



**DEPARTMENT OF VETERANS AFFAIRS
Veterans Benefit Administration
Regional Office**

[REDACTED]

VA File Number

[REDACTED]

Represented By:

[REDACTED]

Rating Decision

09/26/2024

INTRODUCTION

The records reflect that you are a Veteran of the Gulf War Era and Peacetime. You served in the Air Force from July 24, 1981 to April 15, 1987, from December 26, 1990 to March 30, 1991, from October 23, 2001 to September 21, 2002 and from November 29, 2007 to August 28, 2008. You filed a new claim for benefits that was received on May 21, 2024. Based on a review of the evidence listed below, we have made the following decision(s) on your claim.

Service connection may be granted for any disease or injury that was incurred coincident with service in the Armed Forces, or if preexisting such service, was aggravated therein. To establish direct service connection for a claimed disorder, objective evidence must show a diagnosis of a current disability that is related to a disease or injury incurred in or aggravated during "active" service; or that manifested itself to a compensable degree within one year from the date of discharge. (38 CFR 3.303, 38 CFR 3.304, 38 CFR 3.306, 38 CFR 3.309)

DECISION

1. Service connection for sinusitis is granted with an evaluation of 50 percent effective July 24, 2022.

2. Service connection for allergic rhinitis is granted with an evaluation of 10 percent effective August 10, 2022.
3. Service connection for left ankle sprain with osteoarthritis is denied.
4. Service connection for left hip osteoarthritis is denied.
5. Service connection for right ankle condition is denied.
6. Service connection for right hip osteoarthritis is denied.
7. Service connection for traumatic brain injury (TBI) is denied.
8. A decision on entitlement to compensation for sleep apnea is deferred.
9. The claim for an increased evaluation for degenerative arthritis of the thoracolumbar spine with degenerative facet arthropathy at L5-S1 is deferred.
10. Service connection for radiculopathy of the left lower extremity (femoral nerve) is granted with an evaluation of 10 percent effective July 24, 2023.
11. Service connection for radiculopathy of the left lower extremity (sciatic nerve) is granted with an evaluation of 10 percent effective July 24, 2023.
12. Service connection for radiculopathy of the right lower extremity (femoral nerve) is granted with an evaluation of 10 percent effective July 24, 2023.
13. Service connection for radiculopathy of the right lower extremity (sciatic nerve) is granted with an evaluation of 10 percent effective July 24, 2023.
14. The claim for an increased evaluation for left knee instability is deferred.
15. The claim for an increased evaluation for left knee lateral collateral ligament strain is deferred.
16. The claim for an increased evaluation for right knee medial collateral ligament sprain is deferred.
17. Entitlement to individual unemployability is deferred.

EVIDENCE

- VA Form 21-0966, Intent to File a Claim for Compensation and/or Pension, received July 24, 2023
- VA Form 21-526EZ Application for Disability Compensation and Related Compensation Benefits, received May 21, 2024
- Service treatment records (STRs), for the period July 24, 1981 to August 28, 2008
- Military Personnel Records (MPRs), received December 2, 2020, for the period July 24, 1981 to August 28, 2008
- DD Form 214, Certificate of Release or Discharge from Active Duty, for the period November 29, 2007 to August 28, 2008
- Toxic Exposure – Sec. 1119 Covered Veteran Memorandum, dated December 3, 2022
- Persian Gulf Veteran Sec. 1117 Memo, dated January 27, 2023
- Toxic Exposure Risk Activity (TERA) Memorandum, dated May 24, 2024
- ILER - Individual Longitudinal Exposure Record, dated May 24, 2024
- Disability Benefit Questionnaire (Respiratory, Ankle, Foot, Sleep Apnea, Sinus, Esophageal, Back, Knee, Hip), Dr. Bash, conducted July 11, 2023
- Curriculum Vitae for Dr. Bash, received May 21, 2024
- Private medical records, Texas Medical Diagnostic, received May 21, 2024, dated July 1, 2017
- (3) Letters from Veteran, received May 21, 2024
- Private medical records, North Hills Family Practice, received May 21, 2024
- Lay statement, Wendy Lavalley, received May 21, 2024
- Private medical records, Texas Bone & Joint, received May 21, 2024
- Private medical records, Dr. Nair, received May 21, 2024
- Private medical records, Dr. Snell, received May 21, 2024
- Private medical records, North Hills ENT, received May 21, 2024
- Private medical records, Spine Works Institute, received May 21, 2024
- Private medical records, Bedford Family Medicine, Dr. Lee, North Hills Hospital, Dr. Bass, North Richland Hills Endoscopy Center, Dr. Cook, received May 21, 2024
- Private medical records, Dr. Brancel, Dr. Luk, conducted May 21, 2024

