



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

**VA File Number**  
[REDACTED]

**Represented By:  
GORDON A GRAHAM  
Rating Decision  
12/30/2025**

**INTRODUCTION**

The records reflect that you are a Veteran of the Peacetime and Vietnam Era. You served in the Marine Corps from March 9, 1964 to March 8, 1968. You filed a new claim for benefits that was received on November 7, 2025. Based on a review of the evidence listed below, we have made the following decision(s) on your claim.

**DECISION**

1. Evaluation of post-traumatic stress disorder with depressive disorder, and mild neurocognitive disorder, which is currently 70 percent disabling, is increased to 100 percent effective November 7, 2025.
2. Evaluation of chronic renal disease, which is currently 30 percent disabling, is increased to 80 percent effective November 7, 2025.
3. Evaluation of diabetic peripheral neuropathy (femoral nerve), right lower extremity (previously rated under DC 8521), which is currently 10 percent disabling, is increased to 20 percent effective November 7, 2025.

4. Service connection for balance impairment as residual of parkinsonism associated with herbicide exposure is granted with a 10 percent evaluation effective November 7, 2025.

5. Service connection for speech changes as residual of parkinsonism associated with herbicide exposure is granted with a 0 percent evaluation effective November 7, 2025.

6. Service connection for stooped posture as residual of parkinsonism associated with herbicide exposure is granted with a 0 percent evaluation effective November 7, 2025.

7. Service connection for diabetic peripheral neuropathy (femoral nerve), left lower extremity (previously rated under DC 8521) is granted with an evaluation of 20 percent effective November 7, 2025.

8. Service connection for diabetic peripheral neuropathy (sciatic nerve), right lower extremity (previously rated under DC 8521) is granted with an evaluation of 20 percent effective November 7, 2025.

9. Entitlement to special monthly compensation based on aid and attendance criteria being met is granted from November 7, 2025.

10. Evaluation of diabetic peripheral neuropathy, right upper extremity (previously rated under DC 8613), which is currently 40 percent disabling, is continued.

11. Evaluation of diabetic peripheral neuropathy, left upper extremity (previously rated under DC 8613), which is currently 30 percent disabling, is continued.

12. Evaluation of diabetic peripheral neuropathy (sciatic nerve), left lower extremity (previously rated under DC 8521), which is currently 20 percent disabling, is continued.

13. Evaluation of hypertension, which is currently 0 percent disabling, is continued.

14. The claimant is considered competent.

15. The claim for an increased evaluation for arteriosclerotic heart disease to include coronary spasm, prinzmetals angina, hear failure with mid range ejection fraction is deferred.

#### EVIDENCE

- VA 21-526EZ, Fully Developed Claim (Compensation), received on December 27, 2025
- VA Form 21-4138, Statement In Support of Claim, received December 27, 2025
- ILER IES Record Unavailable Response, received on December 18, 2025
- TERA Memorandum, received on December 18, 2025
- ILER IES Record Unavailable Response, received on December 18, 2025

- TERA Memorandum, received on December 18, 2025
- VA Form 27-0820, Report of General Information, received on December 1, 2025
- ILER IES Record Unavailable Response, received on November 8, 2025
- VA Form 21-4138, Statement In Support of Claim, received November 8, 2025
- VA 21-526EZ, Fully Developed Claim (Compensation), received on November 7, 2025
- VA Form 21-2680, Examination for Housebound Status or Permanent Need for Regular Aid and Attendance, received January 16, 2025
- VA Form 27-0820, Report of General Information, received on December 4, 2024
- ILER IES Record Unavailable Response, received on August 8, 2024
- VA Examination for PTSD, December 19, 2025 by David Anderson, Ph.D., received on December 23, 2025
- VA Form 27-0820, Report of General Information, dated December 10, 2025
- VA Form 27-0820, Report of General Information, dated November 26, 2025
- VA Form 21-4138, Statement in Support of Claim, dated December 27, 2025
- VA Form 27-0820, Report of General Information, dated August 7, 2025
- VA Form 27-0820, Report of General Information, dated July 1, 2025
- DD Form 214, Certificate of Release or Discharge from Active Duty, for the period March 9, 1964 to March 8, 1968
- Service Treatment Records, received on March 7, 2014, for the period March 9, 1964 to March 8, 1968
- Service Personnel Records, for the period March 9, 1964 to March 8, 1968
- VA Examination for kidney and parkinsonism, dated December 16, 2025 by Maritza Lira, NP, received on December 17, 2025
- VA Examination for hypertension, December 17, 2025 by Casey Keeling, NP, received on December 17, 2025
- Rating Decision, dated August 5, 2024
- VAMC (Veterans Affairs Medical Center) treatment records, Long Beach VA Medical Center, for the period February 23, 2024 to December 10, 2025
- VAMC (Veterans Affairs Medical Center) treatment records, Loma Linda VA Medical Center, for the period August 5, 2023 to October 2, 2024
- VAMC (Veterans Affairs Medical Center) treatment records, San Diego VA Medical Center, for the period January 25, 2012 to October 2, 2024
- hearing transcription MS Team, December 10, 2025

