



**DEPARTMENT OF VETERANS AFFAIRS
Veteran's Benefits Administration
Regional Office**

[REDACTED]
VA File Number
[REDACTED]

**Represented By:
YVONNE M BROOKS
Rating Decision
03/16/2020**

INTRODUCTION

The records reflect that you are a veteran of the Gulf War Era and Peacetime. You served in the Army from October 7, 1982 to October 31, 2002. A special review of your file was mandated on September 5, 2019. Based on the review and the evidence listed below, we have made the following decision(s).

DECISION

1. Evaluation of hallux valgus, right foot with ganglion cyst; status post bunionectomy, which is currently 0 percent disabling, is increased to 10 percent effective December 10, 2019.
2. Service connection for anemia is granted with an evaluation of 0 percent effective January 8, 2018.
3. The previous denial of service connection for right shoulder pain (swollen joints) is confirmed and continued.
4. The previous denial of service connection for urinary leakage is confirmed and continued.



5. A decision on entitlement to compensation for obstructive sleep apnea is deferred.
6. A decision on entitlement to compensation for skin condition: nevus on cheeks is deferred.

EVIDENCE

- VAMC Shreveport records dated October 2019 , received on November 08, 2019
- DBQ Medical Opinion, received on October 17, 2019
- DBQ RESP Sleep Apnea, received on October 17, 2019
- DBQ GU Urinary Tract (including Bladder & Urethra) Conditions (excluding Male Reproductive Organs), received on October 17, 2019
- DBQ Medical Opinion, received on October 17, 2019
- DBQ Medical Opinion, received on October 17, 2019
- DBQ RESP Sleep Apnea, received on October 17, 2019
- TAB C: Dr. Craig N. Bash - 3/15/2019 - Urinary Incontinence & OSA, received on July 23, 2019
- Dr. Craig N. Bash - 3/15/2019 (duplicate), received on August 26, 2019
- Dr. Frederick W. Nolen 5/30/19 (duplicate), received on August 26, 2019
- VA Form 20-0995 Supplemental Claim Application, received on September 05, 2019
- Intent to File, received on September 26, 2019
- Dr. Craig N. Bash - 3/15/2019 (duplicate), received on July 23, 2019
- Dr. Frederick W. Nolen - 5/30/2019 - Thyroid, PTSD, Depression, FSAD, OSA & Anxiety, received on July 23, 2019
- Rating Decision, dated May 22, 2019
- Rating Decision, dated May 6, 2019
- Rating Decision, dated August 19, 2015
- Service Treatment Records for period of service from October 7, 1982 through October 31, 2002
- Service Personnel Records for period of service from October 7, 1982 through October 31, 2002
- Intent to file received January 8, 2018
- VA Form 21-526 EZ: Application for Disability Compensation and Related Compensation Benefits, January 6, 2019
- VA contact examination dated February 27, 2019, ENT, neck, foot, back, gyn, breast, knee/lower leg, cardio and scars
- VAMC (Veterans Affairs Medical Center) treatment records, Birmingham VAMC, from August 25, 2004 through October 14, 2006
- VAMC (Veterans Affairs Medical Center) treatment records, Alexandria VAMC, from June 17, 2015 through April 16, 2019
- VAMC (Veterans Affairs Medical Center) treatment records, Houston VAMC, from September 13, 2017 through January 19, 2018
- VAMC (Veterans Affairs Medical Center) treatment records, Shreveport VAMC, from March 6, 2009 through April 24, 2019
- Private Treatment Records, Dr. Paul Novakovich, received February 21, 2019 for period October 2017 to February 2018
- Private Treatment Records, Leslie R Drew, Ph.D, received January 29, 2019 for period May



