# Overview

Tuesday, July 12, 2016 12:07 PM

**Project Overview:** An encyclopedia of standardized addendum questions tailored towards training new providers, and an accompanying SOP to provide instruction regarding addendum formatting, structure and use of the QA Draft document.

**Objectives:**

- To maximize the training benefits of addendums for new providers, and shift the focus away from simple QA information acquisition.
- To standardize the training provided via addendums to all new providers, and decrease the likelihood of erroneous or conflicting guidance.
- To decrease NPL and Helper QA TAT by decreasing time spent drafting addendums.

**Characteristics:**

- Addendum guidance will be organized by DBQ type, and easy to navigate:
    - **Specialty** - Psych, Audio, Eye, etc.
    - **Musculoskeletal -** Spine (C and T), Joints
    - **Other GenMed -** Heart, Diabetes, Peripheral Neuropathy, etc
    - **General Guidance -** IMOs / ECQs, Verbiage, Medical Histories
- This guidance will not be exhaustive, but rather focus on common problem areas and mistakes (erroneous Muscle Strength testing and IMO rationale verbiage, for example).
- All addendum question examples will provide specific guidance and training, while still being general enough as to allow use in any applicable report.

**Examples:**

- **MEDICAL OPINION - NO MEDREC CITATION**

  Please note that the VA requires that medical records be reviewed and cited to support any Section 4 rationale made in a Medical Opinion DBQ. The Veteran's subjective history is not deemed sufficient evidence to support a medical opinion rationale.

  Please indicate the specific entry within the medical records which were used to form this rationale. You may do so by simply referencing the date or treatment facility of relevant treatment or evaluation documentation, and providing a brief summary.

- **FOCUSED EXAM / UNCLAIMED JOINT**

  Please note that for the purpose of Compensation and Pension examinations, all musculoskeletal evaluations (besides those performed of the hands) are considered focused exams. This means that we are not authorized to assign a formal diagnosis to an unclaimed joint.

  With your permission, I will remove the diagnosis for the unclaimed joint. Please provide a statement indicating your approval of this alteration to the report.

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# Introductions / Closers

Thursday, July 14, 2016 12:54 PM

**INTRODUCTIONS**

**QA Draft - Content + Clarification:**

Greetings! My name is XXXXXXXXX, I am a New Provider Liaison with VES. I have finished reviewing this Veterans report, and have provided you with a copy of the report with proposed corrections and changes. You may access it by clicking on the "Draft Report" icon found in this Veteran's page in the portal - located just to the right of the button that opened this addendum. This addendum process is a normal part of VES report submission, and will ensure that the final report meets your approval and is VA Criteria compliant.

Notes marked as "Content" indicate issues which require either additional information or correction. Please review these and provide a response here in the addendum in the corresponding box.

Notes marked as "CLARIFICATION" indicate changes that will be made for clarity or formatting purposes. Please review the report and indicate your approval of these changes. If you disagree with any of these changes made, please state so in the box immediately below.

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**QA Draft - No changes, please approve:**

Greetings! My name is Jonathan Walker, I'm a New Provider Liaison with VES. I have finished reviewing this Veterans report, and have provided you with a copy of the final report which will be submitted to VA. You may access it by clicking on the QA Draft Report button found in this Veteran's page in the portal.

Please review this copy of the report. If it meets your standards, please provide a statement here in this addendum which indicates as such, and I will expedite its submission to VA.

If you have any questions regarding this report, or an explanation for any of the changes made for clarification or formatting purposes, please feel free to contact me with the number provided below.

Please provide a statement indicating you approve of the final report for this case.

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**DIAGNOSTICS NOW AVAILABLE**

Diagnostic results are now available for review. You may access them by navigating to this Veteran's page in the portal and clicking on the "Diagnostics" button, to the immediate right of the "Complete C-File" button. Please review these results and make any necessary changes to the report, to include updating the final diagnosis and providing a summary of the results in the Diagnostics section. If you require any assistance in making these changes, please let me know and I will be happy to assist.

