



July 11, 2024

JAMAR D LITTLE
6529 S EBERHART AVE
APT 1
CHICAGO IL 60637-3205

We made a decision on your VA benefits.

Dear Jamar Little:

This letter will guide you through the information you should know and steps you may take now that VA has made a decision about your benefits.

Your Benefit Information:

- Service connection for left ankle sprain with tarsal tunnel (left ankle condition) is granted with an evaluation of 10 percent effective February 15, 2024.
- The previous denial of service connection for cervical degenerative arthritis with spinal stenosis (cervicalgia) is confirmed and continued.
- The previous denial of service connection for constipation (irritable bowel syndrome) is confirmed and continued.
- The previous denial of service connection for degenerative arthritis with spinal stenosis (back pain) is confirmed and continued.
- The previous denial of service connection for depression is confirmed and continued.
- The previous denial of service connection for dizziness is confirmed and continued.
- The previous denial of service connection for gastric ulcer (stomach ulcer) is confirmed and continued.
- The previous denial of service connection for gastro esophageal reflux disease (GERD) (throat condition) is confirmed and continued.
- The previous denial of service connection for migraine is confirmed and continued.
- The previous denial of service connection for obstructive sleep apnea is confirmed and continued.
- The previous denial of service connection for peripheral neuropathy, left lower extremity is confirmed and continued.
- The previous denial of service connection for right ankle tarsal

We have included with this letter:

1. Explanation of Payment
2. Additional Benefits
3. Where to Send Your Correspondence
4. VA Form 20-0998
5. Rating Decision
6. Fraud Prevention Attachment

Contact information:

Web: www.vets.gov
Phone: 1-800-827-1000
TDD: 711
To send questions online: visit
<https://iris.custhelp.com/>

Social Media:

Twitter: @VAVetBenefits
Facebook: www.facebook.com/VeteransBenefits

How to obtain representation:

We have no record of you appointing an accredited representative. Accredited representatives are trained to help you understand and apply for VA benefits. For more information about how an accredited representative can help you, please visit:
<https://www.vets.gov/disability-benefits/apply-for-benefits/help/>

If you or someone you know is in crisis, call the *Veterans Crisis Line* by dialing 988 and then pressing 1.



- tunnel (right ankle condition) is confirmed and continued.
- The previous denial of service connection for right knee strain (right anterior knee pain) is confirmed and continued.
 - The previous denial of service connection for right lower extremity sciatic nerve radiculopathy (peripheral neuropathy, right lower extremity) is confirmed and continued.
 - The previous denial of service connection for right shoulder pain is confirmed and continued.
 - The previous denial of service connection for scars on cheeks, neck ,and chin is confirmed and continued.
 - The previous denial of service connection for sinusitis is confirmed and continued.
 - The previous denial of service connection for skin condition is confirmed and continued.
 - The previous denial of service connection for supraventricular arrhythmia with syncope (chest pain with heart murmur with heart attack) is confirmed and continued.
 - The previous denial of service connection for tibia and fibula condition, right leg is confirmed and continued.
 - The previous denial of service connection for toe scarring is confirmed and continued.
 - The previous denial of service connection for dry eye syndrome (eye 2nd to heart murmur) as secondary to supraventricular arrhythmia with syncope (chest pain with heart murmur with heart attack) is confirmed and continued.
 - The previous denial of service connection for left upper, middle and lower radicular group radiculopathy (arm paresthesia) as secondary to cervical degenerative arthritis with spinal stenosis (cervicalgia) is confirmed and continued.
 - The previous denial of service connection for right upper, middle and lower radicular group radiculopathy (arm paresthesia) as secondary to cervical degenerative arthritis with spinal stenosis (cervicalgia) is confirmed and continued.

Your combined rating evaluation is:

Combined Rating Evaluation	Effective Date
0%	Jan 5, 2023
10%	Jul 3, 2023
30%	Jan 16, 2024
40%	Feb 15, 2024

How VA Combines Percentages

If you have more than one condition, VA will combine percentages to determine your overall disability rating. The percentages assigned for each of your conditions may not always add up to your combined rating evaluation. The following website has additional information about how VA combines percentages: <http://www.benefits.va.gov/compensation/rates-index.asp#howcalc>.

As a Veteran with a service-connected disability, you may be eligible for up to \$40,000 in VA life insurance benefits. Veterans Affairs Life Insurance (VAlife) is guaranteed acceptance whole



life insurance available to all service-connected, disabled veterans with no time limit to apply as long as you are age 80 or under. Veterans age 81 and over are still eligible in certain circumstances. Visit the VALife Insurance website, <https://www.va.gov/life-insurance/options-eligibility/valife/>, for further information.

You may be eligible for cost free hospital care and medical services under a new law passed by Congress. To be eligible, you must have served at Camp Lejeune for at least 30 days and be diagnosed with any of the illnesses or conditions listed below. For additional information, contact your local VA health care facility.

Esophageal Cancer, Breast Cancer, Kidney Cancer, Multiple Myeloma, Renal Toxicity, Female Infertility, Scleroderma, Non-Hodgkin's Lymphoma, Lung Cancer, Bladder Cancer, Leukemia, Myelodysplastic Syndromes, Hepatic Steatosis, Miscarriage, And Neurobehavioral Effects. (38 CFR §17.400 Hospital care and medical services for Camp Lejeune family members)

Your monthly entitlement amount is shown below:

Monthly Entitlement Amount	Payment Start Date	Reason
\$810.28	Mar 1, 2024	Compensation Rating Adjustment
\$755.28	Feb 17, 2026	Minor Child Adjustment

We are currently paying you as a Veteran with one dependent. *Let us know right away if there is any change in the status of your dependents.*

If payments are due, you should receive your first payment, if not already in receipt of payments, within 7-10 days of this notice.

See **Explanation of Payment** for more details about your payment.

Your payment will be directed to the financial institution and account number that you specified. To confirm when your payment was deposited, please contact your financial institution.

If this account is no longer open,

please notify us immediately.

What You Should Do If You Disagree With Our Decision

If you do not agree with our decision, you have one year from the date of this letter to select a



review option in order to protect your initial filing date for effective date purposes. You must file your request on the required application form for the review option desired. The table below represents the review options and their respective required application form.

Review Option	Required Application Form
Supplemental Claim	VA Form 20-0995, <i>Decision Review Request: Supplemental Claim</i>
Higher-Level Review	VA Form 20-0996, <i>Decision Review Request: Higher-Level Review</i>
Appeal to the Board of Veterans' Appeals	VA Form 10182, <i>Decision Review Request: Board Appeal (Notice of Disagreement)</i>

Please note: You may not request a higher-level review of a higher-level review decision issued by VA.

The enclosed VA Form 20-0998, *Your Right To Seek Review Of Our Decision*, explains your options in greater detail and provides instructions on how to request further review. You may download a copy of any of the required application forms noted above by visiting www.va.gov/vaforms/ or you may contact us by telephone at 1-800-827-1000 and we will mail you any form you need.

You can visit www.va.gov/decision-reviews to learn more about how the disagreement process works.

Important: If you have a service-connected condition which you feel has worsened and is no longer accurately reflected by the level of disability assigned, please use VA Form 21-526EZ, *Application for Disability Compensation and Related Compensation Benefits* to request an increased evaluation. However, if you disagree with a decision made within the last year, please refer to the enclosed VA Form 20-0998, *Your Right To Seek Review Of Our Decision*. If you would like us to review a claim that was denied more than one year ago, and you have new and relevant evidence for us to consider, please use VA Form 20-0995, *Decision Review Request: Supplemental Claim*.

If you would like to obtain or access evidence used in making this decision, please contact us by telephone, email, or letter as noted below letting us know what you would like to obtain. Some evidence may be obtained online by visiting www.va.gov.

