Integrated Disability Evaluation System (IDES)

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IDES

- IDES was designed to have a single, comprehensive, claims-based Department of Veterans Affairs (DVA) template medical examination and a single-source DVA disability rating for use by DVA and the Department of Defense (DoD).

- DoD maintains through the Physical Evaluation Boards (PEBs) of each Military Department the decision to render fitness determinations for continued military service.

- DVA assesses the initial disability ratings instead of DoD, but DoD retains authority on dispositions relating to fitness, line of duty determinations, noncompliance, and existing prior to service findings.

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Current DoD policy is that the Disability Evaluation System (DES) will be the mechanism for determining return to duty separation, and retirement of Service members because of disability in accordance with Title 10, United States Code.

The IDES is one of the three DES processes used within DoD although DoD’s objective in all DES processes is to collaborate with DVA to ensure continuity of care, timely processing, and seamless transition of the Service member from DoD to DVA in cases of disability separation or retirement.
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• DoD Instruction (DoDI) 1332.18 reissued in August 2014 contains the most current information about DoD policies and responsibilities regarding disability processing for Service members.

• Each Military Department’s Service Secretary is directed to comply with Chapter 61 of Title 10, United States Code; to implement the DES in accordance with DoDI 1332.18; and to establish policy, training, and procedures for providing legal counsel to Service members in the DES, among other items listed in the Instruction.

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• Focus of the class will be on the Medical Evaluation Board (MEB) and Physical Evaluation Board (PEB) processes for Active Component Service members.

• Rules pertaining to processing the case of a Service member who is not part of the Active Component may be found in DoDI 1332.18. Sometimes there is an overlap in the rules.

• Each Military Department has its own implementing regulation or instruction for DoDI 1332.18.

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Commonly Used Terms

• Compensable disability: A medical condition that is determined to be unfitting due to disability and that meets the statutory criteria of Chapter 61, Title 10 USC for entitlement to disability retired or severance pay.

• Disability: Any impairment due to disease or injury, regardless of degree, that reduces or prevents an individual's actual or presumed ability to engage in gainful employment or normal activity. The medical impairment, mental disease, or physical defect must be severe enough to interfere with the Service member's ability to adequately perform his or her duties.

• MEB process: The MEB conducts the medical evaluation on conditions that potentially affect the Service member’s fitness for duty. The MEB documents the medical conditions and history with a Narrative Summary (NARSUM).
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- **PEB process**: The PEB determines the fitness of Service members with respect to medical conditions to perform their military duties. The PEB process includes the informal PEB (IPEB), the formal PEB (FPEB), and appellate review of PEB results.

- **PEBLO**: Physical Evaluation Board Liaison Officer; responsible to assist Service members throughout the DES process.

- **Retention standards**: Guidelines that establish medical conditions or physical defects that could render a Service member unfit for further military service and may be cause for referral of the Service member into the DES.

- **Service aggravation**: The permanent worsening of a pre-Service medical condition over and above the natural progression of the condition.

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**DES Referral**

- Service member has one or more medical conditions that may, individually or collectively, prevent the Service member from reasonably performing the duties of the Service member’s office, grade, rank, or rating.

- Service member has a medical condition that represents an obvious medical risk to the health of the Service member or to the health or safety of other Service members.

- Service member has a medical condition that imposes unreasonable requirements on the military to maintain or protect the Service member.

- **Note**: In all cases competent medical authorities will refer eligible Service members into the DES who meet the second criterion listed above within one year of diagnosis.

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**Examples**

- Army Regulation 40-501, Standards of Medical Fitness, Chapter 3, paragraph 3-11 provides that a cause for referral to an MEB is “Diabetes mellitus, unless hemoglobin A1c can be maintained at less than 7% using only lifestyle modifications (diet, exercise).”

- Air Force Instruction 48-123, Medical Examinations and Standards, Chapter 6, paragraph 5.3.1.6 provides that a “general and miscellaneous condition” that is cause for a referral to an MEB is that the “individual’s travel by military air transportation is precluded for medical reasons.”