- 2018 to December 2018
- Private Treatment Records, Dr. Jed Robinson, Urology, received February 12, 2019 for period January 2019
 - Private Treatment Records, Kirklin Internal Medicine, received February 12, 2019 for period September 2005 to March 2006
 - Private Treatment Records, Winnesboro Medical Center, Dr. Reed, received February 19, 2019 for period May 2009 to February 2019
 - Private Treatment Records, Triad Internal Medicine Associates, received February 19, 2019 for period May 2007 to April 2008
 - Private Treatment Records, Dr. Dhaya Kutnikar, received February 12, 2019 for period December 2008 to June 2009
 - VAMC (Veterans Affairs Medical Center) treatment records, Shreveport, from May 17, 2019 through December 10, 2019
 - DBQ Medical Opinion, received on February 21, 2020
 - DBQ HEM Hematologic and Lymphatic Conditions, Including Leukemia, received on February 21, 2020
 - DBQ DERM Skin Diseases, received on February 21, 2020
 - DBQ Medical Opinion, received on February 21, 2020
 - DBQ MUSC Shoulder and/or Arm, received on January 22, 2020
 - DBQ MUSC Foot Conditions Including Flatfoot (Pes Planus), received on January 22, 2020
 - DBQ GU Urinary Tract (Including Bladder & Urethra) Conditions (Excluding Male Reproductive Organs), received on January 21, 2020
 - Shreveport VAMC records from 09/05/2018-present, received on December 20, 2019
 - DBQ Medical Opinion-SHOULDER, received on January 22, 2020
 - DBQ Medical Opinion - URINARY, received on January 21, 2020
 - Rating Decision, dated May 6, 2019

REASONS FOR DECISION

1. Evaluation of hallux valgus, right foot with ganglion cyst; status post bunionectomy currently evaluated as 0 percent disabling.

The evaluation of hallux valgus, right foot with ganglion cyst; status post bunionectomy is increased to 10 percent disabling effective December 10, 2019. (38 CFR 4.1, 38 CFR 3.400)

Exam findings indicate that you underwent a right bunionectomy on December 10, 2019.

The effective date of this grant is December 10, 2019. Entitlement to an increased evaluation has been established from the date of the medical evidence showing an increase in disability. When private medical evidence showing an increase in disability is received within one year of the date of the evidence, the effective date of the increase is the date of the evidence. (38 CFR 3.400)

We have assigned a 10 percent evaluation for your hallux valgus, right foot with ganglion cyst based on:

- Operated with resection of metatarsal head



This is the highest schedular evaluation allowed under the law for unilateral hallux valgus. (38 CFR 4.71a)

2. Service connection for anemia.

Service connection for anemia has been established as directly related to military service. (38 CFR 3.303, 38 CFR 3.304)

A noncompensable evaluation is assigned from January 8, 2018, the date we received your intent to file claim as the reopened claim (January 6, 2019) was received within one year of that date. Rating decision dated May 6, 2019 denied service connection. . We received your Supplemental Claim (VA Form 21-0995) on September 5, 2019 which is within one year of the previous denial notification letter dated May 28, 2019. Therefore, we are able to grant service connection from January 8, 2018, the date of your intent to file claim. (38 CFR 3.155, 3.400)

We have assigned a noncompensable evaluation for your anemia based on:

- Diagnosed disability with no compensable symptoms (38 CFR 4.31)

Note: In every instance where the schedule does not provide a zero percent evaluation for a diagnostic code, a zero percent evaluation shall be assigned when the requirements for a compensable evaluation are not met. {38 CFR §4.31}

A higher evaluation of 10 percent is not warranted for pernicious anemia and vitamin b12 deficiency anemia unless the evidence shows:

- Minimum evaluation following cessation of parenteral B12 therapy; or,
- Minimum evaluation following hospital discharge; or,
- Requiring continuous treatment with Vitamin B12 gel; or,
- Requiring continuous treatment with Vitamin B12 injections; or,
- Requiring continuous treatment with Vitamin B12 nasal spray; or,
- Requiring continuous treatment with Vitamin B12 sublingual or high-dose oral tablets.

3. Service connection for right shoulder pain (swollen joints).

The previous denial of service connection for right shoulder pain (swollen joints) is confirmed and continued.

Rating decision dated May 6, 2019 denied service connection for right shoulder pain because the evidence failed to show that a permanent residual or chronic disability subject to service connection was shown by the service medical records or demonstrated by evidence following service. We received your supplemental claim on September 5, 2019.