Thank you for your service,

Regional Office Director



File Number: 360782144
LITTLE, JAMAR D



Explanation of Payment

Your monthly entitlement amount includes payment for the following dependent(s):

Payment Start Date	Award Dependent(s)
Mar 1, 2024	Jacoree
Feb 17, 2026	None

Let us know right away if there is any change in the status of your dependent(s).

Your combined evaluation is 30 percent or more disabling; therefore, you may be eligible for additional benefits based on dependency. We may be able to pay you retroactive benefits for your dependents if you submit your dependency claim within a year from the date of this letter. If you wish to notify us of your dependents, please do so through eBenefits, an electronic resource in a self-service environment. Use of these resources often helps us serve you faster! Just visit www.eBenefits.va.gov to enroll and submit your dependency information. If you would prefer to submit your request to add your dependents to your award in paper, please complete, sign, and return VA Form 21-686c, *Application Request to Add and/or Remove Dependents*. You can locate the appropriate form(s), please the visit the following website: www.va.gov/vaforms.

Please Take Action: What Things Affect Your Right to Payment?

Please notify VA **immediately** if there is a change in any condition affecting your right to continued payments. If you don't notify us of these changes immediately, you may have to return any overpayments. Those changes include:

Evidence received shows a change is warranted.
Military Pay or Worker's Compensation: Your payments may be affected by the following, which you must bring to our attention: <ul style="list-style-type: none">• Reentrance into active military or naval service.• Receipt of armed forces service retirement pay, unless your retirement pay has already been reduced because of award of disability compensation.• Receipt of benefits from the Office of Federal Employees Compensation.• Receipt of active duty or drill pay as a reservist or member of the National Guard.
Dependents: If you have a disability rating of 30 percent or more, you must advise VA of any change with your spouse or children.
Hospitalization: If your award includes Aid and Attendance benefits, we may reduce this additional allowance if you are admitted to a hospital, nursing home, or domiciliary care at VA expense.



Evidence received shows a change is warranted.
Incarceration: Benefits will be reduced if you are incarcerated in a federal, state, or local penal institution for more than 60 days for conviction of a felony.
Lack of Cooperation: We may stop monthly payments if you: <ul style="list-style-type: none">• fail to submit evidence we requested,• fail to attend a VA examination when requested, or• Submit false or fraudulent evidence to VA, or cause false or fraudulent evidence to be submitted to VA.
Fraud/Lying to Government: The law provides severe penalties, which include fines, imprisonment, or both, for the fraudulent acceptance of any payment to which you are not entitled. We may verify information you submit through computer-matching programs with other agencies.

Additional Benefits

Education, Training, and Employment: <ul style="list-style-type: none">• <u>Education, training, and employment:</u> For more information, please call 1-800-827-1000 or visit www.va.gov/vre.
Medical Care and Treatment: <ul style="list-style-type: none">• <u>Mental Health Counseling:</u> For more information, please visit www.myhealth.va.gov/mhv-portal-web/.• <u>Blind Rehabilitation:</u> For more information, please visit www.va.gov/blindrehab/.• <u>Change in Compensation Benefits:</u> For more information, please call 1-877-222-VETS or visit www.va.gov/healtheligibility.• <u>Clothing Allowance:</u> For more information, please call 1-800-827-1000 or visit www.vets.gov/disability-benefits/conditions/special-claims/clothing/.• <u>VA Medical Care:</u> Present a copy of this notification letter to the Patient Registration/Eligibility Section at your nearest VA Medical Center www.vets.gov/facility-locator/.• <u>Dental Benefits:</u> For more information, please contact your nearest VA Medical Center or outpatient clinic www.vets.gov/facility-locator/.
Home Adaptations/Loans, Automobile Benefits, and Life Insurance: <ul style="list-style-type: none">• <u>Loans:</u> For more information, please visit www.benefits.va.gov/homeloans/.



- **Funding Fee Refund:** If you paid a funding fee at the closing of a VA guaranteed home loan and your VA compensation award provides an effective rating date that was prior to your loan closing date, then you may be eligible for a funding fee refund. Please contact either your current mortgage servicer or a VA Regional Loan Center at (877) 827-3702 to begin the refund process.
- **Government life insurance:** As a Veteran with a service-connected disability, you may be eligible for up to \$40,000 in VA life insurance benefits. Veterans Affairs Life Insurance (VALife) is guaranteed acceptance whole life insurance available to all service-connected, disabled veterans with no time limit to apply as long as you are age 80 or under. Veterans age 81 and over are still eligible in certain circumstances. For more information on VALife, please visit <https://www.va.gov/life-insurance/options-eligibility/valife/>.

Armed Forces Commissary and Exchange:

- You may be entitled to Armed Forces Commissary and Exchange privileges. Honorably discharged Veterans with a service-connected disability; Former Prisoners of War; Purple Heart or Medal of Honor recipients; military retirees; members of the reserves; and their dependents may qualify for entitlement to this additional benefit. For more information, please visit va.gov/resources/commissary-and-exchange-privileges-for-veterans.

Payment for Travel:

- **Payment for Travel:** You may be eligible for reimbursement for beneficial travel mileage for previous VA medical appointments because of your newly granted service-connected conditions. You must make a request for such reimbursement **within 30 days of this letter** by contacting the Enrollment office at your Medical Center and providing a copy of this letter.

State Benefits:

- **State Benefits:** For more information, please visit www.va.gov/statedva.htm.

Veterans Signals (VSignals), a VA Customer Experience Survey

VA is conducting short surveys to gather feedback regarding the new decision review process. VA will randomly select survey participants from individuals who filed a request for a decision review. The survey will be sent via email and should take less than three minutes to complete. If selected, you will receive a survey within 10 days of the date on your notification letter. To be considered for VA surveys, please review your va.gov profile and ensure we have your current email address. The survey may not route to your inbox, so please check your junk folder.



Where to Send Your Correspondence

Documents may be submitted by mail, in person at a VA regional office or electronically. However, VA recommends submitting correspondence electronically as this is the fastest method of receipt.

VA provides several tools to assist in electronic submission. To learn more about how to submit documents and claims electronically, visit www.va.gov/disability/upload-supporting-evidence. You can also go directly to access.va.gov to digitally upload any correspondence using QuickSubmit.

By visiting www.va.gov you can also check your claim status and learn about other VA benefits.

If you need assistance, you can find a local, accredited representative at <https://www.benefits.va.gov/vso/>

If you prefer to mail your correspondence, please use the related mailing address below:




Compensation Benefits Department of Veterans Affairs Compensation Intake Center P.O. Box 4444 Janesville, WI 53547 Toll Free Phone: 1-800-827-1000 Toll Free Fax: (844) 531-7818	Pension & Survivors Benefits Department of Veterans Affairs Pension Intake Center P.O. Box 5365 Janesville, WI 53547 Toll Free Phone: 1-800-827-1000 Toll Free Fax: (844) 655-1604
Board of Veterans' Appeals Department of Veterans Affairs Board of Veterans' Appeals P.O. Box 27063 Washington, DC 20038 Toll Free Fax: (844) 678-8979	Fiduciary Department of Veterans Affairs Fiduciary Intake Center P.O. Box 5211 Janesville, WI 53547 Toll Free Phone: 1-800-827-1000 Toll Free Fax: (888) 581-6826

These addresses serve **all United States and foreign locations.**

Veterans Crisis Line: Dial 988 then Press 1	You can also send a text message to 838255 to receive confidential support 24 hours a day, 7 days a week, 365 days a year. For more information, visit www.veteranscrisisline.net
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YOUR RIGHT TO SEEK REVIEW OF OUR DECISION

This document outlines your right to seek review of our decision on any issue with which you disagree. You may generally select one of three different review options for each issue decided by VA. However, you may not request review of the same issue using more than one option at the same time. Below is information on the three different review options.