## **REASONS FOR DECISION**

### **1. Evaluation of post-traumatic stress disorder with depressive disorder, and mild neurocognitive disorder currently evaluated as 70 percent disabling.**

The evaluation of post-traumatic stress disorder with depressive disorder, and mild neurocognitive disorder to include sleep disturbance and cognitive impairment due to parkinsonism is increased to 100 percent disabling effective November 7, 2025. (38 CFR 4.1, 38 CFR 3.400)

We have assigned a 100 percent evaluation for your post-traumatic stress disorder based on:

- Anxiety

- Chronic sleep impairment
- Depressed mood
- Difficulty in adapting to a worklike setting
- Difficulty in adapting to stressful circumstances
- Difficulty in adapting to work
- Difficulty in establishing and maintaining effective work and social relationships
- Difficulty in understanding complex commands
- Disturbances of motivation and mood
- Forgetting directions
- Forgetting names
- Forgetting recent events
- Forgetting to complete tasks
- Impaired abstract thinking
- Impaired impulse control
- Impairment of short- and long-term memory
- Inability to establish and maintain effective relationships
- Intermittent inability to perform activities of daily living
- Intermittent inability to perform maintenance of minimal personal hygiene
- Mild memory loss
- Neglect of personal appearance and hygiene
- Persistent delusions
- Persistent hallucinations
- Retention of only highly learned material
- Suspiciousness
- Total occupational and social impairment
- Unprovoked irritability with periods of violence

The overall evidentiary record shows that the severity of your disability most closely approximates the criteria for a 100 percent disability evaluation. (38 CFR 4.7, 38 CFR 4.126)

This is the highest schedular evaluation allowed under the law for posttraumatic stress disorder. (38 CFR 4.125, 38 CFR 4.126, 38 CFR 4.130)

There is no evidence of record that shows that you are unable to manage your financial affairs. (38 CFR 3.353)

The VA examiner noted that your service-connected PTSD exacerbates the other new diagnoses.

**2. Evaluation of chronic renal disease currently evaluated as 30 percent disabling.**

The evaluation of chronic renal disease is increased to 80 percent disabling effective November 7, 2025. (38 CFR 4.1, 38 CFR 3.400)

We have assigned an 80 percent evaluation for your chronic renal disease based on:

- Chronic kidney disease with glomerular filtration rate (GFR) from 15 to 29 mL/min/1.73 m<sup>2</sup> for at least 3 consecutive months during the past 12 months

A higher evaluation of 100 percent is not warranted for renal dysfunction unless the evidence shows:

- Chronic kidney disease with GFR less than 15 mL/min/1.73 m<sup>2</sup> for at least 3 consecutive months during the past 12 months; or,
- Eligible kidney transplant recipient; or,
- Requiring regular routine dialysis. (38 CFR 4.115a, 38 CFR 4.115b)

**3. Evaluation of diabetic peripheral neuropathy (femoral nerve), right lower extremity (previously rated under DC 8521) currently evaluated as 10 percent disabling.**

The evaluation of diabetic peripheral neuropathy (femoral nerve), right lower extremity (previously rated under DC 8521) is increased to 20 percent disabling effective November 7, 2025. (38 CFR 4.1, 38 CFR 3.400)