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**CLOSERS**

# General DBQ Guidance

Tuesday, March 29, 2016 12:25 PM

**DIAGNOSIS - DIAGNOSED CONDITION NOT DESCRIBED IN MEDICAL HISTORY**

Please note that all currently diagnosed conditions must be described in the Medical History section, to include the date and circumstance of onset, past and current symptoms, and any past or current treatment to include medication. Please provide this information here for all diagnosed conditions and I will add it to the appropriate section in the report.

**DIAGNOSIS - CONDITION MENTIONED BUT NOT FORMALLY DIAGNOSED**

You have indicated that the Veteran suffers from a condition of [INDICATED CONDITION]. Please indicate if this is a current condition. If so, the VA will require that it is formally diagnosed in Section 1. Please provide a statement indicating your approval of this alteration to the report.

**FUNCTIONAL IMPACT**

Please note that VA will not accept a functional impact rationale that is crafted from the Veteran's statements. Please provide a rationale that is based on your medical opinion per the current exam findings, and provide at least one example of an occupational task that the Veteran would be impaired in his ability to perform.

# Audio Exams

Tuesday, March 29, 2016 12:28 PM

**DIAGNOSIS - MISSING HIGHER FREQUENCIES**

For the diagnosis section, all diagnoses which apply should be checked off. It appears that the Veteran warrants an additional diagnosis of Sensorineural hearing loss (in the frequency range of 6000 Hz or higher frequencies). Please provide a statement indicating your approval of this alteration to the report.

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**ETIOLOGY - THRESHOLD SHIFT QUESTION**

Please review your response to the Permanent Positive Threshold Shift question in Section 3. This question is asking if there were any permanent 15dB or greater shifts in thresholds between 500-6000 Hz while the veteran was in military service. Such a shift can be considered sufficient objective evidence to provide a positive etiology opinion. Please note that unless the Veteran is currently in active duty, the audiogram collected during your exam cannot be used as a reference for in-service threshold shifts.

Please confirm whether a significant threshold shift occurred for this Veteran during military service.

**ETIOLOGY - INSUFFICIENT**

Please review your hearing loss etiology rationales in Section 3.

Please note that your rationales must make some reference to evidence in the medical records, and specifically any audiograms that were collected during the Veteran's military service. Please update your rationale to include such evidence, and comment on whether there is any evidence of a significant threshold shift of 15+ decibels for any frequencies between two in-service audiograms. Please note that unless the Veteran is currently in active duty, the audiogram collected during your exam cannot be used as a reference for in-service threshold shifts.

**ETIOLOGY - NO HEARING LOSS**

Please note that because the Veteran has not been diagnosed with hearing loss, an etiology statement regarding hearing loss should not be provided – to provide such a statement would imply the existence of a hearing loss condition, and create an open loop / contradiction.

With your permission I will blank out this section of the report.

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**AUDIOLOGICAL - PBMAX INFO MISSING**

Please note for VA purposes a performance intensity function must be obtained when speech recognition is 92% or less. Please provide the results of this test, including the PB Max, in the Speech Audiometry section of the Audiological Evaluation form. If performance intensity function was not obtained, please state so and keep this VA requirement in mind for future exams.

# Psych

Wednesday, July 20, 2016 3:12 PM

**DIFFERENTIATION OF SYMPTOMS - MULTIPLE MENTAL HEALTH**

Please review your responses to Section I Part 3 - Differentiation of Symptoms

Please note that if more than one mental health condition is diagnosed, all conditions must be addressed in this section. To whatever extent is possible, please respond to Question 3B and indicate whether it is possible to differentiate symptoms between these conditions. Please provide a rationale to support either a yes or no response.