	Supplemental Claim	Higher-Level Review	Board Appeal
What Is This?	A reviewer will determine whether new and relevant evidence changes the prior decision.	An experienced claims adjudicator will review your decision using the same evidence VA considered in the prior decision.	A Veterans Law Judge at the Board of Veterans' Appeals (Board) will review your decision.
By Selecting This Option	<p>You are adding or identifying new and relevant evidence to support your claim that we did not previously consider.</p> <p>VA will assist you in gathering new and relevant evidence that you identify to support your claim.</p>	<p>You have no additional evidence to submit to support your claim, but you believe there was an error in the prior decision.</p> <p>You can request an optional, one-time, informal conference with a Higher-Level Reviewer to identify specific errors in the case, although requesting this conference may delay the review.</p>	<p>You must choose a docket:</p> <p>Direct Review - You do not want to submit evidence or have a hearing.</p> <p>Evidence Submission - You choose to submit additional evidence without a hearing.</p> <p>Hearing - You choose to have a hearing with a Veterans Law Judge.</p>
Goal To Complete	125 days on average	125 days on average	365 days on average for Direct Review (longer for the other options)
Form To File*	VA Form 20-0995, <i>Decision Review Request: Supplemental Claim</i>	VA Form 20-0996, <i>Decision Review Request: Higher-Level Review</i>	VA Form 10182, <i>Decision Review Request: Board Appeal (Notice of Disagreement)</i>
Scan QR Code to Access Form			
Further Options After This Decision Review	You may request another Supplemental Claim, a Higher-Level Review, or a Board Appeal.	You may request a Supplemental Claim or a Board Appeal.	You may request a Supplemental Claim or appeal to the U.S. Court of Appeals for Veterans Claims.



For most VA benefits, **you have 1 year from the date on your decision notice to request a decision review to ensure the earliest possible effective date.** Consult your decision notice for specific limitations.

* All forms listed are available at www.va.gov/find-forms/ or use your mobile device camera to scan the QR code to take you directly to the form you select.

If you do not submit a decision review request within the required time, you may only seek review through the following:

- A request to revise the decision based on a clear and unmistakable error, or
- A Supplemental Claim. If you file a Supplemental Claim after the **1-year** time limit, the effective date for any resulting award of benefits generally will be tied to the date VA receives the Supplemental Claim.

While most decision review options are available to you, there are limitations based on the type of decision you received.

- If you are a party to a **contested claim** - such as claims for apportionment, attorney fee disagreement, or multiple parties filing for survivor's benefits - your *only* option for disagreeing with your decision is to file a Board Appeal within **60 days** of the date on your decision notice.
- If you are seeking review of an **insurance decision** you have an *additional* option to challenge VA's decision by filing a complaint with a United States district court in the jurisdiction in which you reside within 6 years from when the right of action first accrues. Consult your decision notice for details on what options are available and where to send the request.

Get Help with Your Review Request:

For more information on all the available review options, contact us at 1-800-827-1000 or visit www.va.gov/decision-reviews/. If you need help filing a decision review, you may want to work with an accredited attorney, claims agent, or a Veterans Service Organization (VSO) representative. Additional information about working with an accredited attorney, claims agent, or VSO representative is available at www.va.gov/decision-reviews/get-help-with-review-request/. You can find a searchable database of VA-recognized representatives at www.va.gov/ogc/apps/accreditation.

Scan the QR Code to Open the Appropriate Decision Review Website Page



**Supplemental
Claim**



**Higher-Level
Review**



**Board
Appeal**



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

JAMAR LITTLE

**VA File Number
360 78 2144**

**Rating Decision
07/09/2024**

INTRODUCTION

The records reflect that you are a Veteran of the Gulf War Era. You served in the Navy from June 23, 2006 to December 1, 2006. We received your supplemental claim on February 25, 2024. Based on a review of the evidence listed below, we have made the following decision(s) on your claim.

DECISION

1. Service connection for left ankle sprain with tarsal tunnel (left ankle condition) is granted with an evaluation of 10 percent effective February 15, 2024.
2. The previous denial of service connection for cervical degenerative arthritis with spinal stenosis (cervicalgia) is confirmed and continued.
3. The previous denial of service connection for constipation (irritable bowel syndrome) is confirmed and continued.
4. The previous denial of service connection for degenerative arthritis with spinal stenosis (back pain) is confirmed and continued.



5. The previous denial of service connection for depression is confirmed and continued.
6. The previous denial of service connection for dizziness is confirmed and continued.
7. The previous denial of service connection for gastric ulcer (stomach ulcer) is confirmed and continued.
8. The previous denial of service connection for gastro esophageal reflux disease (GERD) (throat condition) is confirmed and continued.
9. The previous denial of service connection for migraine is confirmed and continued.
10. The previous denial of service connection for obstructive sleep apnea is confirmed and continued.
11. The previous denial of service connection for peripheral neuropathy, left lower extremity is confirmed and continued.
12. The previous denial of service connection for right ankle tarsal tunnel (right ankle condition) is confirmed and continued.
13. The previous denial of service connection for right knee strain (right anterior knee pain) is confirmed and continued.
14. The previous denial of service connection for right lower extremity sciatic nerve radiculopathy (peripheral neuropathy, right lower extremity) is confirmed and continued.
15. The previous denial of service connection for right shoulder pain is confirmed and continued.
16. The previous denial of service connection for scars on cheeks, neck ,and chin is confirmed and continued.
17. The previous denial of service connection for sinusitis is confirmed and continued.
18. The previous denial of service connection for skin condition is confirmed and continued.
19. The previous denial of service connection for supraventricular arrhythmia with syncope (chest pain with heart murmur with heart attack) is confirmed and continued.
20. The previous denial of service connection for tibia and fibula condition, right leg is confirmed and continued.
21. The previous denial of service connection for toe scarring is confirmed and continued.



22. The previous denial of service connection for dry eye syndrome (eye 2nd to heart murmur) as secondary to supraventricular arrhythmia with syncope (chest pain with heart murmur with heart attack) is confirmed and continued.

23. The previous denial of service connection for left upper, middle and lower radicular group radiculopathy (arm paresthesia) as secondary to cervical degenerative arthritis with spinal stenosis (cervicalgia) is confirmed and continued.

24. The previous denial of service connection for right upper, middle and lower radicular group radiculopathy (arm paresthesia) as secondary to cervical degenerative arthritis with spinal stenosis (cervicalgia) is confirmed and continued.

EVIDENCE

- Service Treatment Records, received February 26, 2004, for the period June 23, 2006 to December 1, 2006
- Rating Decision, conducted February 5, 2015
- Rating Decision, conducted May 21, 2019
- Rating Decision, conducted April 29, 2020
- Rating Decision, conducted July 27, 2023
- Rating Decision, conducted January 18, 2024
- VA Form 20-0995, Decision Review Request - Supplemental Claims, received February 25, 2024
- VA Form 21-4138s (12), Statement in Support of Claim, received February 26, 2024
- Private Treatment Records, Northwestern Memorial Healthcare, received February 26, 2024, for the period May 22, 2019 to June 24, 2019
- Disability Benefit Questionnaire - Ear Condition, QTC Exam Services Inc., conducted March 13, 2024
- Disability Benefit Questionnaire - Esophageal, QTC Exam Services Inc., conducted March 13, 2024
- Disability Benefit Questionnaire - Sleep Apnea, QTC Exam Services Inc., conducted March 13, 2024
- Disability Benefit Questionnaire - Heart, QTC Exam Services Inc., conducted March 13, 2024
- Disability Benefit Questionnaire - Stomach, QTC Exam Services Inc., conducted March 13, 2024
- Disability Benefit Questionnaire - Intestinal, QTC Exam Services Inc., conducted March 13, 2024
- Disability Benefit Questionnaire - Headaches, QTC Exam Services Inc., conducted March 13, 2024
- Disability Benefit Questionnaire - Peripheral Nerves, QTC Exam Services Inc., conducted March 13, 2024
- Disability Benefit Questionnaire - Neck, QTC Exam Services Inc., conducted March 13, 2024
- Disability Benefit Questionnaire - Back, QTC Exam Services Inc., conducted March 13, 2024
- Disability Benefit Questionnaire - Knee, QTC Exam Services Inc., conducted March 13, 2024