We have assigned a 20 percent evaluation for your peripheral neuropathy, right lower extremity based on:

- Moderate incomplete paralysis (38 CFR 4.124a)

When the involvement is wholly sensory, the rating should be for the mild, or at most, the moderate degree. (38 CFR 4.124a)

A higher evaluation of 30 percent is not warranted for paralysis of the anterior crural nerve (femoral) unless the evidence shows:

- Nerve damage is severe. (38 CFR 4.120, 38 CFR 4.124a)

**4. Service connection for balance impairment as residual of parkinsonism associated with herbicide exposure.**

Service connection may be granted for specific diseases or conditions which are presumed to have been caused by exposure to herbicides. Although not shown in service, service connection for balance impairment as residual of parkinsonism has been granted on the basis of presumption due to herbicide exposure. (38 USC 1116, 38 CFR 3.303, 38 CFR 3.307, 38 CFR 3.309, 38 CFR 3.816)

An evaluation of 10 percent is assigned from November 7, 2025. (38 CFR 3.400)

We have assigned a 10 percent evaluation for your balance impairment due to parkinsonism based on:

- Occasional dizziness

A higher evaluation of 30 percent is not warranted for peripheral vestibular disorders unless the evidence shows:

- Occasional staggering. (38 CFR 4.120, 38 CFR 4.124a)

**5. Service connection for speech changes as residual of parkinsonism associated with**

**herbicide exposure.**

Service connection may be granted for specific diseases or conditions which are presumed to have been caused by exposure to herbicides. Although not shown in service, service connection for speech changes as residual of parkinsonism has been granted on the basis of presumption due to herbicide exposure. (38 USC 1116, 38 CFR 3.303, 38 CFR 3.307, 38 CFR 3.309, 38 CFR 3.816)

A noncompensable evaluation is assigned from November 7, 2025. (38 CFR 3.400)

We have assigned a 0 percent evaluation for your speech changes due to parkinsonism based on:

- A diagnosed disability with no compensable symptoms

Note: In every instance where the schedule does not provide a zero percent evaluation for a diagnostic code, a zero percent evaluation shall be assigned when the requirements for a compensable evaluation are not met. (38 CFR 4.31)

A higher evaluation of 10 percent is not warranted for chronic laryngitis unless the evidence shows:

- Hoarseness, with inflammation of cords or mucous membrane. (38 CFR 4.97)

**6. Service connection for stooped posture as residual of parkinsonism associated with herbicide exposure.**

Service connection may be granted for specific diseases or conditions which are presumed to have been caused by exposure to herbicides. Although not shown in service, service connection for stooped posture as residual of parkinsonism has been granted on the basis of presumption due to herbicide exposure. (38 USC 1116, 38 CFR 3.303, 38 CFR 3.307, 38 CFR 3.309, 38 CFR 3.816)

A noncompensable evaluation is assigned from November 7, 2025. (38 CFR 3.400)

We have assigned a 0 percent evaluation for your stooped posture due to parkinsonism based on:

- Mild incomplete paralysis (38 CFR 4.124a)

Note: In every instance where the schedule does not provide a zero percent evaluation for a diagnostic code, a zero percent evaluation shall be assigned when the requirements for a compensable evaluation are not met. (38 CFR 4.31)

A higher evaluation of 10 percent is not warranted for paralysis of the eleventh (spinal accessory, external branch) cranial nerve unless the evidence shows:

- Nerve damage is moderate. (38 CFR 4.120, 38 CFR 4.124a)

**7. Service connection for diabetic peripheral neuropathy (femoral nerve), left lower**

**extremity (previously rated under DC 8521) as secondary to the service-connected disability of diabetes mellitus type 2.**

Service connection for diabetic peripheral neuropathy (femoral nerve), left lower extremity (previously rated under DC 8521) has been established as related to the service-connected disability of diabetes mellitus type 2. (38 CFR 3.303, 38 CFR 3.310)

An evaluation of 20 percent is assigned from November 7, 2025. (38 CFR 3.400)

We have assigned a 20 percent evaluation for your peripheral neuropathy, left lower extremity based on:

- Moderate incomplete paralysis (38 CFR 4.124a)

When the involvement is wholly sensory, the rating should be for the mild, or at most, the moderate degree. (38 CFR 4.124a)

A higher evaluation of 30 percent is not warranted for paralysis of the anterior crural nerve (femoral) unless the evidence shows:

- Nerve damage is severe. (38 CFR 4.120, 38 CFR 4.124a)

**8. Service connection for diabetic peripheral neuropathy (sciatic nerve), right lower extremity (previously rated under DC 8521) as secondary to the service-connected disability of diabetes mellitus type 2.**

Service connection for diabetic peripheral neuropathy (sciatic nerve), right lower extremity (previously rated under DC 8521) has been established as related to the service-connected disability of diabetes mellitus type 2. (38 CFR 3.303, 38 CFR 3.310)

An evaluation of 20 percent is assigned from November 7, 2025. (38 CFR 3.400)

We have assigned a 20 percent evaluation for your peripheral neuropathy, right lower extremity based on:

- Moderate incomplete paralysis (38 CFR 4.124a)

A higher evaluation of 40 percent is not warranted for paralysis of the sciatic nerve unless the evidence shows:

- Nerve damage is moderately severe. (38 CFR 4.120, 38 CFR 4.124a)

**9. Entitlement to special monthly compensation based on aid and attendance.**

Entitlement to special monthly compensation is warranted in this case because criteria regarding aid and attendance have been met. (38 CFR 3.350)

We have granted entitlement to special monthly pension based on the need for aid and

attendance, because the evidence shows that you require the assistance of another person with the activities of your daily living.

Aid and attendance may be awarded when the claimant is blind in both eyes having visual acuity of 5/200 or less, or has contraction of the visual field to 5 degrees or less; is a patient in a nursing home because of mental or physical incapacity; or, when the evidence shows aid and attendance is required to perform routine activities of daily living. The routine activities of daily living are basic self-care tasks which include such things as the ability to dress or undress one's self, to keep one's self ordinarily clean and presentable, ability to feed one's self, the ability to attend to the needs of nature, or the ability to protect one's self from the hazards or dangers incidental to his or her daily environment.

A review of the medical evidence of record revealed several service-connected disabilities, including chronic renal disease, diabetes mellitus, diabetic peripheral neuropathy of upper and lower extremities (with associated tremors, muscle rigidity, and stiffness in upper extremities), heart disease, and residuals of parkinsonism (with associated balance impairment, speech changes, stooped posture, cognitive impairment, and sleep disturbances). This evidence also established that these disabilities necessitate the assistance of another person with daily living activities, including mobility, self-care, communication, and cognitive independence.

Entitlement to special monthly compensation (SMC) based on the need for aid and attendance (A&A) is effective November 7, 2025, which is the date your claim was received, in accordance with the provisions of 38 CFR 3.352 and 38 CFR 3.400.

Prior to November 7, 2025, you were not eligible for entitlement to aid and attendance because the condition of a single disability rated as totally disabling was not met as the sole or partial cause of the need for aid and attendance.

Special monthly compensation is an additional level of compensation provided for various types of anatomical losses or levels of impairment that are due solely to service-connected disabilities.

**10. Evaluation of diabetic peripheral neuropathy, right upper extremity (previously rated under DC 8613) currently evaluated as 40 percent disabling.**

The evaluation of diabetic peripheral neuropathy, right upper extremity (previously rated under DC 8613) to include tremors, muscle rigidity and stiffness due to parkinsonism is continued as 40 percent disabling.

We have assigned a 40 percent evaluation for your peripheral neuropathy, right upper extremity (previously rated as peripheral neuropathy, bilateral upper extremity) based on:

- Moderate incomplete paralysis of the radial nerve, ulnar nerve, median nerve of the major extremity (rated as all radicular groups) (38 CFR 4.124a)

Lesions involving only "dissociation of extensor communis digitorum" and "paralysis below the extensor communis digitorum," will not exceed the moderate rating under code 8514. (38 CFR

[REDACTED]

4.124a)

A higher evaluation of 70 percent is not warranted for paralysis of all radicular groups unless the evidence shows:

- Nerve damage is severe. (38 CFR 4.120, 38 CFR 4.124a)

**11. Evaluation of diabetic peripheral neuropathy, left upper extremity (previously rated under DC 8613) currently evaluated as 30 percent disabling.**

The evaluation of diabetic peripheral neuropathy, left upper extremity (previously rated under DC 8613) to include tremors, muscle rigidity and stiffness due to parkinsonism is continued as 30 percent disabling.