REASONS FOR DECISION

1. Service connection for sinusitis.

Service connection may be established for asthma, chronic bronchitis, chronic obstructive pulmonary disease, constrictive bronchiolitis or obliterative bronchiolitis, emphysema, granulomatous disease, interstitial lung disease, pleuritis, pulmonary fibrosis, sarcoidosis, chronic sinusitis, chronic rhinitis, glioblastoma, head cancer of any type, neck cancer of any type, respiratory cancer of any type, gastrointestinal cancer of any type, reproductive cancer of any type, lymphoma cancer of any type, lymphomatic cancer of any type, kidney cancer, brain cancer, melanoma, or pancreatic cancer at any time that is determined by VA regulation to warrant a presumption of service connection which manifested itself either during active service in the Southwest Asia theater of operations during the Gulf War, or is presumptively found to be associated with exposure to airborne hazards for Veterans who served in or in the airspace above one or more of the following: on, or after August 2, 1990 in the Southwest Asia theater of operations (Iraq, Kuwait, Saudi Arabia, the neutral zone between Iraq and Saudi Arabia, Bahrain,

Qatar, the United Arab Emirates, Oman, the Gulf of Aden, the Gulf of Oman, the Persian Gulf, the Arabian Sea, the Red Sea) or Somalia, or on, or after September 11, 2001 in Afghanistan, Djibouti, Egypt, Jordan, Lebanon, Syria, Yemen, or Uzbekistan. In order to qualify, you must have been diagnosed with these conditions at any time after military discharge. (38 USC 1119, 38 USC 1120, 38 CFR 3.320) Service connection for sinusitis has been awarded on the basis of this presumption.

The effective date of this grant is July 24, 2022. Service connection has been established from one year prior to the date VA received your intent to file claim. When a claim of service connection is received more than one year after a change in law, and all the requirements were met for a grant on the date of the change in law, the effective date is one year prior to the date VA received your claim. (38 CFR 3.155, 38 CFR 3.114)

An evaluation of 50 percent is assigned from July 24, 2022.

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

- Near constant sinusitis characterized by:
 - Headaches

Additional symptom(s) include:

- Detected by X-ray
- More than six non-incapacitating episodes per year of sinusitis characterized by:
 - Headaches
- One or two incapacitating episodes per year of sinusitis

This is the highest schedular evaluation allowed under the law for sinusitis, pansinusitis, chronic. (38 CFR 4.97)

2. Service connection for allergic rhinitis.

Service connection may be established for asthma, chronic bronchitis, chronic obstructive pulmonary disease, constrictive bronchiolitis or obliterative bronchiolitis, emphysema, granulomatous disease, interstitial lung disease, pleuritis, pulmonary fibrosis, sarcoidosis, chronic sinusitis, chronic rhinitis, glioblastoma, head cancer of any type, neck cancer of any type, respiratory cancer of any type, gastrointestinal cancer of any type, reproductive cancer of any type, lymphoma cancer of any type, lymphomatic cancer of any type, kidney cancer, brain cancer, melanoma, or pancreatic cancer at any time that is determined by VA regulation to warrant a presumption of service connection which manifested itself either during active service in the Southwest Asia theater of operations during the Gulf War, or is presumptively found to be associated with exposure to airborne hazards for Veterans who served in or in the airspace above one or more of the following: on, or after August 2, 1990 in the Southwest Asia theater of operations (Iraq, Kuwait, Saudi Arabia, the neutral zone between Iraq and Saudi Arabia, Bahrain, Qatar, the United Arab Emirates, Oman, the Gulf of Aden, the Gulf of Oman, the Persian Gulf, the Arabian Sea, the Red Sea) or Somalia, or on, or after September 11, 2001 in Afghanistan, Djibouti, Egypt, Jordan, Lebanon, Syria, Yemen, or Uzbekistan. In order to qualify, you must have been diagnosed with these conditions at any time after military discharge. (38 USC 1119,