2024

- Disability Benefit Questionnaire - Ankle, QTC Exam Services Inc., conducted March 13, 2024
- Disability Benefit Questionnaire - Foot, QTC Exam Services Inc., conducted March 13, 2024
- Disability Benefit Questionnaire - Eye, QTC Exam Services Inc., conducted March 20, 2024
- Disability Benefit Questionnaire - Mental, Logistics Health Inc., conducted April 10, 2024
- Disability Benefit Questionnaire - Audio, Logistics Health Inc., conducted April 1, 2024
- Rating Decision, conducted April 29, 2024

REASONS FOR DECISION

1. Service connection for left ankle sprain with tarsal tunnel (left ankle condition).

Service connection for left ankle sprain with tarsal tunnel (left ankle condition) has been established as directly related to military service. (38 CFR 3.303, 38 CFR 3.304)

The effective date of this grant is February 15, 2024. Service connection has been established from the day VA received your intent to file (ITF) a claim for compensation. When a claim of service connection is received more than one year after discharge from active duty, the effective date is the date VA receives the intent to file when a prescribed form is received within a year of the ITF. (38 CFR 3.155, 38 CFR 3.400)

A claimant may continuously pursue a claim by timely and properly filing a supplemental claim. "Timely" means the supplemental claim is submitted within one year of the VA decision. "Properly" means VA form 20-0995, Decision Review Request: Supplemental Claim, is completed and submitted along with new and relevant evidence. (38 CFR 3.2500, 38 CFR 3.2501)

If the claim is not continuously pursued and benefits are granted, the effective date will be the date entitlement arose, but will not be earlier than the date of receipt of the supplemental claim currently under review. (except as otherwise provided by other regulations including 38 CFR 3.400)

An evaluation of 10 percent is assigned from February 15, 2024.

We have assigned a 10 percent evaluation for your left ankle condition based on:

- Moderate limitation of motion of the ankle based on dorsiflexion less than 15 degrees
- Painful motion of the ankle (38 CFR §4.59 allows consideration of functional loss due to painful motion to be rated to at least the minimum compensable rating for a particular joint. Since you demonstrate painful motion of the ankle, the minimum compensable evaluation of 10 percent is assigned.)

The provisions of 38 CFR §4.40 and §4.45 concerning functional loss due to pain, fatigue, weakness, or lack of endurance, incoordination, and flare-ups, as cited in *DeLuca v. Brown* and *Mitchell v. Shinseki*, have been considered and were applied based on additional joint limitation.



A higher evaluation of 20 percent is not warranted for limitation of motion of the ankle unless the evidence shows:

- Marked limitation of motion of the ankle based on dorsiflexion less than 5 degrees or plantar flexion less than 10 degrees. (38 CFR 4.71a)

2. Service connection for cervical degenerative arthritis with spinal stenosis (cervicalgia).

A claimant may file a supplemental claim by submitting or identifying new and relevant evidence. New evidence is evidence not previously part of the actual record before agency adjudicators. Relevant evidence means evidence that tends to prove or disprove a matter at issue in a claim. (38 CFR 3.2501) In support of your claim, new and relevant evidence has been received and your claim is now reconsidered.

In Rating Decision dated April 29, 2020 it stated that “service treatment records are silent for complaints or a diagnosis of cervicalgia. The evidence does not show an event, disease or injury in service. 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, 38 CFR 3.304)”

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)

Your service treatment records do not contain complaints, treatment, or diagnosis for this condition.

The evidence does not show an event, disease or injury in service. (38 CFR 3.303, 38 CFR 3.304)

We considered whether your condition resulted from a toxic exposure risk activity (TERA) in service; however, the evidence does not show that you participated in a TERA. (38 U.S.C. 1168, 38 U.S.C. 1710(e)(4))

Service connection for cervical degenerative arthritis with spinal stenosis (cervicalgia) is denied since this condition neither occurred in nor was caused by service. (38 CFR 3.303, 38 CFR 3.304)

The evidence does not support a change in our prior decision. Therefore, we are confirming the previous denial of this claim.

Favorable Findings identified in this decision:

You have been diagnosed with a disability. VA Exam dated March 13, 2024 show diagnosis of cervical degenerative arthritis with spinal stenosis.



3. Service connection for constipation (irritable bowel syndrome).

A claimant may file a supplemental claim by submitting or identifying new and relevant evidence. New evidence is evidence not previously part of the actual record before agency adjudicators. Relevant evidence means evidence that tends to prove or disprove a matter at issue in a claim. (38 CFR 3.2501) In support of your claim, new and relevant evidence has been received and your claim is now reconsidered.

In Rating Decision dated July 27, 2023 it stated that “your service treatment records do not contain complaints, treatment, or diagnosis for this condition. We did not find a link between a current medical condition and military service. The evidence does not show an event, disease or injury during a qualifying period of active duty. (38 CFR 3.303, 38 CFR 3.304, 38 CFR 3.6).”

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)

Your service treatment records do not contain complaints, treatment, or diagnosis for this condition.

The evidence does not show an event, disease or injury in service. (38 CFR 3.303, 38 CFR 3.304)

We considered whether your condition resulted from a toxic exposure risk activity (TERA) in service; however, the evidence does not show that you participated in a TERA. (38 U.S.C. 1168, 38 U.S.C. 1710(e)(4))

Service connection for constipation (irritable bowel syndrome) is denied since this condition neither occurred in nor was caused by service. (38 CFR 3.303, 38 CFR 3.304)

The evidence does not support a change in our prior decision. Therefore, we are confirming the previous denial of this claim.

Favorable Findings identified in this decision:

You have been diagnosed with a disability. VA Exam dated March 13, 2024 show diagnosis of constipation.

4. Service connection for degenerative arthritis with spinal stenosis (back pain).

A claimant may file a supplemental claim by submitting or identifying new and relevant evidence. New evidence is evidence not previously part of the actual record before agency adjudicators. Relevant evidence means evidence that tends to prove or disprove a matter at issue



in a claim. (38 CFR 3.2501) In support of your claim, new and relevant evidence has been received and your claim is now reconsidered.

In Rating Decision dated April 29, 2020 it stated that “service connection may be granted for a disability which began in military service or was caused by some event or experience in service. Service connection for back pain is denied because the medical evidence of record fails to show that this disability has been clinically diagnosed. (38 CFR 3.303) The evidence does not show a current diagnosed disability. Although private treatment records submitted show complaints of pain in lower back, the only diagnosis provided in the records was "pain in back" which is not considered a definitive diagnosis for VA purposes.”

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)

Your service treatment records do not contain complaints, treatment, or diagnosis for this condition.

The evidence does not show an event, disease or injury in service. (38 CFR 3.303, 38 CFR 3.304)

We considered whether your condition resulted from a toxic exposure risk activity (TERA) in service; however, the evidence does not show that you participated in a TERA. (38 U.S.C. 1168, 38 U.S.C. 1710(e)(4))

Service connection for degenerative arthritis with spinal stenosis (back pain) is denied since this condition neither occurred in nor was caused by service. (38 CFR 3.303, 38 CFR 3.304)

The evidence does not support a change in our prior decision. Therefore, we are confirming the previous denial of this claim.