We have assigned a 30 percent evaluation for your peripheral neuropathy, left upper extremity based on:

- Moderate incomplete paralysis of the radial nerve, median nerve, ulnar nerve of the minor extremity (rated as all radicular groups) (38 CFR 4.124a)

Lesions involving only "dissociation of extensor communis digitorum" and "paralysis below the extensor communis digitorum," will not exceed the moderate rating under code 8514. (38 CFR 4.124a)

A higher evaluation of 60 percent is not warranted for paralysis of all radicular groups unless the evidence shows:

- Nerve damage is severe. (38 CFR 4.120, 38 CFR 4.124a)

**12. Evaluation of diabetic peripheral neuropathy (sciatic nerve), left lower extremity (previously rated under DC 8521) currently evaluated as 20 percent disabling.**

The evaluation of diabetic peripheral neuropathy (sciatic nerve), left lower extremity (previously rated under DC 8521) is continued as 20 percent disabling.

We have assigned a 20 percent evaluation for your peripheral neuropathy, left lower extremity based on:

- Moderate incomplete paralysis (38 CFR 4.124a)

A higher evaluation of 40 percent is not warranted for paralysis of the sciatic nerve unless the evidence shows:

- Nerve damage is moderately severe. (38 CFR 4.120, 38 CFR 4.124a)

**13. Evaluation of hypertension currently evaluated as 0 percent disabling.**

The evaluation of hypertension is continued as 0 percent disabling.

[REDACTED]

We have assigned a 0 percent evaluation for your hypertension based on:

- A diagnosed disability with no compensable symptoms

Note: In every instance where the schedule does not provide a zero percent evaluation for a diagnostic code, a zero percent evaluation shall be assigned when the requirements for a compensable evaluation are not met. (38 CFR 4.31)

A higher evaluation of 10 percent is not warranted for hypertensive vascular disease unless the evidence shows:

- A history of diastolic pressure predominantly 100 or more and there is a requirement for continuous medication for control; or,
- Diastolic pressure predominantly 100 or more; or,
- Systolic pressure predominantly 160 or more. (38 CFR 4.104)

**14. Competency to handle disbursement of funds.**

Since you are not shown as unable to manage personal affairs, we have determined that you are competent for VA purposes. (38 CFR 3.353)

There is no evidence of record that shows that you are unable to manage your financial affairs. (38 CFR 3.353)

Competency is an inferred issue in every case of a totally disabling mental disorder, or if other evidence raises a question as to the beneficiary's mental capacity to contract or to manage his or her own affairs, including disbursement of funds without limitation.

A mentally incompetent person is defined as one who, because of injury or disease, lacks the mental capacity to control or manage his or her own affairs, including disbursement of funds without limitation. Where there is a doubt as to whether the beneficiary is capable of administering his or her funds, such doubt will be resolved in favor of competency.

Although there is no definite finding of incompetency in this case, the medical evidence previously of record was sufficient to establish that the claimant was not able to handle his or her own financial affairs. Therefore, a finding of incompetency was proposed.

At the December 19, 2025 VA mental health examination, the examiner provided an opinion that you are competent for VA purposes.

Since you have not been shown as unable to manage your personal affairs, we have determined that you are competent for VA purposes. (38 CFR 3.353)

**15. Evaluation of arteriosclerotic heart disease to include coronary spasm, prinzmetal's angina, heart failure with mid range ejection fraction currently evaluated as 30 percent disabling.**

[REDACTED]

The evaluation for arteriosclerotic heart disease to include coronary spasm, prinzmetals angina, heart failure with mid range ejection fraction is deferred for the following: VA examination is needed

**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](http://www.va.gov).

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