

Medical Opinion (Complete) Disability Benefits Questionnaire

Name of Veteran/Service Member:	XXXXXXXXX	SSN:	XXXX
Date:	01/02/2014	VA Claim Number:	XXXXXXX
Contractor:	VES	VES Number:	XXXXXXX

The Veteran is applying to the U.S. Department of Veterans Affairs (VA) for disability benefits. VA will consider the information you provide on this questionnaire as part of their evaluation in processing the Veteran's claim.

For the Claimed Compensation Condition of - BACK CONDITION; LEFT SHOULDER CONDITION; BILATERAL KNEE CONDITION; SKIN CONDITIONS ON THE FEET

<u>1. Definitions</u>

<u>Aggravation of preexisting nonservice-connected disabilities.</u> A preexisting injury or disease will be considered to have been aggravated by active military, naval, or air service, where there is an increase in disability during such service, unless there is a specific finding that the increase in disability is due to the natural progress of the disease.

<u>Aggravation of nonservice-connected disabilities</u>. Any increase in severity of a nonservice-connected disease or injury that is proximately due to or the result of a service-connected disease or injury, and not due to the natural progress of the nonservice-connected disease, will be service connected.

2. Restatement of requested opinion

a. Insert requested opinion from general remarks:

QUESTION 1 OF 4::PLEASE COMPLETE SECTION FOUR AND THE EVIDENCE REVIEW IN THE MEDICAL OPINION DBQ AND STATE WHETHER THE VETERAN'S BACK CONDITION, IF FOUND, WAS AT LEAST AS LIKELY AS NOT (50 PERCENT OR GREATER PROBABILITY) INCURRED IN OR CAUSED BY AN EVENT, ILLNESS, OR CONDITION DURING MILITARY SERVICE.

QUESTION 2 OF 4::PLEASE COMPLETE SECTION FOUR AND THE EVIDENCE REVIEW IN THE MEDICAL OPINION DBQ AND STATE WHETHER THE VETERAN'S LEFT SHOULDER CONDITION, IF FOUND, WAS AT LEAST AS LIKELY AS NOT (50 PERCENT OR GREATER PROBABILITY) INCURRED IN OR CAUSED BY AN EVENT, ILLNESS, OR CONDITION DURING MILITARY SERVICE.

QUESTION 3 OF 4::PLEASE COMPLETE SECTION FOUR AND THE EVIDENCE REVIEW IN THE MEDICAL OPINION DBQ AND STATE WHETHER THE VETERAN'S BILATERAL KNEE CONDITION, IF FOUND, WAS AT LEAST AS LIKELY AS NOT (50 PERCENT OR GREATER PROBABILITY) INCURRED IN OR CAUSED BY AN EVENT, ILLNESS, OR CONDITION DURING MILITARY SERVICE.

QUESTION 4 OF 4::PLEASE COMPLETE SECTION FOUR AND THE EVIDENCE REVIEW IN THE MEDICAL OPINION DBQ AND STATE WHETHER THE VETERAN'S SKIN CONDITIONS ON THE FEET, IF FOUND, WAS AT LEAST AS LIKELY AS NOT (50 PERCENT OR GREATER PROBABILITY) INCURRED IN OR CAUSED BY AN EVENT, ILLNESS, OR CONDITION DURING MILITARY SERVICE.

b. Indicate which, if any, DBQ forms were performed in conjunction with this medical opinion request (e.g. Scar, Knee and Lower Leg, Skin Diseases):

skin, knee, shoulder, back

3. Evidence review

Was the Veteran's VA claims file reviewed?[X] Yes [] NoIf yes, list any records that were reviewed but were not included in the Veteran's VA claims file:

If no, check all records reviewed:

- [] Military service treatment records
- [] Military service personnel records
- [] Military enlistment examination
- [] Military separation examination
- [] Military post-deployment questionnaire
- [] Department of Defense Form 214 Separation Documents
- [] Veterans Health Administration medical records (VA treatment records)
- [] Civilian medical records
- [] Interviews with collateral witnesses (family and others who have known the veteran before and after military service)
- [] No records were reviewed
- [] Other:

Complete only the sections below that you are asked to complete in the Medical Opinion DBQ request.