Favorable Findings identified in this decision:

You have been diagnosed with a disability. VA Exam dated March 13, 2024 show diagnosis of degenerative arthritis with spinal stenosis.

5. Service connection for depression.

A claimant may file a supplemental claim by submitting or identifying new and relevant evidence. New evidence is evidence not previously part of the actual record before agency adjudicators. Relevant evidence means evidence that tends to prove or disprove a matter at issue in a claim. (38 CFR 3.2501) In support of your claim, new and relevant evidence has been received and your claim is now reconsidered.



In Rating Decision dated April 29, 2020 it stated that “service connection may be granted for a disability which began in military service or was caused by some event or experience in service. Service connection for depression is denied because the medical evidence of record fails to show that this disability has been clinically diagnosed. (38 CFR 3.303) The evidence does not show a current diagnosed disability.”

Service connection may be granted for a disability which began in military service or was caused by some event or experience in service. Service connection for depression is denied because the medical evidence of record fails to show that this disability has been clinically diagnosed. (38 CFR 3.303, 38 CFR 3.304)

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)

Your service treatment records do not contain complaints, treatment, or diagnosis for this condition.

The evidence does not show an event, disease or injury in service. (38 CFR 3.303, 38 CFR 3.304)

The VA medical opinion found no persistent disability.

We considered whether your condition resulted from a toxic exposure risk activity (TERA) in service; however, the evidence does not show that you participated in a TERA. (38 U.S.C. 1168, 38 U.S.C. 1710(e)(4))

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

The evidence does not support a change in our prior decision. Therefore, we are confirming the previous denial of this claim.

6. Service connection for dizziness.

A claimant may file a supplemental claim by submitting or identifying new and relevant evidence. New evidence is evidence not previously part of the actual record before agency adjudicators. Relevant evidence means evidence that tends to prove or disprove a matter at issue in a claim. (38 CFR 3.2501) In support of your claim, new and relevant evidence has been received and your claim is now reconsidered.



In Rating Decision dated April 29, 2020 it stated that “service treatment records are silent for complaints of dizziness during military service. The evidence does not show an event, disease or injury in service. 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, 38 CFR 3.304)”

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)

Your service treatment records do not contain complaints, treatment, or diagnosis for this condition.

The evidence does not show an event, disease or injury in service. (38 CFR 3.303, 38 CFR 3.304)

We considered whether your condition resulted from a toxic exposure risk activity (TERA) in service; however, the evidence does not show that you participated in a TERA. (38 U.S.C. 1168, 38 U.S.C. 1710(e)(4))

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

The evidence does not support a change in our prior decision. Therefore, we are confirming the previous denial of this claim.

7. Service connection for gastric ulcer (stomach ulcer).

A claimant may file a supplemental claim by submitting or identifying new and relevant evidence. New evidence is evidence not previously part of the actual record before agency adjudicators. Relevant evidence means evidence that tends to prove or disprove a matter at issue in a claim. (38 CFR 3.2501) In support of your claim, new and relevant evidence has been received and your claim is now reconsidered.

In Rating Decision dated February 5, 2015 it stated that “your service treatment records do not contain complaints, treatment, or diagnosis for this condition. Also, the evidence does not show a current diagnosed disability. Service connection for stomach ulcer is denied since this condition neither occurred in nor was caused by service.”

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)



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Your service treatment records do not contain complaints, treatment, or diagnosis for this condition.

The evidence does not show an event, disease or injury in service. (38 CFR 3.303, 38 CFR 3.304)

We considered whether your condition resulted from a toxic exposure risk activity (TERA) in service; however, the evidence does not show that you participated in a TERA. (38 U.S.C. 1168, 38 U.S.C. 1710(e)(4))

Service connection for gastric ulcer (stomach ulcer) is denied since this condition neither occurred in nor was caused by service. (38 CFR 3.303, 38 CFR 3.304)

The evidence does not support a change in our prior decision. Therefore, we are confirming the previous denial of this claim.

Favorable Findings identified in this decision:

You have been diagnosed with a disability. VA Exam dated March 13, 2024 show diagnosis of gastric ulcer.

8. Service connection for gastro esophageal reflux disease (GERD) (throat condition).

A claimant may file a supplemental claim by submitting or identifying new and relevant evidence. New evidence is evidence not previously part of the actual record before agency adjudicators. Relevant evidence means evidence that tends to prove or disprove a matter at issue in a claim. (38 CFR 3.2501) In support of your claim, new and relevant evidence has been received and your claim is now reconsidered.

In Rating Decision dated July 27, 2023 it stated that “your service treatment records do not contain complaints, treatment, or diagnosis for this condition. We did not find a link between a current medical condition and military service. The evidence does not show an event, disease or injury during a qualifying period of active duty. (38 CFR 3.303, 38 CFR 3.304, 38 CFR 3.6).”

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)

Your service treatment records do not contain complaints, treatment, or diagnosis for this condition.

The evidence does not show an event, disease or injury in service. (38 CFR 3.303, 38 CFR 3.304)



We considered whether your condition resulted from a toxic exposure risk activity (TERA) in service; however, the evidence does not show that you participated in a TERA. (38 U.S.C. 1168, 38 U.S.C. 1710(e)(4))

Service connection for gastro esophageal reflux disease (GERD) (throat condition) is denied since this condition neither occurred in nor was caused by service. (38 CFR 3.303, 38 CFR 3.304)

The evidence does not support a change in our prior decision. Therefore, we are confirming the previous denial of this claim.

Favorable Findings identified in this decision:

You have been diagnosed with a disability. VA Exam dated March 13, 2024 show diagnosis of gastro esophageal reflux disease (GERD).

9. Service connection for migraine.

A claimant may file a supplemental claim by submitting or identifying new and relevant evidence. New evidence is evidence not previously part of the actual record before agency adjudicators. Relevant evidence means evidence that tends to prove or disprove a matter at issue in a claim. (38 CFR 3.2501) In support of your claim, new and relevant evidence has been received and your claim is now reconsidered.

In Rating Decision dated May 21, 2019 it stated that “service connection may be granted on a presumptive basis for migraine if this condition is manifested to a compensable degree (severe enough to be evaluated at least 10 percent disabling) within a certain period after military discharge. As the medical evidence fails to show a diagnosis of migraine within the time period specified under 38 CFR 3.307, service connection on a presumptive basis must be denied. (38 CFR 3.303, 38 CFR 3.307, 38 CFR 3.309)”

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)

Your service treatment records do not contain complaints, treatment, or diagnosis for this condition.

The evidence does not show an event, disease or injury in service. (38 CFR 3.303, 38 CFR 3.304)

We considered whether your condition resulted from a toxic exposure risk activity (TERA) in service; however, the evidence does not show that you participated in a TERA. (38 U.S.C. 1168, 38 U.S.C. 1710(e)(4))



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

The evidence does not support a change in our prior decision. Therefore, we are confirming the previous denial of this claim.

Favorable Findings identified in this decision:

You have been diagnosed with a disability. VA Exam dated March 13, 2024 show diagnosis of migraines.

10. Service connection for obstructive sleep apnea.

A claimant may file a supplemental claim by submitting or identifying new and relevant evidence. New evidence is evidence not previously part of the actual record before agency adjudicators. Relevant evidence means evidence that tends to prove or disprove a matter at issue in a claim. (38 CFR 3.2501) In support of your claim, new and relevant evidence has been received and your claim is now reconsidered.

In Rating Decision dated April 29, 2020 it stated that “service treatment records are silent for a diagnosis of sleep apnea. The evidence does not show an event, disease or injury in service. 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, 38 CFR 3.304)”

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)

Your service treatment records do not contain complaints, treatment, or diagnosis for this condition.