38 USC 1120, 38 CFR 3.320) Service connection for allergic rhinitis has been awarded on the basis of this presumption.

The effective date of this grant is August 10, 2022. Service connection has been established from the date of the law change allowing VA to grant this claim. When a claim of service connection is received within one year after a change in law, and all the requirements were met for a grant on the date of the change in law, the effective date is the date of the change in law. (38 CFR 3.114)

An evaluation of 10 percent is assigned from August 10, 2022.

We have assigned a 10 percent evaluation for your allergic rhinitis based on:

- Rhinitis without polyps, but with greater than 50 percent obstruction of both nasal passages

A higher evaluation of 30 percent is not warranted for allergic rhinitis unless the evidence shows:

- Rhinitis with polyps. (38 CFR 4.97)

3. Service connection for left ankle sprain with osteoarthritis as due to an undiagnosed illness.

The "Persian Gulf War Veterans' Benefits Act" authorizes VA to compensate any Gulf veteran suffering from a "qualifying chronic disability," resulting from an undiagnosed illness or combination of undiagnosed illnesses, appearing either during active duty in the Southwest Asia theater of operations, Afghanistan, Israel, Egypt, Turkey, Syria, or Jordan, during the Gulf War, or became manifest to any degree at any time following service in theater. Section 202 of the "Veterans Education and Benefits Expansion Act of 2001" expanded the definition of "qualifying chronic disability" to include (1) a medically unexplained chronic multi-symptom illness (such as chronic fatigue syndrome, fibromyalgia, and functional gastrointestinal disorders) that is defined by a cluster of signs or symptoms; and (2) any diagnosed illness that the Secretary of the VA determines in regulations warrants a presumption of service-connection. To fulfill the requirement for chronicity, the claimed illness must have persisted for a period of 6 months. The 6-month period of chronicity is measured from the earliest date on which all pertinent evidence establishes that the signs or symptoms of the disability first became manifest. (38 USC 1117, 38 CFR 3.317)

Service connection for left ankle sprain with osteoarthritis is denied because this disability is determined to result from a known clinical diagnosis of left ankle sprain with osteoarthritis, which, under current law, is not a qualifying disability associated with Gulf War service. Further, the condition was not incurred in or aggravated by service. (38 CFR 3.317, 38 CFR 3.303, 38 CFR 3.304, 38 CFR 3.306)

The evidence does not show an event, disease or injury in service. Your service treatment records do not contain complaints, treatment, or diagnosis for this condition. (38 CFR 3.303, 38 CFR 3.304)

An examination and/or medical opinion based on toxic exposure risk activity (TERA) was not requested because the evidence shows your disability is left ankle sprain with osteoarthritis, and the Secretary has determined there is no indication of association between this condition and participation in a TERA. There is also no competent medical or scientific evidence of an association between your claimed disability and in-service TERA. (38 U.S.C. 1168)

Your private physician, Dr. Cash, opined your left ankle condition is due to overuse in the military. There is no evidence of overuse or a left ankle injury in service. Therefore, the medical opinion is not credible for VA purposes.

Favorable Findings identified in this decision:

Participation in a toxic exposure risk activity is conceded. Toxic Exposure Risk Activity (TERA) Memorandum dated May 24, 2024, shows you participated in TERA.

Evidence shows that you performed service in Southwest Asia. Persian Gulf Veteran – Sec. 1117 Memorandum dated January 27, 2023, shows you served in Iraq.

You have been diagnosed with a disability. Exam from Dr. Cash shows you are diagnosed with left ankle sprain with osteoarthritis.

