

**Rating Reductions (RVSR IWT)  
Practical Exercise**

1. A Veteran was granted service connection for HIV effective December 28, 2009. The condition, though essentially asymptomatic, was granted a 30 percent evaluation based on a CD4 cell count of 198. A request for increase was received by the ROJ on January 18, 2016. Current examination results indicate that the Veteran takes prescription Atripla regularly; experiences only mild episodic nausea; and now has an increased CD4 cell count of 240. The claim is on your desk ready to rate on March 1, 2016. What action is appropriate?
  
2. A Veteran has been in receipt of individual unemployability benefits since June 19, 2010. He has since completed two annual employment questionnaires, certifying that he remains unengaged in work. The latest questionnaire, however, was issued to him on July 1, 2015 and, to date, has not been returned. Its absence has prompted the generation of a VETSNET work item. Review of an existing VA Form 27-0820 confirms that a VSR contacted the Veteran via telephone and encouraged him to return a signed VA Form 21-4140. Ten (10) days have elapsed since the execution of the phone call; no signed questionnaire has been received to date, and the claims file has been forwarded for your review and action. How should you proceed?
  
3. A Veteran has been service-connected for a lumbar strain, evaluated as 20-percent disabling, since July 17, 2013. The exam results on which the 20-percent evaluation was based showed limitation of lumbar flexion to a measure of 55 degrees. Also service-connected are the Veteran's obstructive sleep apnea (50%) and his migraine headaches (30%). He claims an increase in the evaluation of the lumbar strain on September 1, 2015. Current examination results dated September 26, 2015 show flexion of 80 degrees, with a combined range of motion of 225 degrees. There are no findings consistent with muscle spasm, guarding, or intervertebral disc syndrome, nor were additional medical records identified or acquired in support of the contention. How should this claim be handled?
  
4. An evaluation has been in effect more than 5 years. We receive a review exam which shows improvement. Veteran will be 55 years old in one year. What is the appropriate next action? Should we or shouldn't we schedule another examination in 18/24/30 months? Or should we just let the improvement go without action since the Veteran will be 55 by time we get another exam?
  
5. As an RVSR/DRO, you review VBMS evidence that includes an initial RFE that was requested prematurely (before the 3 years, or previously 5 years standard) and the examination shows improvement. Should a reduction still be adjudicated even though the RFE was requested too soon?