



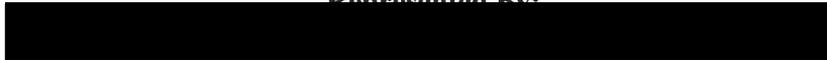
**DEPARTMENT OF VETERANS AFFAIRS
Roanoke Regional Office
210 Franklin Road SW**



VA File Number



Represented By:



**Rating Decision
06/19/2015**

INTRODUCTION

The records reflect that you are a veteran of the Gulf War Era. You served in the Navy from May 17, 2000 to May 1, 2003. You filed a claim for increased evaluation that was received on September 23, 2014. Based on a review of the evidence listed below, we have made the following decision(s) on your claim.

DECISION

1. Service connection for multiple sclerosis with loss of use of the right upper and right lower extremities is granted with an evaluation of 100 percent effective September 23, 2014.

2. Service connection for moderate paralysis, 5th cranial nerve (trigeminal) is granted with an evaluation of 10 percent effective September 23, 2014.

3. Service connection for moderate paralysis, 7th cranial nerve (facial) is granted with an evaluation of 10 percent effective September 23, 2014.

4. Service connection for moderate paralysis, 9th cranial nerve (glossopharyngeal) is granted with an evaluation of 10 percent effective September 23, 2014.
5. Service connection for moderate paralysis, 10th cranial nerve (pneumogastric, vagus) is granted with an evaluation of 10 percent effective September 23, 2014.
6. Entitlement to special monthly compensation based on Loss Of Use of one hand and one foot is granted from September 23, 2014.

EVIDENCE

- VA Form 21-526b Veteran's Supplemental Claim for Compensation, received September 23, 2014
- Veterans Claims Assistance Act (Section 5103) Letter, dated September 27, 2014
- Two (2) VA Forms 21-0820 Report of General Information, dated January 14, 2015
- VA Examination, QTC Medical Services, dated March 25, 2014
- VAMC (Veterans Affairs Medical Center) treatment records, Hampton VA Medical Center, from May 9, 2014 through April 23, 2015

REASONS FOR DECISION

1. Service connection for multiple sclerosis with loss of use of the right upper and right lower extremities.

The evaluation of service-connected multiple sclerosis is amended to include loss of use of the right upper and right lower extremities. An evaluation of 100 percent is assigned effective September 23, 2014, the date we received your claim.

We have assigned a 100 percent evaluation for your multiple sclerosis with loss of use of the right upper and right lower extremities based on:

- Loss of use of one hand and one foot

This is the highest schedular evaluation allowed under the law for loss of use of one hand and one foot.

2. Service connection for moderate paralysis, 5th cranial nerve (trigeminal) as secondary to the service-connected disability of multiple sclerosis with loss of use of the right upper and right lower extremities.

Service connection for moderate paralysis, 5th cranial nerve (trigeminal) has been established as related to the service-connected disability of multiple sclerosis with loss of use of the right upper and right lower extremities.

An evaluation of 10 percent is assigned from September 23, 2014, the date we received your claim.

We have assigned a 10 percent evaluation for your trigeminal neuralgia based on:

- moderate incomplete paralysis

A higher evaluation of 30 percent is not warranted for paralysis of the 5th cranial nerve unless the evidence shows nerve damage is severe.

3. Service connection for moderate paralysis, 7th cranial nerve (facial) as secondary to the service-connected disability of multiple sclerosis with loss of use of the right upper and right lower extremities.

Service connection for moderate paralysis, 7th cranial nerve (facial) has been established as related to the service-connected disability of multiple sclerosis with loss of use of the right upper and right lower extremities.

An evaluation of 10 percent is assigned from September 23, 2014, the date we received your claim.

We have assigned a 10 percent evaluation for your cranial nerve paralysis based on:

- moderate incomplete paralysis

A higher evaluation of 20 percent is not warranted for paralysis of the 7th cranial nerve unless the evidence shows nerve damage is severe.

4. Service connection for moderate paralysis, 9th cranial nerve (glossopharyngeal) as secondary to the service-connected disability of multiple sclerosis with loss of use of the right upper and right lower extremities.

Service connection for moderate paralysis, 9th cranial nerve (glossopharyngeal) has been established as related to the service-connected disability of multiple sclerosis with loss of use of the right upper and right lower extremities.

An evaluation of 10 percent is assigned from September 23, 2014, the date we received your claim.

We have assigned a 10 percent evaluation for your cranial nerve paralysis based on:

- moderate incomplete paralysis

A higher evaluation of 20 percent is not warranted for paralysis of the 9th cranial nerve unless the evidence shows nerve damage is severe.

5. Service connection for moderate paralysis, 10th cranial nerve (pneumogastric, vagus) as secondary to the service-connected disability of multiple sclerosis with loss of use of the right upper and right lower extremities.

Service connection for moderate paralysis, 10th cranial nerve (pneumogastric, vagus) has been established as related to the service-connected disability of multiple sclerosis with loss of use of the right upper and right lower extremities.

An evaluation of 10 percent is assigned from September 23, 2014, the date we received your claim.

We have assigned a 10 percent evaluation for your cranial nerve paralysis based on:

- moderate incomplete paralysis

A higher evaluation of 30 percent is not warranted for paralysis of the 10th cranial nerve unless the evidence shows nerve damage is severe.

6. Entitlement to special monthly compensation based on Loss Of Use.

Entitlement to special monthly compensation under 38 U.S.C. 1114, subsection (I) and 38 CFR 3.350(b) on account of loss of use of one hand and loss of use of one foot is granted from September 23, 2014. This is the date from which you met the criteria for this benefit.

Please note: Although entitlement to special monthly compensation (SMC) based on the need for aid and attendance was previously established, it is to your benefit to amend your SMC award to the rate payable for loss of use of one hand and one foot as this payment is not reduced for hospitalization at VA expense.

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 web site, www.va.gov.