4. Service connection for left hip osteoarthritis as due to an undiagnosed illness.

The "Persian Gulf War Veterans' Benefits Act" authorizes VA to compensate any Gulf veteran suffering from a "qualifying chronic disability," resulting from an undiagnosed illness or combination of undiagnosed illnesses, appearing either during active duty in the Southwest Asia theater of operations, Afghanistan, Israel, Egypt, Turkey, Syria, or Jordan, during the Gulf War, or became manifest to any degree at any time following service in theater. Section 202 of the "Veterans Education and Benefits Expansion Act of 2001" expanded the definition of "qualifying chronic disability" to include (1) a medically unexplained chronic multi-symptom illness (such as chronic fatigue syndrome, fibromyalgia, and functional gastrointestinal disorders) that is defined by a cluster of signs or symptoms; and (2) any diagnosed illness that the Secretary of the VA determines in regulations warrants a presumption of service-connection. To fulfill the requirement for chronicity, the claimed illness must have persisted for a period of 6 months. The 6-month period of chronicity is measured from the earliest date on which all pertinent evidence establishes that the signs or symptoms of the disability first became manifest. (38 USC 1117, 38 CFR 3.317)

Service connection for left hip osteoarthritis is denied because this disability is determined to result from a known clinical diagnosis of left hip osteoarthritis, which, under current law, is not a qualifying disability associated with Gulf War service. Further, the condition was not incurred in or aggravated by service. (38 CFR 3.317, 38 CFR 3.303, 38 CFR 3.304, 38 CFR 3.306)

The evidence does not show an event, disease or injury in service. Your service treatment records do not contain complaints, treatment, or diagnosis for this condition. (38 CFR 3.303, 38

CFR 3.304)

An examination and/or medical opinion based on toxic exposure risk activity (TERA) was not requested because the evidence shows your disability is left hip osteoarthritis, and the Secretary has determined there is no indication of association between this condition and participation in a TERA. There is also no competent medical or scientific evidence of an association between your claimed disability and in-service TERA. (38 U.S.C. 1168)

Your private physician, Dr. Cash, opined your left hip condition is due to overuse in the military. There is no evidence of overuse or a left hip injury in service. Therefore, the medical opinion is not credible for VA purposes.

Favorable Findings identified in this decision:

Participation in a toxic exposure risk activity is conceded. Toxic Exposure Risk Activity (TERA) Memorandum dated May 24, 2024, shows you participated in TERA.

Evidence shows that you performed service in Southwest Asia. Persian Gulf Veteran – Sec. 1117 Memorandum dated January 27, 2023, shows you served in Iraq.

You have been diagnosed with a disability. Exam from Dr. Cash shows you are diagnosed with left hip osteoarthritis.

5. Service connection for right ankle condition as due to an undiagnosed illness.

The "Persian Gulf War Veterans' Benefits Act" authorizes VA to compensate any Gulf veteran suffering from a "qualifying chronic disability," resulting from an undiagnosed illness or combination of undiagnosed illnesses, appearing either during active duty in the Southwest Asia theater of operations, Afghanistan, Israel, Egypt, Turkey, Syria, or Jordan, during the Gulf War, or became manifest to any degree at any time following service in theater. Section 202 of the "Veterans Education and Benefits Expansion Act of 2001" expanded the definition of "qualifying chronic disability" to include (1) a medically unexplained chronic multi-symptom illness (such as chronic fatigue syndrome, fibromyalgia, and functional gastrointestinal disorders) that is defined by a cluster of signs or symptoms; and (2) any diagnosed illness that the Secretary of the VA determines in regulations warrants a presumption of service-connection. To fulfill the requirement for chronicity, the claimed illness must have persisted for a period of 6 months. The 6-month period of chronicity is measured from the earliest date on which all pertinent evidence establishes that the signs or symptoms of the disability first became manifest. (38 USC 1117, 38 CFR 3.317)

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 may be granted for a condition diagnosed after military discharge provided evidence establishes that the condition was caused by service or it is presumed by law to be service-connected. If service connection is granted on the basis of exposure to an environmental hazard during military service, available evidence

must demonstrate that the Veteran was exposed to the environmental hazard during service, and that a chronic disability associated with such exposure resulted and has been diagnosed.