- SECNAVINST 1850.4E, Enclosure 8, Section 8004 pertaining to Systemic Diseases, provides that a cause for referral to the DES is Rheumatoid arthritis.
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STEPS

1. Service member is referred into the DES.
2. Service member files a claim with the DVA identifying all conditions Service member wants evaluated by the VA medical examiner during the VA Compensation and Pension Examination. All examinations conducted by the VA are provided to the MEB.
3. A medical provider who is part of the MEB prepares a NARSUM and determines if the Service member has any medical conditions which fail retention standards. A Commander’s non-medical assessment letter is required as part of the MEB review to assess the impact of the medical condition upon the Service member’s ability to perform.

4. The MEB which is comprised of two or more physicians will review all documentation to confirm whether the Service member does or does not meet retention standards. If a behavioral health diagnosis is included, at least one psychiatrist or one psychologist with a doctorate in psychology must be part of the MEB.
5. If at least one condition does not meet medical retention standards, the Service member’s MEB case will be forwarded to the PEB for a fitness determination.
6. The Service member has the opportunity to request an Impartial Medical Review (IMR) (a records-only review, not a new examination) for a "second look" at the MEB findings. The Service member also can submit a rebuttal to the MEB findings. The IMR and rebuttal must be submitted before the MEB case is forwarded to the PEB.

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PEB

• The PEB determines the fitness of the Service member by reviewing the MEB case file to make initial findings and recommendations without the Service member present (IPEB).
• The IPEB consists of at least two military personnel at field grade or civilian equivalent or higher.
• Service member may accept the findings, rebut the findings, or request a FPEB.
• The FPEB must be comprised of at least three members, a majority of whom did not participate in the IPEB adjudication of the case.
• At a FPEB, the Service member has the right to appear personally, through a designated representative, by VTC, or by other approved means as well as the right to be represented by Government-appointed counsel.
• The PEB does not assign the disability ratings to the unfitting conditions. The DVA assigns these ratings.
What determines if a Service member is unfit?

• The evidence establishes that the Service member, due to disability, is unable to reasonably perform the duties of his or her office, grade, rank, or rating.
• The evidence establishes that the Service member’s disability represents a decided medical risk to the health of the Service member or to the welfare or safety of other members.
• The evidence establishes that the Service member’s disability imposes unreasonable requirements on the military to maintain or protect the Service member.
• Considerations: Inability to perform common military tasks; inability to take a physical fitness test; inability to deploy; and the combined effect of two or more impairments which standing alone would not cause the Service member to be found unfit.

Separation or Retirement?

• Separated with severance pay: The disability ratings for all of the unfitting conditions total less than 30%.
• Permanent disability retirement: The disability ratings for all of the unfitting conditions total 30% or more and the unfitting conditions are permanent and stable. A Service member with at least 20 years of qualifying service may retire medically even if the ratings fall below 30%.
• Temporary disability retirement: The Service member meets the requirements for permanent disability retirement except that the disability is not determined to be stable but may be permanent. The Service member will be re-evaluated at a later date to determine if there is a change in the disability.

Disability Ratings

• The PEB will use the disability ratings provided by the VA as part of the IPEB process and assigned those ratings to the Service member’s unfitting conditions.
• The VA uses the VA Schedule for Rating Disabilities (38 CFR Part 4) to adjudicate the ratings.
• The Service member has a one-time opportunity while still on active duty to submit a request to the DVA to reconsider a rating for an unfitting condition.
• Ratings for unfitting conditions must be challenged once the Service member separates or retires.
Not everyone with a bad back is found unfit.

Compare a lawyer to an infantryman and possible limitations on duty performance with a bad back.

Compare differences among the Military Departments, particularly regarding retention standards.

Compare “deployment” requirements and restrictions.

Medical documentation is key. However, layperson statements are accepted as evidence by the DVA and can be very helpful in describing occupational and social impairments.

Not everyone gets to medically retire, including Service members who have more than 15 years but less than 20 years of qualifying service.

This process is very stressful for most Service members and can make more stressful when they believe that they are being “kicked to the curb” in a draw-down military.

Questions?