The evidence does not show an event, disease or injury in service. (38 CFR 3.303, 38 CFR 3.304)

We considered whether your condition resulted from a toxic exposure risk activity (TERA) in service; however, the evidence does not show that you participated in a TERA. (38 U.S.C. 1168, 38 U.S.C. 1710(e)(4))

Service connection for obstructive sleep apnea is denied since this condition neither occurred in nor was caused by service. (38 CFR 3.303, 38 CFR 3.304)

The evidence does not support a change in our prior decision. Therefore, we are confirming the



previous denial of this claim.

Favorable Findings identified in this decision:

You have been diagnosed with a disability. VA Exam dated March 13, 2024 show diagnosis of obstructive sleep apnea.

11. Service connection for peripheral neuropathy, left lower extremity.

A claimant may file a supplemental claim by submitting or identifying new and relevant evidence. New evidence is evidence not previously part of the actual record before agency adjudicators. Relevant evidence means evidence that tends to prove or disprove a matter at issue in a claim. (38 CFR 3.2501) In support of your claim, new and relevant evidence has been received and your claim is now reconsidered.

In Rating Decision dated July 27, 2023 it stated that “your service treatment records do not contain complaints, treatment, or diagnosis for this condition. We did not find a link between a current medical condition and military service. The evidence does not show an event, disease or injury during a qualifying period of active duty. (38 CFR 3.303, 38 CFR 3.304, 38 CFR 3.6).”

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)

Your service treatment records do not contain complaints, treatment, or diagnosis for this condition.

The evidence does not show an event, disease or injury in service. (38 CFR 3.303, 38 CFR 3.304)

We considered whether your condition resulted from a toxic exposure risk activity (TERA) in service; however, the evidence does not show that you participated in a TERA. (38 U.S.C. 1168, 38 U.S.C. 1710(e)(4))

Service connection for peripheral neuropathy, left lower extremity is denied since this condition neither occurred in nor was caused by service. (38 CFR 3.303, 38 CFR 3.304)

The evidence does not support a change in our prior decision. Therefore, we are confirming the previous denial of this claim.

12. Service connection for right ankle tarsal tunnel (right ankle condition).

A claimant may file a supplemental claim by submitting or identifying new and relevant



evidence. New evidence is evidence not previously part of the actual record before agency adjudicators. Relevant evidence means evidence that tends to prove or disprove a matter at issue in a claim. (38 CFR 3.2501) In support of your claim, new and relevant evidence has been received and your claim is now reconsidered.

In Rating Decision dated February 5, 2015 it stated that “your service treatment records do not contain complaints, treatment, or diagnosis for this condition. Also, the evidence does not show a current diagnosed disability. Service connection for right ankle condition is denied since this condition neither occurred in nor was caused by service.”

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)

Your service treatment records do not contain complaints, treatment, or diagnosis for this condition.

The evidence does not show an event, disease or injury in service. (38 CFR 3.303, 38 CFR 3.304)

We considered whether your condition resulted from a toxic exposure risk activity (TERA) in service; however, the evidence does not show that you participated in a TERA. (38 U.S.C. 1168, 38 U.S.C. 1710(e)(4))

Service connection for right ankle tarsal tunnel (right ankle condition) is denied since this condition neither occurred in nor was caused by service. (38 CFR 3.303, 38 CFR 3.304)

The evidence does not support a change in our prior decision. Therefore, we are confirming the previous denial of this claim.

Favorable Findings identified in this decision:

You have been diagnosed with a disability. VA Exam dated March 13, 2024 show diagnosis of right ankle tarsal tunnel.

13. Service connection for right knee strain (right anterior knee pain).

A claimant may file a supplemental claim by submitting or identifying new and relevant evidence. New evidence is evidence not previously part of the actual record before agency adjudicators. Relevant evidence means evidence that tends to prove or disprove a matter at issue in a claim. (38 CFR 3.2501) In support of your claim, new and relevant evidence has been received and your claim is now reconsidered.



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In Rating Decision dated January 18, 2024 it stated that “the evidence does not show a current diagnosed disability. Your service treatment records do not contain complaints, treatment, or diagnosis for this condition. The evidence does not show an event, disease or injury in service. And, we did not find a link between your claimed condition and military service. (38 CFR 3.303) (38 CFR 3.303, 38 CFR 3.304, 38 CFR 3.159)“

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)

Your service treatment records do not contain complaints, treatment, or diagnosis for this condition.

The evidence does not show an event, disease or injury in service. (38 CFR 3.303, 38 CFR 3.304)

We considered whether your condition resulted from a toxic exposure risk activity (TERA) in service; however, the evidence does not show that you participated in a TERA. (38 U.S.C. 1168, 38 U.S.C. 1710(e)(4))

Service connection for right knee strain (right anterior knee pain) is denied since this condition neither occurred in nor was caused by service. (38 CFR 3.303, 38 CFR 3.304)

The evidence does not support a change in our prior decision. Therefore, we are confirming the previous denial of this claim.

Favorable Findings identified in this decision:

You have been diagnosed with a disability. VA Exam dated March 13, 2024 show diagnosis of right knee strain.

14. Service connection for right lower extremity sciatic nerve radiculopathy (peripheral neuropathy, right lower extremity).

A claimant may file a supplemental claim by submitting or identifying new and relevant evidence. New evidence is evidence not previously part of the actual record before agency adjudicators. Relevant evidence means evidence that tends to prove or disprove a matter at issue in a claim. (38 CFR 3.2501) In support of your claim, new and relevant evidence has been received and your claim is now reconsidered.

In Rating Decision dated July 27, 2023 it stated that “your service treatment records do not contain complaints, treatment, or diagnosis for this condition. We did not find a link between a current medical condition and military service. The evidence does not show an event, disease or injury during a qualifying period of active duty. (38 CFR 3.303, 38 CFR 3.304, 38 CFR 3.6).”



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)

Your service treatment records do not contain complaints, treatment, or diagnosis for this condition.

The evidence does not show an event, disease or injury in service. (38 CFR 3.303, 38 CFR 3.304)

We considered whether your condition resulted from a toxic exposure risk activity (TERA) in service; however, the evidence does not show that you participated in a TERA. (38 U.S.C. 1168, 38 U.S.C. 1710(e)(4))

Service connection for right lower extremity sciatic nerve radiculopathy (peripheral neuropathy, right lower extremity) is denied since this condition neither occurred in nor was caused by service. (38 CFR 3.303, 38 CFR 3.304)

The evidence does not support a change in our prior decision. Therefore, we are confirming the previous denial of this claim.

Favorable Findings identified in this decision:

You have been diagnosed with a disability. VA Exam dated March 13, 2024 show diagnosis of right lower extremity sciatic nerve radiculopathy.

15. Service connection for right shoulder pain.

A claimant may file a supplemental claim by submitting or identifying new and relevant evidence. New evidence is evidence not previously part of the actual record before agency adjudicators. Relevant evidence means evidence that tends to prove or disprove a matter at issue in a claim. (38 CFR 3.2501) In support of your claim, new and relevant evidence has been received and your claim is now reconsidered.

In Rating Decision dated May 21, 2019 it stated that “your service treatment records do not contain complaints, treatment, or diagnosis for this condition. Service connection for right shoulder pain is denied since this condition neither occurred in nor was caused by service. The evidence does not show an event, disease or injury in service. (38 CFR 3.303, 38 CFR 3.304)”

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)



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Your service treatment records do not contain complaints, treatment, or diagnosis for this condition.

The evidence does not show an event, disease or injury in service. (38 CFR 3.303, 38 CFR 3.304)

We considered whether your condition resulted from a toxic exposure risk activity (TERA) in service; however, the evidence does not show that you participated in a TERA. (38 U.S.C. 1168, 38 U.S.C. 1710(e)(4))

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

The evidence does not support a change in our prior decision. Therefore, we are confirming the previous denial of this claim.