Entitlement to service connection based on exposure to an environmental hazard during military service is not established because the evidence does not show a diagnosis of right ankle condition. (38 CFR 3.303, 38 CFR 3.304, 38 CFR 3.307, 38 CFR 3.317)

While your service treatment records reflect complaints, treatment, or a diagnosis similar to that claimed, the medical evidence supports the conclusion that a persistent disability was not present in service. (38 CFR 3.303, 38 CFR 3.304)

There was no continuity of symptoms from service to the present. (38 CFR 3.303)

The evidence does not show a current diagnosed disability. (38 CFR 3.159, 38 CFR 3.303)

An examination and/or medical opinion based on toxic exposure risk activity (TERA) was not requested because the evidence shows your disability is right ankle condition, and the Secretary has determined there is no indication of association between this condition and participation in a TERA. There is also no competent medical or scientific evidence of an association between your claimed disability and in-service TERA. (38 U.S.C. 1168)

Your private physician, Dr. Cash, opined your right ankle condition is due to overuse in the military. However, there is no diagnosis of a right ankle condition shown on exam. Therefore, the medical opinion is not credible for VA purposes.

Favorable Findings identified in this decision:

The evidence shows that a qualifying event, injury, or disease had its onset during your service. STRs dated October 11, 1982, show a diagnosis of right ankle Reiter's Syndrome.

Participation in a toxic exposure risk activity is conceded. Toxic Exposure Risk Activity (TERA) Memorandum dated May 24, 2024, shows you participated in TERA.

Evidence shows that you performed service in Southwest Asia. Persian Gulf Veteran – Sec. 1117 Memorandum dated January 27, 2023, shows you served in Iraq.

6. Service connection for right hip osteoarthritis as due to an undiagnosed illness.

The "Persian Gulf War Veterans' Benefits Act" authorizes VA to compensate any Gulf veteran suffering from a "qualifying chronic disability," resulting from an undiagnosed illness or combination of undiagnosed illnesses, appearing either during active duty in the Southwest Asia theater of operations, Afghanistan, Israel, Egypt, Turkey, Syria, or Jordan, during the Gulf War, or became manifest to any degree at any time following service in theater. Section 202 of the "Veterans Education and Benefits Expansion Act of 2001" expanded the definition of "qualifying

chronic disability" to include (1) a medically unexplained chronic multi-symptom illness (such as chronic fatigue syndrome, fibromyalgia, and functional gastrointestinal disorders) that is defined by a cluster of signs or symptoms; and (2) any diagnosed illness that the Secretary of the VA determines in regulations warrants a presumption of service-connection. To fulfill the requirement for chronicity, the claimed illness must have persisted for a period of 6 months. The 6-month period of chronicity is measured from the earliest date on which all pertinent evidence establishes that the signs or symptoms of the disability first became manifest. (38 USC 1117, 38 CFR 3.317)

Service connection for right hip osteoarthritis is denied because this disability is determined to result from a known clinical diagnosis of right hip osteoarthritis, which, under current law, is not a qualifying disability associated with Gulf War service. Further, the condition was not incurred in or aggravated by service. (38 CFR 3.317, 38 CFR 3.303, 38 CFR 3.304, 38 CFR 3.306)

The evidence does not show an event, disease or injury in service. Your service treatment records do not contain complaints, treatment, or diagnosis for this condition. (38 CFR 3.303, 38 CFR 3.304)

An examination and/or medical opinion based on toxic exposure risk activity (TERA) was not requested because the evidence shows your disability is right hip osteoarthritis, and the Secretary has determined there is no indication of association between this condition and participation in a TERA. There is also no competent medical or scientific evidence of an association between your claimed disability and in-service TERA. (38 U.S.C. 1168)

Your private physician, Dr. Cash, opined your right hip condition is due to overuse in the military. There is no evidence of overuse or a right hip injury in service. Therefore, the medical opinion is not credible for VA purposes.

Favorable Findings identified in this decision:

Participation in a toxic exposure risk activity is conceded. Toxic Exposure Risk Activity (TERA) Memorandum dated May 24, 2024, shows you participated in TERA.

Evidence shows that you performed service in Southwest Asia. Persian Gulf Veteran – Sec. 1117 Memorandum dated January 27, 2023, shows you served in Iraq.