**DIFFERENTIATION OF SYMPTOMS - TBI / MH**

Please review your responses to Section I Part 3 - Differentiation of Symptoms

Please note that if both a mental health diagnosis and a history of TBI are indicated, these conditions must be addressed in this section. To whatever extent is possible, please respond to Question 3B and indicate whether it is possible to differentiate symptoms between the diagnosed mental health conditions and the cognitive impairment attributable to the TBI. Please provide a rationale to support either a yes or no response.

**OCCUPATIONAL / SOCIAL IMPAIRMENT - MULTIPLE MENTAL HEALTH**

Please review your responses to Section I Part 4 - Differentiation of Symptoms

Please note that if more than one mental health condition is diagnosed, all conditions must be addressed in this section. To whatever extent is possible, please respond to Question 4B and indicate whether it is possible to differentiate social and occupational impairment between these conditions. Please provide a rationale to support either a yes or no response.

**OCCUPATIONAL / SOCIAL IMPAIRMENT - TBI / MH**

Please review your responses to Section I Part 3 - Differentiation of Symptoms

Please note that if both a mental health diagnosis and a history of TBI are indicated, these conditions must be addressed in this section. To whatever extent is possible, please respond to Question 3B and indicate whether it is possible to differentiate social and occupational impairment between the diagnosed mental health conditions and the cognitive impairment attributable to the TBI. Please provide a rationale to support either a yes or no response.

**PTSD - CRITERIA NOT MET**

Please review your responses to the PTSD Diagnostic Criteria section of the DBQ PTSD.

Please note that in order to qualify for a diagnosis of PTSD, the Veteran must meet requirements for all criterion A - I. Per your report, the Veteran does not meet the requirements for Criterion **XXX.** Please clarify whether the Veteran warrants a formal diagnosis of PTSD.

**SUBSTANCE ABUSE NOTED BUT NOT DIAGNOSED**

# TBI

Wednesday, July 20, 2016 8:54 AM

**SECONDARY CONDITIONS - HEARING LOSS ON TBI:**

Please note that hearing loss should not be noted as a residual of TBI if the Hearing Loss is due to acoustic trauma. This is to be checked only if the head injury damaged the vestibulocochlear nerve or its pathway to the primary auditory center in the brain.

Was damage done to the vestibulocochlear nerve?

**SECONDARY CONDITIONS - OTHER RESIDUAL NOTED ERRONEOUSLY**

Your report indicates [NOTED RESIDUAL] as secondary to the TBI. Please note that only conditions or symptoms that result directly from the brain injury itself, rather than the TBI event or other factors, are considered residuals of the TBI. Based on this guidance, please advise if the [NOTED RESIDUAL] is the direct result of the traumatic brain injury.

**SECONADRY CONDITIONS - INDICATED BUT NOT TRIGGERED**

Your report indicates that the Veteran suffers from [INDICATED CONDITION], which is deemed secondary to TBI. All conditions deemed directly secondary to the claimed TBI must be fully evaluated before the report may be submitted. Please confirm that this condition is due to TBI, and if so, please also trigger and complete the DBQ [WHICHEVER] at your earliest convenience. If this additional exam cannot be completed without recalling the Veteran for a follow-up examination, please indicate as such.

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**LOC / AOC QUESTION - NO EVIDENCE FOUND**

For VA purposes, objective evidence from available records is required to support a diagnosis of TBI. VA will accept documented loss of consciousness (LOC), alteration of consciousness (AOC), or evidence of combat service (such as an awarded combat ribbon) as objective evidence of a TBI event. Regarding this case, records do not support LOC, AOC, or a history of combat during service, and the VA will likely not accept this diagnosis. Please provide a statement indicating that you approve of removing the formal diagnosis of TBI.

Please include your rationale if you disapprove of this change.

# Musculoskeletal

Wednesday, July 20, 2016 2:35 PM

**DIAGNOSIS - SYMPTOM DIAGNOSED (PAIN, WEAKNESS, ETC)**

Please note that VA will not accept a formal diagnosis such as pain, fatigue, or weakness as these are symptoms which must be directly attributed to some other known diagnosis. As such, VA will not accept the formal diagnosis of [DIAGNOSIS], and it therefore must be removed before the report may be submitted. Please provide a statement indicating your approval of this alteration to the report.