4. Medical opinion for direct service connection

Choose the statement that most closely approximates the etiology of the claimed condition.

a. [X] The claimed condition was at least as likely as not (50 percent or greater probability) incurred in or caused by the claimed inservice injury, event, or illness.

Provide rationale in section c.

b. [] The claimed condition was less likely than not (less than 50 percent probability) incurred in or caused by the claimed in-service injury, event, or illness.

Provide rationale in section c.

c. Rationale:

QUESTION 1 OF 4::PLEASE COMPLETE SECTION FOUR AND THE EVIDENCE REVIEW IN THE MEDICAL OPINION DBQ AND STATE WHETHER THE VETERAN'S BACK CONDITION, IF FOUND, WAS AT LEAST AS LIKELY AS NOT (50 PERCENT OR GREATER PROBABILITY) INCURRED IN OR CAUSED BY AN EVENT, ILLNESS, OR CONDITION DURING MILITARY SERVICE.

The veteran's back condition is at least as likely as not due to military service. The veteran gives no interval history of any other injuries. There are service treatment notes regarding back injury, back strain and treatment.

Medical record: 6/9/1993 screening note of acute medical care for injured back and diagnosis of unknown back problem and referral to PA; 6/9/1993 PA note for back pain and diagnosis of mechanical low back pain; 11/24/1992 screening note of acute medical care for back pain and diagnosis of possible strained lower back; 8/13/1993 screening note of acute medical care for back pain and diagnosis of possible strained muscle and referral to PA; 8/5/1993 screening note of acute medical care for back pain and diagnosis of possible strained muscle and referral to PA; 8/5/1993 screening note of acute medical care for back pain and diagnosis of possible strained muscle and referral to PA; 8/5/1993 PA note for back pain and diagnosis of mechanical low back pain.

QUESTION 2 OF 4::PLEASE COMPLETE SECTION FOUR AND THE EVIDENCE REVIEW IN THE MEDICAL OPINION DBQ AND STATE WHETHER THE VETERAN'S LEFT SHOULDER CONDITION, IF FOUND, WAS AT LEAST AS LIKELY AS NOT (50 PERCENT OR GREATER PROBABILITY) INCURRED IN OR CAUSED BY AN EVENT, ILLNESS, OR CONDITION DURING MILITARY SERVICE.

The veteran's left shoulder condition is at least as likely as not due to military service. The veteran gives no interval history of any other injuries. The service treatment records show left shoulder injury and questionable bankart lesion.

Medical record: DD214 shows a parachutist badge and infantryman badge; 6/22/1988 enlistment exam which notes pes planus; 2/27/1990 radiographic report of left shoulder which shows no evidence of dislocation at this time and questionable bankart lesion inferior glenoid and AC joint shows no abnormality; 2/27/1990 clinic note which notes complaint of left shoulder dislocation and note of injury playing football and was in a sling for 6 weeks and diagnosis of possible anterior shoulder dislocation; 3/21/1990 orthopedic clinic note with diagnosis of shoulder pain-stable.

QUESTION 3 OF 4:: PLEASE COMPLETE SECTION FOUR AND THE EVIDENCE REVIEW IN THE MEDICAL OPINION

DBQ AND STATE WHETHER THE VETERAN'S BILATERAL KNEE CONDITION, IF FOUND, WAS AT LEAST AS LIKELY AS NOT (50 PERCENT OR GREATER PROBABILITY) INCURRED IN OR CAUSED BY AN EVENT, ILLNESS, OR CONDITION DURING MILITARY SERVICE.

The veteran's bilateral knee condition is at least as likely as not due to military service. The veteran gives no interval history of any other injuries. There are service treatment records noting bilateral knee injury and knee pain.

Medical record: 9/11/1991 screening note of acute medical care for complaint of bilateral knee pain and note of bilateral knee injury after fall when playing basketball and diagnosis of strain and additional diagnosis of contused tibia; 10/8/1991 screening note of acute medical care for bilateral knee complaint and diagnosis of trauma produced tendonitis and referral to PA; 10/8/1991 PA note for bilateral knee pain and diagnosis of osgood-schlatter's disease.