You have been diagnosed with a disability. Exam from Dr. Cash shows you are diagnosed with right hip osteoarthritis.

7. Service connection for traumatic brain injury (TBI).

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 traumatic brain injury (TBI) is denied because the medical evidence of record fails to show that this disability has been clinically diagnosed. (38 CFR 3.303, 38 CFR 3.304)

Service connection for traumatic brain injury (TBI) is denied since this condition neither occurred in nor was caused by service. Your service treatment records do not contain complaints, treatment, or diagnosis for this condition. (38 CFR 3.303, 38 CFR 3.304)

An examination and/or medical opinion based on toxic exposure risk activity (TERA) was not requested because the evidence shows your disability is TBI, and the Secretary has determined there is no indication of association between this condition and participation in a TERA. There is also no competent medical or scientific evidence of an association between your claimed disability and in-service TERA. (38 U.S.C. 1168)

Your private physician, Dr. Bash, is not qualified to diagnose TBI for VA purposes. Health care providers who may conduct traumatic brain injury (TBI) examinations include physiatrists, psychiatrists, neurosurgeons and neurologists, as well as generalist clinicians who have successfully completed the CPEP (now DEMO) TBI training module. DEMO TBI-certified clinicians are permitted to perform TBI residual disability examinations subject to existing VBA guidance on examiner qualification, including M21-1MR, III.iv.3.D.18.b. However, the diagnosis of TBI must be made by a physiatrist, psychiatrist, neurosurgeon or neurologist. A consultation to one of those specialty groups may need to be obtained in conjunction with this examination if the diagnosis is not already of record.

Favorable Findings identified in this decision:

Participation in a toxic exposure risk activity is conceded. Toxic Exposure Risk Activity (TERA) Memorandum dated May 24, 2024, shows you participated in TERA.

8. Compensation for sleep apnea.

The issue of compensation for sleep apnea is deferred for the following information: VA examination

9. Evaluation of degenerative arthritis of the thoracolumbar spine with degenerative facet arthropathy at L5-S1 currently evaluated as 10 percent disabling.

The evaluation for degenerative arthritis of the thoracolumbar spine with degenerative facet arthropathy at L5-S1 is deferred for the following: VA examination

10. Service connection for radiculopathy of the left lower extremity (femoral nerve) as secondary to the service-connected disability of degenerative arthritis of the thoracolumbar spine with degenerative facet arthropathy at L5-S1.

Service connection for radiculopathy of the left lower extremity (femoral nerve) has been established as related to the service-connected disability of degenerative arthritis of the thoracolumbar spine with degenerative facet arthropathy at L5-S1. (38 CFR 3.303, 38 CFR 3.310)

The effective date of this grant is July 24, 2023. Service connection has been established from the day VA received your intent to file (ITF) a claim for compensation. When a claim of service connection is received more than one year after discharge from active duty, the effective date is the date VA receives the intent to file when a prescribed form is received within a year of the ITF. (38 CFR 3.155, 38 CFR 3.400)

An evaluation of 10 percent is assigned from July 24, 2023.

We have assigned a 10 percent evaluation for your radiculopathy of the left lower extremity (femoral nerve) based on:

- Mild incomplete paralysis (38 CFR 4.124a)

A higher evaluation of 20 percent is not warranted for paralysis of the anterior crural nerve (femoral) unless the evidence shows:

- Nerve damage is moderate. (38 CFR 4.120, 38 CFR 4.124a)

The examiner reports you have severe disability for your peripheral nerve condition. However, the VA examination shows you more closely meet the requirements for a mild rating evaluation. (38 CFR 4.6)

11. Service connection for radiculopathy of the left lower extremity (sciatic nerve) as secondary to the service-connected disability of degenerative arthritis of the thoracolumbar spine with degenerative facet arthropathy at L5-S1.

