Green, Nancy, VBAWSAL

To: Blake, John, VBAWSAL
Subject: QTC exam

The case of [redacted] is on remand primarily for medical opinions regarding causation and/or aggravation.

Eye exam was done on 10-15-01 and the examiner stated that "it is at least as likely as not that the exposure to gun smoke powder and debris could have aggravated the macular scar which he apparently has had since age 12." The examiner also stated:"...it is at least as likely as not that the gun smoke powder and debris aggravated his open-angle glaucoma in both eyes."

That is not enough information to send back to Washington. In the examiner's opinion we need to know whether (as likely as not) the macular scar was aggravated during service." Not "could have." BVA is asking for his educated guess. If the answer is "who knows," then the examiner should say that. Otherwise, he should give his opinion as to what he thinks did happen in this case--to a level of certainty of 50% probability or more (at least as likely as not.) He should answer about the macular scar in the same manner that he expressed an opinion about the open angle glaucoma--straight out yes or no. It was or was not aggravated during service (at least as likely as not.) "I don't have any way of knowing" is also a perfectly valid answer, if that is the case.

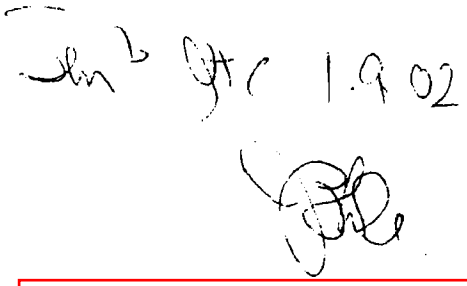
Then the question arises, and requires some sort of answer, as to how much of the current eye disabilty is due to the aggravation. He has stated that "yes" the glaucoma was aggravated. Now we need to quantitate that. Don't forget that if we grant service connection for aggravation during service, we must deduct the level of disability at enlistment from the current disabilty. So the examiner has to tell us not only yes or no, best guess, 50% probability it was aggravated, but also how much.

Please note on the same eye exam that the examiner stated that he did not have the records showing the condition on enlistment which the BVA remand stated that they saw. Be sure that the examiner has those service medical records so he is not handicapped in his opinion making process. And also so that BVA does not reject the exam results because of the examiner's statement about records that he apparently did not have.

[FYI for QTC. If the examiner had said only "could have" for both the macular scar and the glaucoma, then I could have continued the denial for eye condition since "could have" is not sufficient to sustain a grant. Or if he has said "no" to both the case could have been rated. If he had said "yes" to both, the case would have had to be sent back for the answer to how much." In this case, though, there is one (1) "yes", one (1) "could have" and no (0) how much. So the case cannot be rated until this is solved.]

Thanks a bunch,

Nancy Green MD



This email from Nancy Green, M.D. is an example of how a VA physician communicated directly with QTC apparently suggesting that the QTC physician change his favorable opinion ("as least as likely as not ... could have aggravated") to Dr. Green's suggested "could have" so that Dr. Green could continue to deny the veteran's claim. The veteran was never aware of this behind-the-scenes RO tactic until his C-File was carefully examined. See next three pages for the original medical opinion. The Winston-Salem RO was the first in the nation to have a QTC contract.

Medical Eye Associates
Comprehensive Medical and Surgical Eye Care

October 15, 2001

RE: Medical Services
1350 ,Valley Vista Drive #220
Diamond Bar, CA 91765

RE: [redacted]
SS# [redacted]
Claim# [redacted]

Dear QTC Medical:

This letter is in reference to [redacted] who was seen in the office on 10-15-01 for a VA eye examination and an independent medical opinion, I have reviewed the medical records which were forwarded to me which included reports from Dr. payne and Dr McCain. The reason for this evaluation is "right eye disability, service connected". The patient stated that has visual acuity has worsened in the right eye after being in the service. He noted that gun smoke, powder, and debris got into his eyes and this made his condition worse. He does describe a burning pain. According to the patient's own history, he did have an injury to the right eye at age 12 with a baseball which resulted in a scar in that eye. He also sustained a central retinal vein occlusion in the left eye in 1988. He has been treated for chronic open-angle glaucoma in both eyes.

According to the notes that were given to me, he was noted to have a visual acuity of 20/70 in the right eye with a corrected visual acuity of 20/20 in the right eye. This apparently was a pre-induction examination in November of 1950. This documentation was noted in a Board of Appeals letter dated January 26, 2001. I saw no chronic notes in the materials that I have that showed that this was the case.

On examination, his uncorrected visual acuity in the right eye Was 20/100 and the uncorrected visual acuity in the left eye was 20/60. The best-corrected visual acuity in the right eye

was 26/60, and the best-corrected visual acuity in the left eye was 20/40. The near visual acuity was 20/40 in the right eye and 20/30 in the left eye. The pupillary exam showed 3 mm pupils on both sides with good reactivity and no afferent defect. The external exam showed normal lids, lashes and orbital, structures. The extraocular muscle exam was full and orthophoric. The slit lamp examination showed normal lids, lashes, conjunctiva, cornea and structures. The anterior chambers were deep and quiet on both sides. Examination of the crystal and lens showed 1+ nuclear sclerosis with some water clefts in both eyes, worse in the right, A dilated funduscopic examination showed sharp and flat optic nerves with a cup-to-disc ratio of 0.6 in each eye. There was a dense Pigmented scar located in the center of the macula in the right eye, and there were a number of small pigmented scars scattered throughout the macula and into the mid-periphery in the left eye. A Goldmann visual field done with a III-4 E Isopter was normal and full on both sides. The intraocular Pressure done by applanation at 9:20 am. was 15 in the right Eye and 14 in the left eye.

Diagnosis and opinion: Cataracts in both eyes which were mild and not visually significant at this time. He did have chronic open-angle glaucoma in both eyes which was well controlled with his current medication. He did have a macular scar in the right eye which is from the baseball injury when he was 12 years old. His best-corrected visual acuity was 20/60 at this time in the right eye. In my opinion it is as least as likely as not that the exposure to gun smoke powder and debris could have aggravated the macular scar which he apparently has had since age 12. Also in my opinion it is as least as likely as not that the gun smoke powder and debris aggravated his open-angle glaucoma in both eyes. He also has evidence of an old central retinal vein occlusion in the right eye. The pigmented scars noted in the left eye correspond with retinal

laser treatment which was done in an attempt to dry up macula edema which occurs after a central retinal vein occlusion. This vein occlusion occurred in 1988 and is certainly not service related.

I hope this information is helpful, and if you have any questions or comments, don't hesitate to call or write.

Sincerely,

David R. Hass, M.D.

INVOICE
QTC MEDICAL SERVICES
P.O. Box 5679
Diamond Bar, CA 9176

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11/09/2001
DEPARTMENT OF VETERANS AFFAIR REGIONAL
OFFICE
251 NORTH MAIN STREET
WINSTON-SALEM, NC 27155

CLAIM # 20926800

VETERAN'S NAME: [redacted]
SSN : [redacted]

ACCOUNT NUMBER : 7201.2.2
APPOINTMENT : 10/15/2001 09:00 am

PHYSICIAN WILSON CAROLINA EYE CLINIC
(3275)
SPECIALTY: Ophthalmology

SERVICE DATE	PROCEDURE CODE	DESCRIPTION	AMOUNT