**DIAGNOSIS - NORMAL FINDINGS**

Please note that the Veteran exhibits no impairment of the claimed joint, to include abnormal range of motion, indications of pain, or abnormal reflex, muscle strength or sensory testing. Given a lack of objective evidence, the VA will not accept a formal diagnosis at this time. With your permission, I will remove the diagnoses you have assigned and add a statement indicating the lack of objective evidence.

**DIAGNOSIS - NO EVIDENCE OF ARTHRITIC CONDITION**

Please note that there is no evidence of an arthritic condition in any previous or current imaging diagnostics. For this reason, VA will not accept this as a formal diagnosis, and it will need to be removed from the final report before it is submitted. Please provide a statement indicating your approval of this alteration to the report.

**DIAGNOSIS - POSITIVE EVIDENCE OF ARTHRITIC CONDITION**

Please note that there is evidence of the presence of an arthritic condition on imaging results from [DATE OF DIAGNOSTICS]. As such, we must add this as a formal diagnosis before the report may be submitted. Please review these diagnostic results and indicate the verbiage you would like to use for your diagnosis, and I will add it to the final report.

**DIAGNOSIS: FOCUSED EXAM**

Please note that for the purpose of Compensation and Pension examinations, all musculoskeletal evaluations (besides the DBQ Hands and Fingers) are considered focused exams. This means that we are not authorized to assign a formal diagnosis to an unclaimed joint.

With your permission, I will remove the diagnosis for the unclaimed joint. Please provide a statement indicating your approval of this alteration to the report.

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**FLARE-UPS NOTED INCORRECTLY**

Your report indicates that the Veteran reports daily flare-ups. Although the flare-up description should be obtained from the Veteran’s point of view, we should also use discretion when indicating whether or not the Veteran’s description is truly a flare-up. Per VA criteria, any pain which occurs constantly or on a daily basis is considered "baseline". Flare-ups considered are a significant deviation from the veteran’s baseline symptomology. Based on the provided guidance, please advise if the Veteran’s complaints are true flare-ups.

If not, please indicate that you approve of this description being moved to the medical history section and question updated to "No".

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**ROM TESTING - INCORRECT MEASUREMENTS**

Please note that for flexion and extension ROM testing, the flexion and extension measurements should be equivalent and opposite to each other and reflect the full range of motion that the Veteran is capable of. In other words, if the Veteran is capable of a total range of motion of 90 degrees for a joint, the measurements should look like this:

[Flexion: 0 to 90 degrees]
[Extension: 90 to 0 degrees]

Please advise the total range of motion capable for this joint, given in the format shown above.

**ROM TESTING - "IF ABNORMAL" QUESTION**

Please note that this Functional Loss question is asking whether the Veteran's range of motion impairment - regardless of the cause or etiology - is sufficient to impair any activities of daily living or occupational tasks. Are there any tasks which the Veteran cannot perform because of his impaired range of motion? Examples would include climbing stairs, getting in and out of a car, lifting objects overhead, sitting / standing, etc.

**PAIN ON PALPATION - NO OBJECTIVE EVIDENCE / NO CONDITION NOTED**

In regards to this question, please indicate if there was objective evidence of pain or tenderness on palpation - such as wincing, grimacing, withdrawal, or other involuntary reactions. In addition, please indicate the specific diagnosed condition(s) to which pain on palpation may be attributed.

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**OBSERVED REPETITIVE USE - SYMPTOMS CHECKED**

Please note that this section is dedicated to describing additional functional impairment. If no such additional functional impairment is noted, it is not appropriate to list attributable factors of functional loss. This option will be set to N/A.

