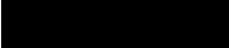




**DEPARTMENT OF VETERANS AFFAIRS
Veterans Benefits Administration
Regional Office**



VA File Number



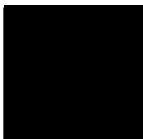
**Represented By:
GORDON A GRAHAM
Rating Decision
11/10/2022**

INTRODUCTION

The records reflect that you are a Veteran of the Gulf War Era, Peacetime and Vietnam Era. You served in the Army from May 25, 1972 to January 28, 1979 and the Air Force from December 20, 1990 to July 1, 1991 and from October 15, 2000 to March 3, 2001. You filed a new claim for benefits that was received on August 12, 2022. Based on a review of the evidence listed below, we have made the following decision(s) on your claim.

DECISION

1. Evaluation of hepatitis C with residuals to include advanced liver disease/F4 fibrosis, which is currently 0 percent disabling, is continued.
2. Service connection for cirrhosis is denied.
3. Service connection for diabetes mellitus type II is denied.
4. Service connection for gall bladder removal is denied.



EVIDENCE

- Available service treatment records, service personnel records, and DD-214s for all periods of active duty service, for the Army from May 25, 1972 to January 28, 1979 and for the Air Force from December 20, 1990 to July 1, 1991 and from October 15, 2000 to March 3, 2001
- Rating Decision, dated June 1, 2022
- VA Form 21-0966, Intent To File A Claim For Compensation and/or Pension, or Survivors Pension and/or DIC, received February 14, 2022
- VA Form 21-526 EZ: Application for Disability Compensation and Related Compensation Benefits, received August 12, 2022
- VA Form 20-0995, Decision Review Request - Supplemental Claims, received August 12, 2022
- Private Treatment Records from, Olathe Medical Center, received August 12, 2022
- Hepatitis, Cirrhosis, and Other Liver Conditions Disability Benefit Questionnaire, QTC Medical Services, dated September 1, 2022
- Gallbladder and Pancreas Conditions Disability Benefit Questionnaire, QTC Medical Services, dated September 1, 2022
- Diabetes Mellitus Disability Benefit Questionnaire, QTC Medical Services, received September 1, 2022
- Medical Opinion Disability Benefit Questionnaires, QTC Medical Services, September 1, 2022
- Kansas City VAMC (Veterans Affairs Medical Center) treatment records, for the period June 24, 1988 to November 8, 2022

REASONS FOR DECISION

1. Evaluation of hepatitis C with residuals to include advanced liver disease/F4 fibrosis currently evaluated as 0 percent disabling.

The evaluation of hepatitis C with residuals to include advanced liver disease/F4 fibrosis is continued as 0 percent disabling.

We have assigned a noncompensable evaluation for your hepatitis C with residuals to include advanced liver disease/F4 fibrosis based on:

- A diagnosed disability with no compensable symptoms (38 CFR 4.31)

A higher evaluation of 10 percent is not warranted for hepatitis C unless the evidence shows:

- Intermittent fatigue, malaise, and anorexia or incapacitating episodes (with symptoms such as fatigue, malaise, nausea, vomiting, anorexia, arthralgia, and right upper quadrant pain) having a total duration of at least one week, but less than two weeks, during the past 12-month period. (38 CFR 4.114)

2. Service connection for cirrhosis as secondary to the service-connected disability of hepatitis C with residuals to include advanced liver disease/F4 fibrosis.

Service connection may be granted for a disability which began in military service or was caused by some event or experience in service. (38 CFR 3.303)

Service connection may be granted for a disease or injury which resulted from a service-connected disability or was aggravated thereby. The evidence does not show a diagnosis of cirrhosis that is related to the service-connected condition of hepatitis C with residuals to include advanced liver disease/F4 fibrosis, nor is there any evidence of this disability during military service. (38 CFR 3.303, 38 CFR 3.304, 38 CFR 3.310) The evidence does not show a current diagnosed disability. (38 CFR 3.159, 38 CFR 3.303)

A direct grant of service connection requires: 1) medical evidence of a current disability, 2) evidence of the incurrence or aggravation of a disease or injury in active military service, and 3) medical evidence of a nexus (link) between the current disability and the in-service disease or injury. (38 CFR 3.303, 38 CFR 3.304)

The evidence does not show an event, disease or injury in service. (38 CFR 3.303, 38 CFR 3.304) Your service treatment records do not contain complaints, treatment, or diagnosis for this condition. The evidence does not show a current diagnosed disability. (38 CFR 3.159, 38 CFR 3.303)

Therefore, service connection for cirrhosis is denied since this condition neither occurred in nor was caused by service. (38 CFR 3.303, 38 CFR 3.304)

Favorable Findings identified in this decision:

The claimed primary disability is service-connected. You are service connected for hepatitis C with residuals to include advanced liver disease/F4 fibrosis.

3. Service connection for diabetes mellitus type II as secondary to the service-connected disability of hepatitis C with residuals to include advanced liver disease/F4 fibrosis.

