Rating Digestive Conditions (Post Challenge)

**Answer Key**

**Table of Contents**

[Practical Exercise 2](#_Toc445292470)

Practical Exercise

**The instructor is to review the scenarios with the trainees and provide the answers to the associated questions.**

Directions: Read the following questions, provide answers, and prepare to discuss.

1. A Veteran is service connected for irritable bowel syndrome (IBS), evaluated as 10% disabling under DC 7319 for moderate disturbances of bowel function. We receive a valid claim for increase of the IBS, and a new claim for gastroesophageal reflux disease (GERD) as secondary to IBS. VA treatment records show current treatment for both conditions. Examination results confirm the presence of both IBS and GERD, and the examiner provides a positive association between the conditions. The Intestinal DBQ continues to show frequent episodes of bowel disturbance. The Esophageal Conditions DBQ shows persistently recurrent epigastric distress. The Veteran experiences dysphagia, pyrosis, and regurgitation. A review of the available medical evidence indicates the Veteran takes continuous medication for the condition, is unable to eat a wide variety of foods, and the condition prevents them from participating in certain physical activity on a regular basis.

How should this claim be evaluated?

Service connection for GERD should be established. As per 38 CFR 4.114, ratings under diagnostic codes 7301 to 7329, inclusive, 7331, 7342, and 7345 to 7348 inclusive will not be combined with each other. A single evaluation will be assigned under the diagnostic code which reflects the predominant disability picture, with elevation to the next higher evaluation where the severity of the overall disability warrants such elevation.

IBS, evaluated under DC 7319, continues to warrant a 10% evaluation. GERD, under DC 7346 would warrant a 30%, based on persistently recurrent epigastric distress with dysphagia, pyrosis, and regurgitation, accompanied by substernal or arm or shoulder pain, productive of considerable impairment of health.

The codesheet should reflect: gastroesophageal reflux disease with irritable bowel syndrome, 7319-7346, 30%.

1. A Veteran with qualifying Gulf War service submits a claim for an undiagnosed illness due to service in SW Asia. This claim describes stomach problems that include alternating diarrhea and constipation, with episodes of bloating. The Veteran states the condition has persisted since discharge from active duty two years ago. A Gulf War General Medical DBQ is returned with an accompanying Intestinal Conditions DBQ. The examiner has provided a diagnosis of irritable bowel syndrome.

Is service connection warranted? Yes

Explain the basis of your decision.

Although claimed as an undiagnosed illness, service connection may be established under 38 CFR 3.317 as a medically unexplained chronic multisymptom illnesses. IBS is considered a functional gastrointestinal disorder.

1. A Veteran submits a claim for hepatitis with private medical records attached. A review of the STRs show the Veteran was diagnosed and treated for Hepatitis A during service. The separation exam is silent for residuals of the hepatitis. The private treatment records submitted show lab testing confiming the presence of HAV. All other liver function tests are normal.

Is service connetion warranted? No

Explain the basis of your decision.

III.iv.4.I.2.a. Categories of Hepatitis Recognized for Rating Purposes notes: in order to award SC, there must be evidence of chronic residuals related to the hepatitis A infection.

Serological blood testing showing the presence of anti-HAV indicates a past acute infection. There is no evidence, supported by the claim or available medical evidence, of chronic residuals related to the hepatitis A infection.