16. Service connection for scars on cheeks, neck ,and chin.

A claimant may file a supplemental claim by submitting or identifying new and relevant evidence. New evidence is evidence not previously part of the actual record before agency adjudicators. Relevant evidence means evidence that tends to prove or disprove a matter at issue in a claim. (38 CFR 3.2501) In support of your claim, new and relevant evidence has been received and your claim is now reconsidered.

In Rating Decision dated January 18, 2024 it stated that “the evidence does not show a current diagnosed disability. Your service treatment records do not contain complaints, treatment, or diagnosis for this condition. The evidence does not show an event, disease or injury in service. And, the VA medical opinion found no link between your claimed medical condition and military service. (38 CFR 3.303, 38 CFR 3.304, 38 CFR 3.159)”

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)

Your service treatment records do not contain complaints, treatment, or diagnosis for this condition.

The evidence does not show an event, disease or injury in service. (38 CFR 3.303, 38 CFR 3.304)

We considered whether your condition resulted from a toxic exposure risk activity (TERA) in service; however, the evidence does not show that you participated in a TERA. (38 U.S.C. 1168, 38 U.S.C. 1710(e)(4))



Service connection for scars on cheeks, neck ,and chin is denied since this condition neither occurred in nor was caused by service. (38 CFR 3.303, 38 CFR 3.304)

The evidence does not support a change in our prior decision. Therefore, we are confirming the previous denial of this claim.

17. Service connection for sinusitis.

A claimant may file a supplemental claim by submitting or identifying new and relevant evidence. New evidence is evidence not previously part of the actual record before agency adjudicators. Relevant evidence means evidence that tends to prove or disprove a matter at issue in a claim. (38 CFR 3.2501) In support of your claim, new and relevant evidence has been received and your claim is now reconsidered.

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)

Your service treatment records do not contain complaints, treatment, or diagnosis for this condition.

The evidence does not show an event, disease or injury in service. (38 CFR 3.303, 38 CFR 3.304)

We considered whether your condition resulted from a toxic exposure risk activity (TERA) in service; however, the evidence does not show that you participated in a TERA. (38 U.S.C. 1168, 38 U.S.C. 1710(e)(4))

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

The evidence does not support a change in our prior decision. Therefore, we are confirming the previous denial of this claim.

18. Service connection for skin condition.

A claimant may file a supplemental claim by submitting or identifying new and relevant evidence. New evidence is evidence not previously part of the actual record before agency adjudicators. Relevant evidence means evidence that tends to prove or disprove a matter at issue in a claim. (38 CFR 3.2501) In support of your claim, new and relevant evidence has been received and your claim is now reconsidered.

In Rating Decision dated February 5, 2015 it stated that “while your service treatment records



reflect complaints, treatment, or a diagnosis similar to that claimed, the medical evidence supports the conclusion that a persistent disability was not present in service. Also, the evidence does not show a current diagnosed disability. Service connection for skin condition is denied since this condition neither occurred in nor was caused by service.”

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)

While your service treatment records reflect complaints, treatment, or a diagnosis similar to that claimed, the medical evidence supports the conclusion that a persistent disability was not present in service. (38 CFR 3.303, 38 CFR 3.304)

We considered whether your condition resulted from a toxic exposure risk activity (TERA) in service; however, the evidence does not show that you participated in a TERA. (38 U.S.C. 1168, 38 U.S.C. 1710(e)(4))

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

The evidence does not support a change in our prior decision. Therefore, we are confirming the previous denial of this claim.

Favorable Findings identified in this decision:

The evidence shows that a qualifying event, injury, or disease had its onset during your service. Service Treatment Record dated September 28, 2006 show complaint of pseudofolliculitis barbae (shaving bumps).

19. Service connection for supraventricular arrhythmia with syncope (chest pain with heart murmur with heart attack).

A claimant may file a supplemental claim by submitting or identifying new and relevant evidence. New evidence is evidence not previously part of the actual record before agency adjudicators. Relevant evidence means evidence that tends to prove or disprove a matter at issue in a claim. (38 CFR 3.2501) In support of your claim, new and relevant evidence has been received and your claim is now reconsidered.

In Rating Decision dated April 29, 2020 it stated that “the evidence does not show an event, disease or injury in service. 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, 38 CFR 3.304)”

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)

Your service treatment records do not contain complaints, treatment, or diagnosis for this condition.

The evidence does not show an event, disease or injury in service. (38 CFR 3.303, 38 CFR 3.304)

We considered whether your condition resulted from a toxic exposure risk activity (TERA) in service; however, the evidence does not show that you participated in a TERA. (38 U.S.C. 1168, 38 U.S.C. 1710(e)(4))

Service connection for supraventricular arrhythmia with syncope (chest pain with heart murmur with heart attack) is denied since this condition neither occurred in nor was caused by service. (38 CFR 3.303, 38 CFR 3.304)

The evidence does not support a change in our prior decision. Therefore, we are confirming the previous denial of this claim.

Favorable Findings identified in this decision:

You have been diagnosed with a disability. VA Exam dated March 13, 2024 show diagnosis of supraventricular arrhythmia with syncope.

20. Service connection for tibia and fibula condition, right leg.

A claimant may file a supplemental claim by submitting or identifying new and relevant evidence. New evidence is evidence not previously part of the actual record before agency adjudicators. Relevant evidence means evidence that tends to prove or disprove a matter at issue in a claim. (38 CFR 3.2501) In support of your claim, new and relevant evidence has been received and your claim is now reconsidered.

In Rating Decision dated February 5, 2015 it stated that “your service treatment records do not contain complaints, treatment, or diagnosis for this condition. Also, the evidence does not show a current diagnosed disability. Service connection for tibia and fibula condition, right leg is denied since this condition neither occurred in nor was caused by service.”

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)



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Your service treatment records do not contain complaints, treatment, or diagnosis for this condition.

The evidence does not show an event, disease or injury in service. (38 CFR 3.303, 38 CFR 3.304)

We considered whether your condition resulted from a toxic exposure risk activity (TERA) in service; however, the evidence does not show that you participated in a TERA. (38 U.S.C. 1168, 38 U.S.C. 1710(e)(4))

Service connection for tibia and fibula condition, right leg is denied since this condition neither occurred in nor was caused by service. (38 CFR 3.303, 38 CFR 3.304)

The evidence does not support a change in our prior decision. Therefore, we are confirming the previous denial of this claim.

21. Service connection for toe scarring.

A claimant may file a supplemental claim by submitting or identifying new and relevant evidence. New evidence is evidence not previously part of the actual record before agency adjudicators. Relevant evidence means evidence that tends to prove or disprove a matter at issue in a claim. (38 CFR 3.2501) In support of your claim, new and relevant evidence has been received and your claim is now reconsidered.

In Rating Decision dated January 18, 2024 it stated “the evidence does not show a current diagnosed disability. Your service treatment records do not contain complaints, treatment, or diagnosis for this condition. The evidence does not show an event, disease or injury in service. And, we did not find a link between your claimed condition and military service. (38 CFR 3.303, 38 CFR 3.304, 38 CFR 3.159)”

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)

Your service treatment records do not contain complaints, treatment, or diagnosis for this condition.

The evidence does not show an event, disease or injury in service. (38 CFR 3.303, 38 CFR 3.304)

We considered whether your condition resulted from a toxic exposure risk activity (TERA) in service; however, the evidence does not show that you participated in a TERA. (38 U.S.C. 1168, 38 U.S.C. 1710(e)(4))



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

The evidence does not support a change in our prior decision. Therefore, we are confirming the previous denial of this claim.