Review of your service treatment records indicate that you were treated for complaints of right shoulder pain on June 5, 1991.

A complete Shoulder exam was conducted and reviewed. A diagnosis of right rotator cuff



tendonitis was rendered. The examiner opined that your current right shoulder condition is less likely than not a result of military service. The following rationale was rendered, " After extensive review of veteran's medical record, I have been able to come to this conclusion. The Report of Medical History for purpose of Retirement DD form 2807 dated 3/14/2002 marked "yes" for painful shoulder, elbow or wrist;" however, she explained her answer as "wrist pain when using computers" and nothing was mentioned about shoulder pain. Also, on another Report of Medical History form dated earlier 10/2/1996, she also marked "no" to "painful trick shoulder." Records from Kirkland Medical Clinic were also reviewed starting in 9/9/2005, and there is no mention of shoulder pain. In addition, Physician Progress Notes dated in 2019 showed no mention of shoulder pain. However, Service Treatment Records were reviewed, and there was only one complaint of shoulder pain on June 5, 1991 but no other instances of right or left shoulder pain. Although there is this one record of treatment in service for right shoulder pain, there is no permanent residual or chronic disability shown by the service medical records or demonstrated by evidence following service. Therefore, her right shoulder pain is less likely as not incurred in or caused by any in-service injury."

The VA medical opinion found no link between your diagnosed medical condition and military service.

A claimant may file a supplemental claim by submitting or identifying new and relevant evidence. New evidence is evidence not previously part of the actual record before agency adjudicators. Relevant evidence means evidence that tends to prove or disprove a matter at issue in a claim. (38 CFR 3.2501) Although there is current evidence of a diagnosed condition, the evidence still fails to show that it was incurred in or caused by military service. Therefore service connection remains denied.

Favorable Findings identified in this decision:

The evidence shows that a qualifying event, injury, or disease had its onset during your service. Review of your service treatment records indicate that you were treated for complaints of right shoulder pain on June 5, 1991.

You have been diagnosed with a disability. A complete Shoulder exam was conducted and reviewed. A diagnosis of right rotator cuff tendonitis was rendered.

4. Service connection for urinary leakage.

The previous denial of service connection for urinary leakage is confirmed and continued.

Rating decision dated May 6, 2019 denied service connection for urinary leakage because the evidence failed to show that this condition was incurred in or caused by service. We received your supplemental claim on September 5, 2019.

The evidence does not show an event, disease or injury in service. (38 CFR 3.303, 38 CFR



3.304) Your service treatment records do not contain complaints, treatment, or diagnosis for this condition.

A complete exam with medical opinion was conducted. Exam findings report a diagnosis of urinary incontinence. The examiner opined that your urinary incontinence is less likely than not associated with your hysterectomy in service. The following rationale was rendered, "The 2/2019 and 10/2019 exams were reviewed. Urodynamic testing is required to confirm hysterectomy as an etiology of the Veteran's urinary incontinence. The Veteran's record does not contain urodynamic testing. Therefore, no etiology can be established for the Veteran's urinary incontinence, and the 10/2019 exam that stated that the urinary incontinence was due to the hysterectomy was in error. The urinary incontinence is of an unknown etiology."

The VA medical opinion found no link between your diagnosed medical condition and military service.

A claimant may file a supplemental claim by submitting or identifying new and relevant evidence. New evidence is evidence not previously part of the actual record before agency adjudicators. Relevant evidence means evidence that tends to prove or disprove a matter at issue in a claim. (38 CFR 3.2501) The evidence still fails to show that this condition as incurred in service therefore service connection remains denied.

Favorable Findings identified in this decision:

You have been diagnosed with a disability. Exam findings report a diagnosis of urinary incontinence

5. Compensation for obstructive sleep apnea.

The issue of compensation for obstructive sleep apnea is deferred for the following information: exam clarification

6. Compensation for skin condition: nevus on cheeks.

The issue of compensation for skin condition: nevus on cheeks is deferred for the following information: exam clarification

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.