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**MUSCLE STRENGTH**

Per VA rating criteria, a muscle strength rating of 3/5 or worse indicates severe impairment, essentially rendering the Veteran unable to bear weight, and is usually accompanied by muscle atrophy. For the upper extremities, 3/5 or worse would indicate that the Veteran cannot perform basic motions such as lifting a coffee mug. For the lower extremities, 3/5 or worse would indicate that the Veteran is completely unable to stand or bear weight with the indicated leg.

Given that the Veteran is able to bear weight and exhibits no muscle atrophy, I would recommend changing the muscle strength readings to 4/5. This will still indicate a moderate level of impairment without contradicting the rest of the report. Please provide a statement indicating that you approve of this change to the report.

**MUSCLE STRENGTH / REFLEX / SENSORY DO NOT MATCH**

Please note that measurements for muscle strength, reflexes and sensory testing must match between DBQs for the sake of consistency. Please advise the correct [INDICATED TEST(S)]measurements and I will update the DBQs accordingly.

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# Spine (C + T)

Wednesday, July 20, 2016 2:35 PM

**RADICULOPATHY / IVDS - DIAGNOSTIC CRITERIA**

Per VA rating criteria, to qualify for diagnosis of radiculopathy or IVDS, a Veteran must exhibit objective abnormalities to include one of the following:

- Decreased muscle strength
- Asymmetric / decreased reflexes
- Abnormal sensory exam results

As the Veteran tested within normal limits for all of the above tests, the VA will not accept formal diagnosis of radiculopathy / IVDS. This is not to say that the Veteran is malingering, but simply that his nerve impingement is not yet severe enough to warrant VA rating or compensation.

With your permission, I will blank out this section and include a summary of the Veteran's reported symptoms in the Remarks section of this DBQ.

**RADICULOPATHY - INTERMITTENT / CONSTANT PAIN**

Please note that per VA rating criteria, pain due to a peripheral nerve condition cannot be described as both intermittent and constant, unless the intermittent pain is markedly worse than the constant (baseline) pain. Please indicate which of these terms best describes the nature of the pain experienced by this Veteran.

# Shoulder

Thursday, July 21, 2016 2:08 PM

**ROTATOR CUFF - INDICATED BUT NOT DIAGNOSED**

Please review your responses to Section VI - Rotator Cuff Conditions of the DBQ Shoulder.

Based on the abnormalities indicated in this section, it seems that the Veteran warrants formal diagnosis of a rotator cuff condition. Please indicate the diagnosis you would like to assign and I will add it to the Diagnosis section of the report.

**ROTATOR CUFF - DIAGNOSED BUT TESTING NOT PERFORMED / ALL NORMAL**

Please review your responses to Section VI - Rotator Cuff Conditions of the DBQ Shoulder.

You have assigned a rotator cuff diagnosis for the Veterans shoulder, however Section VI is **incomplete /// marked as all normal.** Please clarify whether the Veteran warrants formal diagnosis of such a condition.

**SHOULDER INSTABILITY / DISLOCATION - INDICATED BUT NOT DIAGNOSED**

Please review your responses to Section VII - Shoulder Instability, Dislocation or Labral Pathology of the DBQ Shoulder.

Based on the abnormalities indicated in this section, it seems that the Veteran warrants formal diagnosis of shoulder instability, dislocation or labral pathology. Please indicate the diagnosis you would like to assign and I will add it to the Diagnosis section of the report.

**SHOULDER INSTABILITY / DISLOCATION - DIAGNOSED BUT SECTION NOT COMPLETE**

Please review your responses to Section VII - Shoulder Instability, Dislocation or Labral Pathology of the DBQ Shoulder.

You have assigned a shoulder instability, dislocation or labral pathology diagnosis for the Veterans shoulder, however Section VII is incomplete. Please clarify whether the Veteran warrants formal diagnosis of such a condition.

