulmonary diseases, found that your COPD and secondary medication (steroid) problems were due to your military service. He provided an extensive and detailed rationale to support this opinion. Dr. Bash made reference to (and it appears he reviewed) your service treatment records along with various post-service objective and subjective evidence in formulating his opinion. As discussed in Rating Decision dated January 30, 2012, the findings of which are incorporated herein by reference, following VA examination and review of evidence in your VA claims file in September 2011, the VA examiner found your COPD was less likely than not associated with treatment in service for lung conditions; however, we have resolved reasonable doubt in your favor and have granted service connection for COPD.