BOARD OF VETERANS' APPEALS

FOR THE SECRETARY OF VETERANS AFFAIRS

IN THE APPEAL OF [redacted]

Docket No. [redacted]

REPRESENTED BY [redacted]

DATE: July 29, 2019

ORDER

Entitlement to service connection for varicose veins as secondary to service-connected hypertensive heart disease, hypertension, and sinus tachycardia is granted.

FINDING OF FACT

The most probative evidence of record indicates that the Veteran's varicose veins are secondary to his service-connected hypertensive heart disease, hypertension, and sinus tachycardia.

CONCLUSION OF LAW

The criteria for entitlement to service connection for varicose veins as secondary to service-connected hypertensive heart disease, hypertension, and sinus tachycardia have been met. 38 U.S.C. §§ 1110, 1131, 5107; 38 C.F.R. §§ 3.102, 3.310.

REASONS AND BASES FOR FINDING AND CONCLUSION

The Veteran had active service from July 1972 to July 1974

IN THE APPEAL OF [redacted] [redacted]

This matter is before the Board of Veterans' Appeals (Board) on appeal from a rating decision of a Department of Veterans Affairs (VA) Regional Office (RO).

In a February 2018 decision, the Board denied the Veteran's claim for varicose veins. The Veteran appealed the decision to the United States Court of Appeals for Veterans Claims (Court). In a Joint Motion for Remand (JMR) the parties agreed that the Board's determination to discount the favorable March 2010 medical opinion was deficient as the Board did not address the fact that elevated diastolic blood pressures are a symptom of hypertension under 38 C.F.R. § 4.104, Diagnostic Code 7101. In a January 2019 order, the Court granted the parties' JMR vacating the February 2018 decision and remanding the claim to the Board for further adjudication.

Entitlement to service connection for varicose veins as secondary to service-connected hypertensive heart disease, hypertension, and sinus tachycardia

The Veteran asserts that his varicose veins are secondary to his service-connected hypertensive heart disease, hypertension, and sinus tachycardia.

QTC examination reports from December 2007 and October 2014, as well as a March 2010 independent medical evaluation confirm that the Veteran is diagnosed with varicose veins. Additionally, the Veteran is service-connected for hypertensive heart disease, hypertension, and sinus tachycardia.

Regarding a nexus between the Veteran's current varicose veins and his service-connected disabilities, there are conflicting medical opinions. In a December 2007 QTC examination report, Dr. S. J. opined that the Veteran's varicose veins were less likely than not secondary to his hypertension and sinus tachycardia. Dr. S. J. acknowledged that the Veteran had a significant history of hypertension and sinus tachycardia and was diagnosed with varicose veins but stated that there was no pathophysiologic correlation between varicose veins and hypertension with sinus tachycardia. Dr. S. J. stated that varicose veins are caused by a chronic increase in the pressure inside the veins, which dilates the vein. Dr. S. J. noted that the risk factors for varicose veins included a family history of varicose veins, being

overweight, smoking, prolonged standing or sitting, a history of deep vein thrombosis, and being female. Dr. S. J. stated that even though the Veteran had sinus tachy cardia and hypertension, those conditions did not increase the pressure inside the Veteran's peripheral vein system. Therefore, the Veteran's varicose veins were less likely than not secondary to his long-standing hypertension and sinus tachycardia condition.

In a March 2010 independent medical opinion, Dr. C. B. stated that considering every possible sound medical etiology and principle, it was at least as likely as not that the Veteran's current varicose veins were due to his service-connected hypertension. Dr. C. B. noted that the Veteran had long standing history of high diastolic pressures, which were a known risk factor for varicose veins per a review of medical literature. Dr. C. B. also noted that the Veteran had been unable to exercise and had very limited mobility for approximately six months in 2001 due to hypertension and tachycardia, which coincided with the initial manifestation of the Veteran's varicose veins. Dr. C. B. stated that immobility was another well-known cause of varicose veins. As such, the Veteran's prolonged sitting and immobility in 2001 was a major contributor to the development of his varicose veins. Dr. C. B. opined that the Veteran's records did not support another more plausible etiology for his varicose veins or other risk factors to explain his problems apart from his diastolic hypertension and limited mobility. In support of his opinion, Dr. C. B. included an abstract of a medical research article indicating that elevated diastolic blood pressure was correlated with varicose veins.

In a November 2014 addendum, Dr. S. J., stated that after reviewing the conflicting medical evidence it was his opinion that the Veteran's current varicose vein condition was less likely secondary to or aggravated by his hypertension with hypertensive heart disease and sinus tachycardia. Dr. S. J. stated that varicose veins were the result of weakening venous valves and venous wall and pooling of blood in the vein. Dr. S. J. indicated that the risk factors for developing varicose vein included older age, female gender, pregnancy, family history, obesity, and standing or sitting for prolong periods of time. Dr. S. J. concluded that hypertension, hypertensive heart disease, and sinus tachycardia conditions do not apply negative effect on the Veteran's vein system and do not weaken the venous

valves or wall elasticity. Dr. S. J. also stated that none of the referenced service-connected conditions caused the Veteran to be immobile or required prolonged sitting or standing. Thus, from a pathophysiological stand point, there was no correlation between the Veteran's varicose veins and his service-connected hypertension with hypertensive heart disease and sinus tachycardia.

The record also contains treatise articles, submitted by the Veteran, regarding the risk factors for the development of varicose veins. Several of the submitted articles indicate that high blood pressure is a risk factor for varicose veins, that varicose veins are a potential side-effect of hypertension, and that standard therapies for varicose veins include, *inter alia,* blood pressure control.

After reviewing the evidence of record, the Board finds that the Veteran's varicose veins are causally related to his service-connected hypertensive heart disease, hypertension, and sinus tachycardia.

The Board acknowledges that there is conflicting medical evidence regarding whether the Veteran's varicose veins are related to his service-connected disabilities. While Dr. C. B. cited medical literature in support of his conclusions, Dr. S. J. did not. Additionally, Dr. S. J.'s finding that there is no correlation between varicose veins and hypertension is contradicted by at least some of the medical literature of record. Regarding the Veteran's mobility, the Board has not overlooked the fact that the March 2010 opinion from Dr. C. B. misstated the extent of the Veteran's mobility limitations. While an October 2001 letter from Dr. M. M. confirms that the Veteran was medically restricted from performing any work duties from July 1, 2001 to October 22, 2001 due to "marked sinus tachycardia and poor exercise tolerance," the Veteran was medically authorized to return to work and engage in up to two hours of walking, lifting, and carrying per day effective October 22, 2001. Thus, the Veteran's period of "very limited mobility" was approximately four months rather than six months. Nevertheless, Dr. S. J.'s opinion also misstated the extent of the Veteran's mobility limitations. Specifically, while Dr. S. J. concluded that the none of Veteran's service-connected conditions caused immobility or prolonged sitting, he did not acknowledge or address the Veteran's significant mobility restrictions from July 1,

2001 to October 22, 2001. Considering the above, the Board finds that the March 2010 opinion from Dr. C. B. is more consistent with the facts of this Veteran's case and the treatise evidence of record. Accordingly, it is afforded more probative weight than the contradictory opinions from Dr. S. J.

Therefore, the Board finds that service connection for varicose veins is warranted. 38 U.S.C. § 5107; 38 C.F.R. § 3.102.

David Gratz
Acting Veterans Law Judge
Board of Veterans' Appeals

ATTORNEY FOR THE BOARD J. Anderson

The Board's decision in this case is binding only with respect to the instant matter decided. This decision is not precedential, and does not establish VA policies or interpretations of general applicability. 38 C.F.R. § 20.1303.