**CLAVICAL / SCAPULA / AC JOINT - INDICATED BUT NOT DIAGNOSED**

Please review your responses to Section VIII - Clavical, Scapula, AC Joint and Sternoclavicular Joint Conditions of the DBQ Shoulder.

Based on the abnormal results in this section, it seems that the Veteran warrants formal diagnosis of one of these conditions. Please indicate the diagnosis you would like to assign and I will add it to the Diagnosis section of the report.

**CLAVICAL / SCAPULA / AC JOINT - DIAGNOSED BUT SECTION NOT COMPLETE**

Please review your responses to Section VIII - Shoulder Instability, Dislocation or Labral Pathology of the DBQ Shoulder.

You have assigned a clavical, scapula, AC joint or sternoclavicular joint diagnosis for the Veterans shoulder, however Section VIII is incomplete**.** Please clarify whether the Veteran warrants formal diagnosis of such a condition.

**HUMERUS CONDITIONS - INDICATED BUT NOT DIAGNOSED**

Please review your responses to Section IX - Conditions or Impairments of the Humerus of the DBQ Shoulder.

Based on the abnormalities indicated in this section, it seems that the Veteran warrants formal diagnosis of a condition of the humerus. Please indicate the diagnosis you would like to assign and I will add it to the Diagnosis section of the report.

**HUMERUS CONDITIONS - DIAGNOSED BUT SECTION NOT COMPLETE**

Please review your responses to Section IX - Conditions or Impairments of the Humerus of the DBQ Shoulder.

You have assigned a diagnosis of a humerus condition for the Veterans shoulder, however Section IX is incomplete**.** Please clarify whether the Veteran warrants formal diagnosis of such a condition.

# Knee

Wednesday, July 20, 2016 3:16 PM

**INSTABILITY NOTED BUT NOT DIAGNOSED**

Your report indicates that the Veteran tested positive for knee joint instability. Please indicate whether this condition warrants its own diagnosis, or whether it may be attributed to another diagnosed condition, and I will add this information to the Diagnosis section.

**SHIN SPLINTS NOTED BUT NOT DIAGNOSED**

Your report indicates that the Veteran reported shin splints. Please indicate whether this condition is current and symptomatic, and whether it warrants formal diagnosis. I will add this information to the Diagnosis section.

**SHIN SPLINTS NOTED AS IMPACTING ANKLE ROM**

Your report indicates that the Veteran suffers from a shin splint condition which negatively impacts ankle range of motion. Please note that if this is the case, the DBQ Ankle must also be completed in order to fully evaluate the Veterans claimed impairment before the report may be submitted.

Please confirm that the Veterans shin splint condition is current, and that it impacts ankle range of motion. If yes, we will schedule a follow-up examination in order to complete the evaluation.

# Ankle

Thursday, July 21, 2016 2:07 PM

**INSTABILITY NOTED BUT NOT DIAGNOSED**

- Your report indicates that the Veteran tested positive for ankle joint instability. Please indicate whether this condition warrants its own diagnosis, or whether it may be attributed to another diagnosed condition, and I will add this information to the Diagnosis section.

**SHIN SPLINTS NOTED BUT NOT DIAGNOSED**

- Your report indicates that the Veteran reported shin splints. Please indicate whether this condition is current and symptomatic, and whether it warrants formal diagnosis. I will add this information to the Diagnosis section.

**SHIN SPLINTS NOTED AS IMPACTING KNEE ROM**

Your report indicates that the Veteran suffers from a shin splint condition which negatively impacts knee range of motion. Please note that if this is the case, the DBQ Knee must also be completed in order to fully evaluate the Veteran's impairment before the report may be submitted.

Please confirm that the Veterans shin splint condition is current, and that it impacts knee range of motion. If yes, we will schedule a follow-up examination in order to complete the evaluation.