Service connection for radiculopathy of the left lower extremity (sciatic nerve) has been established as related to the service-connected disability of degenerative arthritis of the thoracolumbar spine with degenerative facet arthropathy at L5-S1. (38 CFR 3.303, 38 CFR 3.310)

The effective date of this grant is July 24, 2023. Service connection has been established from the day VA received your intent to file (ITF) a claim for compensation. When a claim of service connection is received more than one year after discharge from active duty, the effective date is the date VA receives the intent to file when a prescribed form is received within a year of the ITF. (38 CFR 3.155, 38 CFR 3.400)

An evaluation of 10 percent is assigned from July 24, 2023.

We have assigned a 10 percent evaluation for your radiculopathy of the left lower extremity (sciatic nerve) based on:

- Mild incomplete paralysis (38 CFR 4.124a)

A higher evaluation of 20 percent is not warranted for paralysis of the sciatic nerve unless the evidence shows:

- Nerve damage is moderate. (38 CFR 4.120, 38 CFR 4.124a)

The examiner reports you have severe disability for your peripheral nerve condition. However, the VA examination shows you more closely meet the requirements for a mild rating evaluation. (38 CFR 4.6)

12. Service connection for radiculopathy of the right lower extremity (femoral nerve) as secondary to the service-connected disability of degenerative arthritis of the thoracolumbar spine with degenerative facet arthropathy at L5-S1.

Service connection for radiculopathy of the right lower extremity (femoral nerve) has been established as related to the service-connected disability of degenerative arthritis of the thoracolumbar spine with degenerative facet arthropathy at L5-S1. (38 CFR 3.303, 38 CFR 3.310)

The effective date of this grant is July 24, 2023. Service connection has been established from the day VA received your intent to file (ITF) a claim for compensation. When a claim of service connection is received more than one year after discharge from active duty, the effective date is the date VA receives the intent to file when a prescribed form is received within a year of the ITF. (38 CFR 3.155, 38 CFR 3.400)

An evaluation of 10 percent is assigned from July 24, 2023.

We have assigned a 10 percent evaluation for your radiculopathy of the right lower extremity (femoral nerve) based on:

- Mild incomplete paralysis (38 CFR 4.124a)

A higher evaluation of 20 percent is not warranted for paralysis of the anterior crural nerve (femoral) unless the evidence shows:

- Nerve damage is moderate. (38 CFR 4.120, 38 CFR 4.124a)

13. Service connection for radiculopathy of the right lower extremity (sciatic nerve) as secondary to the service-connected disability of degenerative arthritis of the thoracolumbar spine with degenerative facet arthropathy at L5-S1.

Service connection for radiculopathy of the right lower extremity (sciatic nerve) has been established as related to the service-connected disability of degenerative arthritis of the thoracolumbar spine with degenerative facet arthropathy at L5-S1. (38 CFR 3.303, 38 CFR 3.310)

The effective date of this grant is July 24, 2023. Service connection has been established from the day VA received your intent to file (ITF) a claim for compensation. When a claim of service connection is received more than one year after discharge from active duty, the effective date is the date VA receives the intent to file when a prescribed form is received within a year of the ITF. (38 CFR 3.155, 38 CFR 3.400)

An evaluation of 10 percent is assigned from July 24, 2023.

We have assigned a 10 percent evaluation for your radiculopathy of the right lower extremity (sciatic nerve) based on:

- Mild incomplete paralysis (38 CFR 4.124a)

A higher evaluation of 20 percent is not warranted for paralysis of the sciatic nerve unless the evidence shows:

- Nerve damage is moderate. (38 CFR 4.120, 38 CFR 4.124a)

The examiner reports you have severe disability for your peripheral nerve condition. However, the VA examination shows you more closely meet the requirements for a mild rating evaluation. (38 CFR 4.6)

14. Evaluation of left knee instability currently evaluated as 10 percent disabling.

The evaluation for left knee instability is deferred for the following: VA examination

15. Evaluation of left knee lateral collateral ligament strain currently evaluated as 10 percent disabling.

The evaluation for left knee lateral collateral ligament strain is deferred for the following: VA examination

16. Evaluation of right knee medial collateral ligament sprain currently evaluated as 10 percent disabling.

The evaluation for right knee medial collateral ligament sprain is deferred for the following: VA examination

17. Entitlement to individual unemployability.

The issue of whether or not you are entitled to Individual Unemployability is deferred for the following: Development for VA Form 21-8940

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.