Service connection may be granted for a disability which began in military service or was caused by some event or experience in service. (38 CFR 3.303)

Service connection may be granted for a disease or injury which resulted from a service-connected disability or was aggravated thereby. The evidence does not show that diabetes mellitus type II is related to the service-connected condition of hepatitis C with residuals to include advanced liver disease/F4 fibrosis, nor is there any evidence of this disability during military service. (38 CFR 3.303, 38 CFR 3.304, 38 CFR 3.310) We did not find a link between your medical condition and military service. (38 CFR 3.303)

The evidence does not show an event, disease or injury in service. (38 CFR 3.303, 38 CFR 3.304) Your service treatment records do not contain complaints, treatment, or diagnosis for this condition. We did not find a link between your medical condition and military service. (38 CFR 3.303)

Although the VA examination conducted on September 1, 2022, diagnosed diabetes mellitus type II, the examiner opined that your diabetes mellitus type II is less likely than not (less than 50 percent probability) proximately due to or caused by your service connected hepatitis C with residuals to include advanced liver disease/F4 fibrosis.

The examiner provided the rationale that: Review of the Veterans service records and treatment records reveal clinical notes that indicated the Veteran has a history of being treated for Hepatitis C in 2012. He is currently free of Hepatitis C. In ESR review, the Veteran also has a diagnosis of Diabetes Type II that he reports was diagnosed in 2020. According to NIH.Gov, risk factors for development of DM include obesity, age over 35, family history, not physically active. Of those risk factors the Veteran has a history of obesity and advanced age. Furthermore, an association of hepatitis C virus (HCV) with diabetes was found only in the presence of increased liver enzyme activities. The Veteran records indicate that his liver enzymes have not been elevated are all within normal range. Therefore, based on review of the Veteran's available ESR and current evaluation for the claimed condition of Diabetes Mellitus Type II, I opined that the Veteran's condition is a less like than not proximately due to or caused by his service connected condition.

Therefore, service connection for diabetes mellitus type II is denied since this condition neither occurred in nor was caused by service. (38 CFR 3.303, 38 CFR 3.304)

Favorable Findings identified in this decision:

The claimed primary disability is service-connected. You are service connected for hepatitis C with residuals to include advanced liver disease/F4 fibrosis.

You have been diagnosed with a disability. VA examination dated September 1, 2022, diagnosed diabetes mellitus type II.

4. Service connection for gall bladder removal as secondary to the service-connected disability of hepatitis C with residuals to include advanced liver disease/F4 fibrosis.

Service connection may be granted for a disability which began in military service or was caused by some event or experience in service. (38 CFR 3.303)

Service connection may be granted for a disease or injury which resulted from a service-connected disability or was aggravated thereby. The evidence does not show that gall bladder removal is related to the service-connected condition of hepatitis C with residuals to include advanced liver disease/F4 fibrosis, nor is there any evidence of this disability during military service. (38 CFR 3.303, 38 CFR 3.304, 38 CFR 3.310) We did not find a link between your medical condition and military service. (38 CFR 3.303)

A direct grant of service connection requires: 1) medical evidence of a current disability, 2) evidence of the incurrence or aggravation of a disease or injury in active military service, and 3) medical evidence of a nexus (link) between the current disability and the in-service disease or injury. (38 CFR 3.303, 38 CFR 3.304)

The evidence does not show an event, disease or injury in service. (38 CFR 3.303, 38 CFR 3.304) Your service treatment records do not contain complaints, treatment, or diagnosis for this condition. We did not find a link between your medical condition and military service. (38 CFR 3.303)

Although the VA examination conducted on September 1, 2022, diagnosed cholecystectomy (gallbladder removal), the examiner opined that your gall bladder removal is less likely than not (less than 50 percent probability) proximately due to or caused by your service connected hepatitis C with residuals to include advanced liver disease/F4 fibrosis.

The examiner provided the rationale that: The examiner provided the rationale that: Review of the Veterans service records and treatment records reveal clinical notes that indicated the Veteran has a history of being treated for Hepatitis C in 2012. He is current free of Hepatitis C receiving treatment with sustained virologic response (SVR) in 2017. The Veteran reports that he had his gallbladder removed in 2020, however there are no records to support in erythrocyte sedimentation rate (ESR). According to Hung Et Al 2011, The risk factors for cholelithiasis were obesity, hyperlipidemia, hepatitis B infection, hepatitis C infection, and cirrhosis in both genders, and menopause in females. However, the Veteran had his gall bladder removed 3 years after the resolution of his Hepatitis C. In that time the Veteran had normal liver function tests (LFTs), and no other complications noted from his Hepatitis C. The Veteran has other risk factors gall bladder disease such as obesity. Therefore, based on review of the Veteran's available ESR and current evaluation for the claimed condition of Gall Bladder Removal, I opined that the Veteran's condition is a less like than not proximately due to or caused by his service connected condition.

Therefore, service connection for gall bladder removal is denied since this condition neither occurred in nor was caused by service. (38 CFR 3.303, 38 CFR 3.304)

Favorable Findings identified in this decision:

The claimed primary disability is service-connected. You are service connected for hepatitis C with residuals to include advanced liver disease/F4 fibrosis.

You have been diagnosed with a disability. VA examination dated September 1, 2022, diagnosed cholecystectomy (gallbladder removal).

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.