# Other GenMed DBQs

Thursday, July 14, 2016 1:26 PM

**DIAGNOSIS - SYMPTOM DIAGNOSED (PAIN, WEAKNESS, ETC)**

Please note that VA will not accept a formal diagnosis such as pain, fatigue, or weakness as these are symptoms which must be directly attributed to some other known diagnosis. As such, VA will not accept the formal diagnosis of [DIAGNOSIS], and it therefore must be removed before the report may be submitted. Please provide a statement indicating your approval of this alteration to the report.

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**FUNTIONAL IMPACT**

Please note that VA will not accept a functional impact rationale that is crafted from the Veteran's statements. Please provide a rationale that is based on your medical opinion per the current exam findings, and provide at least one example of an occupational task that the Veteran would be impaired in his ability to perform.

# Diabetes

Wednesday, July 20, 2016 3:00 PM

**REGULATION OF ACTIVITIES QUESTION**

Please review your response to Question 2B of the DBQ Diabetes.

Please note that per VA Criteria, “regulation of activities” is limited specifically to the avoidance of strenuous physical activities to avoid hypoglycemic episodes.

Please indicate whether this Veteran must avoid strenuous activity to prevent hypoglycemic episodes.

**SECONDARY CONDITIONS - CONDITIONS CANNOT BE BOTH DUE TO AND AGGRAVATED BY DIABETES**

Please note that conditions cannot be deemed both secondary to and aggravated by diabetes simultaneously. Per VA criteria, a condition may be deemed secondary to diabetes if it initially arises after the diabetes onset date as a direct result of the diabetic condition. By contrast, a condition may be deemed aggravated by diabetes if it predates the diabetes onset date, and is shown to have been permanently worsened beyond its natural progression by the diabetic condition.

Please specify whether the condition of [DIAGNOSIS] is deemed due to or aggravated by the Veterans diabetes, based on the criteria above.

**SECONDARY CONDITION - INDICATED BUT NOT TRIGGERED**

Your report indicates that the Veteran suffers from [INDICATED CONDITION]. All conditions deemed directly secondary to or aggravated by the claimed diabetes must be fully evaluated before the report may be submitted. Please confirm that this condition is due to or has been aggravated by the Veterans diabetes, and if so, please also trigger and complete the DBQ [WHICHEVER] at your earliest convenience. If this additional DBQ cannot be completed without recalling the Veteran for a follow-up examination, please indicate as such.

# Heart

Thursday, July 14, 2016 7:17 AM

**ECHO RESULTS**

New echocardiogram results are now available for review. Please review these results and use them to respond to the following questions:

Date of echocardiogram:
Left ventricular ejection fraction (LVEF):

Please state whether the veteran's ejection fraction or estimated METs better reflects the veteran's current cardiac functional status, and provide a rationale to support your opinion:

Wall motion:
[] Normal
[] Abnormal, describe:

Wall thickness:
[] Normal
[] Abnormal, describe:

13A. Is there evidence of cardiac hypertrophy?
[] Yes [] No

13B. Is there evidence of cardiac dilatation?
[] Yes [] No

# Peripheral Neuropathy

Tuesday, March 29, 2016 12:32 PM

**PAIN - INTERMITTENT / CONSTANT**

Please note that per VA rating criteria, pain due to a peripheral nerve condition cannot be described as both intermittent and constant, unless the intermittent pain is markedly worse than the constant (baseline) pain. Please indicate which of these terms best describes the nature of the pain experienced by this Veteran.

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**SYMPTOMS SELECTED WITH NO DIAGNOSIS**

For VA purposes, completion of the symptoms section indicates that the symptoms are secondary to a peripheral nerve condition. Since no condition has been diagnosed, we are unable to complete this section. Please advise if okay to summarize reported symptomology and state that the there is insufficient clinical evidence on exam to support a diagnosis as shown.

"Although Veteran reports [SYMPTOMS], there is insufficient clinical evidence on exam to support a diagnosis related to these complaints."

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**NO ABNORMAL NERVES INDICATED**

Please note that you must indicate an abnormal sensory evaluation for the upper extremities in order to diagnose an upper extremity peripheral nervous condition. Please indicate which upper extremity nerve is effected by the condition, as well as the severity of the impairment.