QUESTION 4 OF 4::PLEASE COMPLETE SECTION FOUR AND THE EVIDENCE REVIEW IN THE MEDICAL OPINION DBQ AND STATE WHETHER THE VETERAN'S SKIN CONDITIONS ON THE FEET, IF FOUND, WAS AT LEAST AS LIKELY AS NOT (50 PERCENT OR GREATER PROBABILITY) INCURRED IN OR CAUSED BY AN EVENT, ILLNESS, OR CONDITION DURING MILITARY SERVICE.

The veteran currently has no active skin condition on the feet. The service treatment records do show that he had tinea pedis and lichen simplex chronicus (diagnosed by biopsy) on right foot during military service. However, given that he has no current active skin condition, this question cannot be answered further.

Medical record: 4/1/1992 screening note of acute medical care for fungal infection in right foot that he says started when deployed to Saudia Arabia and diagnosis is primary fungal infection and referral to PA and derm consult; 3/6/1992 screening note of acute medical care with diagnosis of tinea pedis; 4/21/1992 dermatology clinic note with diagnosis of questionable dermatitis and plan for punch biopsy; 5/1/1992 dermatology clinic note that gives diagnosis of LSC (lichen simplex chronicus) by biopsy; 4/15/1992 dermatology clinic note showing LSC much improved; 4/6/1992 dermatology consult note with diagnosis of foot dermatitis versus tinea

5. Medical opinion for secondary service connection

a. [] The claimed condition is at least as likely as not (50 percent or greater probability) proximately due to or the result of the Veteran's service connected condition.

Provide rationale in section c.

b. [] The claimed condition is less likely than not (less than 50 percent probability) proximately due to or the result of the Veteran's service connected condition.

Provide rationale in section c.

c. Rationale:

6. Medical opinion for aggravation of a condition that existed prior to service

a. [] The claimed condition, which clearly and unmistakably existed prior to service, was aggravated beyond its natural progression by an in-service injury, event, or illness.

Provide rationale in section c.

b. [] The claimed condition, which clearly and unmistakably existed prior to service, was clearly and unmistakable not aggravated beyond its natural progression by an in-service injury, event, or illness. **Provide rationale in section c.**

c. Rationale:

7. Medical opinion for aggravation of a nonservice connected condition by a service connected condition

a. Can you determine a baseline level of severity of (claimed condition/diagnosis) based upon medical evidence available prior to aggravation or the earliest medical evidence following aggravation by (service connected condition)?
[] Yes [] No

If "Yes" to question 7a, answer the following:

Describe the baseline level of severity of (claimed condition/diagnosis) based upon medical evidence available prior to aggravation or the earliest medical evidence following aggravation by (service connected condition):

Provide the date and nature of the medical evidence used to provide the baseline:

Is the current severity of the (claimed condition/diagnosis) greater than the baseline?

[] Yes [] No

If yes, was the Veteran's (claimed condition/diagnosis) at least as likely as not aggravated beyond its natural progression by (insert "service connected condition")?

[] Yes (provide rationale in section b.)

[] No (provide rationale in section b.)

If "No" to question 7a, answer the following:

i. Provide rationale as to why a baseline cannot be established (e.g. medical evidence is not sufficient to support a determination of baseline level of severity):

ii. Regardless of an established baseline, was the Veteran's (claimed condition/diagnosis) at least as likely as not aggravated beyond its natural progression by (insert "service connected condition")?

[] Yes (provide rationale in section b.)

[] No (provide rationale in section b.)

b. Provide rationale:

8. Opinion regarding conflicting medical evidence

I have reviewed the conflicting medical evidence and am providing the following opinion:

Remarks, if any:

VES Clinician signature:				
VES Clinician printed name:	XXXXXXXXX, M.D VES Clinician			
VES Clinician specialty:	Internal Medicine			
Date:	01/02/2014	Medical license #:	XXXXX	
VES Clinician address:	COLUMBUS, GA 31901			
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