22. Service connection for dry eye syndrome (eye 2nd to heart murmur) as secondary to the service-connected disability of supraventricular arrhythmia with syncope (chest pain with heart murmur with heart attack).

A claimant may file a supplemental claim by submitting or identifying new and relevant evidence. New evidence is evidence not previously part of the actual record before agency adjudicators. Relevant evidence means evidence that tends to prove or disprove a matter at issue in a claim. (38 CFR 3.2501) In support of your claim, new and relevant evidence has been received and your claim is now reconsidered.

In Rating Decision dated April 29, 2020 it stated that “service treatment records are silent for an eye condition which is not of congenital or developmental origin. The evidence does not show an event, disease or injury in service. 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, 38 CFR 3.304)”

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 supraventricular arrhythmia with syncope (chest pain with heart murmur with heart attack) is related to service. Therefore, service-connection for dry eye syndrome (eye 2nd to heart murmur) on a secondary basis to this condition cannot be established. There is also no evidence showing dry eye syndrome (eye 2nd to heart murmur) was incurred in or aggravated by military service. (38 CFR 3.303, 38 CFR 3.306, 38 CFR 3.310)

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)

Your service treatment records do not contain complaints, treatment, or diagnosis for this condition.

The evidence does not show an event, disease or injury in service. (38 CFR 3.303, 38 CFR 3.304)

We considered whether your condition resulted from a toxic exposure risk activity (TERA) in service; however, the evidence does not show that you participated in a TERA. (38 U.S.C. 1168, 38 U.S.C. 1710(e)(4))



Service connection for dry eye syndrome (eye 2nd to heart murmur) is denied since this condition neither occurred in nor was caused by service. (38 CFR 3.303, 38 CFR 3.304)

The evidence does not support a change in our prior decision. Therefore, we are confirming the previous denial of this claim.

Favorable Findings identified in this decision:

You have been diagnosed with a disability. VA Exam dated March 20, 2024 show diagnosis of dry eye syndrome.

23. Service connection for left upper, middle and lower radicular group radiculopathy (arm paresthesia) as secondary to the service-connected disability of cervical degenerative arthritis with spinal stenosis (cervicalgia).

A claimant may file a supplemental claim by submitting or identifying new and relevant evidence. New evidence is evidence not previously part of the actual record before agency adjudicators. Relevant evidence means evidence that tends to prove or disprove a matter at issue in a claim. (38 CFR 3.2501) In support of your claim, new and relevant evidence has been received and your claim is now reconsidered.

In Rating Decision dated April 29, 2020 it stated that “service treatment records are silent for complaints or a diagnosis of arm paresthesia. The evidence does not show an event, disease or injury in service. 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, 38 CFR 3.304)”

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 cervical degenerative arthritis with spinal stenosis (cervicalgia) is related to service. Therefore, service-connection for left upper, middle and lower radicular group radiculopathy (arm paresthesia) on a secondary basis to this condition cannot be established. There is also no evidence showing left upper, middle and lower radicular group radiculopathy (arm paresthesia) was incurred in or aggravated by military service. (38 CFR 3.303, 38 CFR 3.306, 38 CFR 3.310)

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)

Your service treatment records do not contain complaints, treatment, or diagnosis for this condition.

The evidence does not show an event, disease or injury in service. (38 CFR 3.303, 38 CFR 3.304)



We considered whether your condition resulted from a toxic exposure risk activity (TERA) in service; however, the evidence does not show that you participated in a TERA. (38 U.S.C. 1168, 38 U.S.C. 1710(e)(4))

Service connection for left upper, middle and lower radicular group radiculopathy (arm paresthesia) is denied since this condition neither occurred in nor was caused by service. (38 CFR 3.303, 38 CFR 3.304)

The evidence does not support a change in our prior decision. Therefore, we are confirming the previous denial of this claim.

Favorable Findings identified in this decision:

You have been diagnosed with a disability. VA Exam dated March 13, 2024 show diagnosis of left upper, middle and lower radicular group radiculopathy.

24. Service connection for right upper, middle and lower radicular group radiculopathy (arm paresthesia) as secondary to the service-connected disability of cervical degenerative arthritis with spinal stenosis (cervicalgia).

A claimant may file a supplemental claim by submitting or identifying new and relevant evidence. New evidence is evidence not previously part of the actual record before agency adjudicators. Relevant evidence means evidence that tends to prove or disprove a matter at issue in a claim. (38 CFR 3.2501) In support of your claim, new and relevant evidence has been received and your claim is now reconsidered.

In Rating Decision dated April 29, 2020 it stated that “service treatment records are silent for complaints or a diagnosis of arm paresthesia. The evidence does not show an event, disease or injury in service. 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, 38 CFR 3.304)”

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 cervical degenerative arthritis with spinal stenosis (cervicalgia) is related to service. Therefore, service-connection for right upper, middle and lower radicular group radiculopathy (arm paresthesia) on a secondary basis to this condition cannot be established. There is also no evidence showing right upper, middle and lower radicular group radiculopathy (arm paresthesia) was incurred in or aggravated by military service. (38 CFR 3.303, 38 CFR 3.306, 38 CFR 3.310)

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)



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Your service treatment records do not contain complaints, treatment, or diagnosis for this condition.

The evidence does not show an event, disease or injury in service. (38 CFR 3.303, 38 CFR 3.304)

We considered whether your condition resulted from a toxic exposure risk activity (TERA) in service; however, the evidence does not show that you participated in a TERA. (38 U.S.C. 1168, 38 U.S.C. 1710(e)(4))

Service connection for right upper, middle and lower radicular group radiculopathy (arm paresthesia) is denied since this condition neither occurred in nor was caused by service. (38 CFR 3.303, 38 CFR 3.304)

The evidence does not support a change in our prior decision. Therefore, we are confirming the previous denial of this claim.

Favorable Findings identified in this decision:

You have been diagnosed with a disability. VA Exam dated March 13, 2024 show diagnosis of right upper, middle and lower radicular group radiculopathy.

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.



Fraud Prevention: Protect Your Benefits

Please contact the VA ***immediately*** at 1-800-827-1000 if you suspect your information is compromised.

- You receive correspondence from VA concerning a claim, and you don't remember filing a claim contact the VA at 1-800-827-1000.
- You receive correspondence requesting a processing fee prior to releasing benefit payments contact the VA at 1-800-827-1000.
- VA may check in with you by phone, email, or text message. The VA will **never ask for personal information via email**. This includes verification of your SSN, address, and/or bank information. If you are unsure about any call, email, or text, confirm details directly with the VA.
- VA **does not threaten** claimants with jail or lawsuits.
- Be cautious of telephone numbers on caller ID. Scammers may change the telephone number (spoofing) to make a call appear to come from a different person or place.
- When in doubt, hang up and call VA directly at 1-800-827-1000, or call your Power of Attorney representative (DAV, VFW, etc.).
- **Do not ignore emails or letters** from the VA notifying you of an update to direct deposit or eBenefits account information. If you don't remember making changes, it could be the first sign your information was compromised.
- Use secure, unique passwords, and two factor identification where available. To establish a more secure logon for Vets.gov and ebenefits.va.gov with two factor identification create an account via ID.me at <https://api.id.me/en/registration/new>
- Monitor your accounts regularly, respond to fraud alerts and report unauthorized transactions promptly.
- To learn more about protecting yourself from fraud, and how to report it visit <https://www.va.gov/oig/hotline/default.asp>, or go to VA.gov and search "Office of Inspector General".
- For more details on how to avoid scams go to <https://www.fcc.gov/veterans-targeted-benefits-scams>
- Download free financial scam awareness resources at <https://www.consumerfinance.gov/about-us/blog/helping-prevent-scams-targeted-veterans/>
- Get up-to-date information on fraud and scams from the Federal Trade Commission <https://public.tableau.com/profile/federal.trade.commission>