Please note that you must indicate an abnormal sensory evaluation for the lower extremities in order to diagnose a lower extremity peripheral nervous condition. Please indicate which lower extremity nerve is effected by the condition, as well as the severity of the impairment.

# IMO / ECQ Rationales

Tuesday, March 29, 2016 12:35 PM

**ECQ QUESTIONS - NOT ANSWERED**

Please note that these additional questions require a response, as the original service connected diagnosis for this Veteran has changed per your examination.

Whenever there is change to the service connected diagnosis, to include progression, resolution or addition of conditions, Veteran Affairs will require that a medical rationale be provided to justify this change.

Please clarify if the new or changed diagnoses are:

A. A progression (a new diagnosis which has developed as a direct result of the service connected condition).
B. A new and separate condition (a condition which is deemed unrelated to the service connected condition, without clinical association).
C. A correction of the previously service connected condition (a change of verbiage to a service connected condition for the sake of clarity)

Please also provide your rationale explaining your decision.

**ECQ QUESTIONS - PROGRESSION NOTED INCORRECTLY**

Please note that per VA criteria, progression of a service connected condition is signified by the presence of a new and typically more severe condition. For example, elbow joint arthritis due to a longstanding service connected condition of "Elbow Strain" would be considered a progression. Similarly, if a Veterans service connected lumbar disc herniation showed new symptoms of lower extremity radiculopathy, that would also be considered a progression of the service connected condition.

In this case, although symptoms may be more severe, the service connected condition itself has not changed. For this reason I would advise removing this response to the additional questions.

**MEDICAL OPINION - NO STR CITATION**

Please note that the VA requires that medical records be reviewed and cited to support any Section 4 rationale made in a Medical Opinion DBQ. The Veteran's subjective history is not deemed sufficient evidence to support a medical opinion rationale.

Please cite specific treatment records to support your rationale by referencing the date or treatment facility of an evaluation which could demonstrate the history and course of the condition while in service. Please also provide a brief summary of the relevant documentation.

Example: "Service treatment records dated 12/15/92, 2/24/93 and 4/5/93 note treatment for low back strain. X-ray dated 6/10/93 note spasms of lumbar spine. These documents are consistent with the currently diagnosed conditions."

**MEDICAL OPINION - NOT INDIVIDUAL ANSWERS**

The response you have given for this DBQ will unfortunately not meet VA criteria for an IMO response. Each question must be responded to individually, and include one of the following phrases: "At least as likely as not" (50% or greater probability) or "Less likely than not" (less than 50% probability). Your responses should also include reference to the medical records, to include specific citations of treatment records or diagnostics.
For example:

Question 1 of 5: It is at least as likely as not (50% or greater probability) that the claimed condition of [insert claimed condition] was incurred in or caused by the claimed in-service injury, event or illness. The Veteran received treatment for this condition during military service on [insert date of treatment], and the condition persists to the present day.

Question 2 of 5: The Veteran's claimed condition is less likely than not (less than 50% probability) incurred in or caused by the claimed in-service injury, event, or illness. There is insufficient evidence in the provided service treatment records to support an association with military service.

**MEDICAL OPINION - USE OF IMPROPER / UNCERTAIN VERBIAGE**

Using equivocal terms such as “might,” “may be,” or “probably” as part of your opinion will unfortunately not be accepted by VA. A medical opinion phrased in terms of “may” also implies “may or may not” and is too speculative to establish a medical nexus.

Note that the VA uses the phrase “at least as likely as not.” This is because a unique standard of proof applies in decisions on claims for Veterans benefits. When there is equivalent evidence both for and against a claim, VA tips the balance in favor of the Veteran. In other words, “the tie goes to the runner.” Please update the verbiage of your rationale to include either the statement "at least as likely as not" or "less likely than not".