Raven Nexus clinician-review draft

FICTIONAL EXAMPLE. These invented records were processed through the Raven Nexus draft engine. No real veteran, clinician, or medical opinion is represented. Do not submit this example as evidence.

This is an unreviewed working draft, not medical evidence. The clinician must independently review the records and literature, reach their own conclusion, and author or adopt any final opinion.

Records reviewed

Fictional rating decision, dated 2016-03-22, page 1. Source excerpt: "Service connection for PTSD is granted. No determination concerning sleep apnea is included in this fictional decision." This excerpt was selected for inclusion; clinical interpretation remains with the clinician.

Fictional baseline sleep study, dated 2018-09-05, page 2. Source excerpt: "Assessment: obstructive sleep apnea. The untreated diagnostic study reports an apnea-hypopnea index of 16 events per hour. Prescribed positive airway pressure is discussed at follow-up." This excerpt was selected for inclusion; clinical interpretation remains with the clinician.

Fictional equipment follow-up, dated 2020-01-27, page 3. Source excerpt: "The patient reports tolerating the prescribed mask and feeling rested after use. The note contains no repeat untreated sleep study and does not quantify the underlying condition's progression." This excerpt was selected for inclusion; clinical interpretation remains with the clinician.

Fictional later sleep consultation, dated 2024-02-20, page 4. Source excerpt: "The patient reports removing the mask during awakenings associated with nightmares. Daytime fatigue is reported. Weight gain and a different work schedule are also documented. The clinician requests assessment of equipment use and sleep history without attributing worsening to PTSD." This excerpt was selected for inclusion; clinical interpretation remains with the clinician.

Current diagnosis

The supplied record lists Assessment: obstructive sleep apnea. The untreated diagnostic study reports an apnea-hypopnea index of 16 events per hour. Prescribed positive airway pressure is discussed at follow-up., dated 2018-09-05, page 2. The clinician must confirm the current diagnosis.

In-service event, exposure, or service-connected primary condition

Selected question for clinician review: Obstructive sleep apnea under Secondary to PTSD: aggravation, separately from causation. This selection does not establish a medical relationship.

Fictional rating decision, dated 2016-03-22, page 1: “Service connection for PTSD is granted. No determination concerning sleep apnea is included in this fictional decision.”

Source-attributed timeline
Veteran-selected primary condition: PTSD. Service-connected status is not verified by this selection.

Theory of connection

Veteran-selected theory for clinician review: Secondary to PTSD: aggravation, separately from causation. This selection is not a medical conclusion.

Aggravation paragraph for clinician completion
Address aggravation separately from causation. Identify the record-supported baseline before aggravation, describe any increase, and explain whether it is beyond natural progression. The clinician must supply this analysis.

Medical rationale

Clinician-authored rationale required. Claim Raven has not supplied a causal conclusion. The clinician must decide whether any verified source and veteran-specific fact support the selected theory, address contrary material, and explain their independent medical reasoning.

Onset and course
Fictional baseline sleep study, dated 2018-09-05, page 2: “Assessment: obstructive sleep apnea. The untreated diagnostic study reports an apnea-hypopnea index of 16 events per hour. Prescribed positive airway pressure is discussed at follow-up.”

Fictional equipment follow-up, dated 2020-01-27, page 3: “The patient reports tolerating the prescribed mask and feeling rested after use. The note contains no repeat untreated sleep study and does not quantify the underlying condition's progression.”

Question proposed for independent clinician assessment: How should the timing, attribution and gaps in these excerpts inform the assessment of onset and continuity?

Aggravation and baseline
Proposed discussion for clinician review
The baseline study established an untreated severity measure at initial diagnosis, while the later consultation described mask removal during awakenings associated with nightmares along with daytime fatigue, without a comparable untreated study performed at that later point. The later note also documented weight gain and a changed work schedule alongside the reported sleep disruption, and the clinician requested assessment of equipment use and sleep history without attributing any change to PTSD.

Fictional baseline sleep study, dated 2018-09-05, page 2: “Assessment: obstructive sleep apnea. The untreated diagnostic study reports an apnea-hypopnea index of 16 events per hour. Prescribed positive airway pressure is discussed at follow-up.”

Fictional later sleep consultation, dated 2024-02-20, page 4: “The patient reports removing the mask during awakenings associated with nightmares. Daytime fatigue is reported. Weight gain and a different work schedule are also documented. The clinician requests assessment of equipment use and sleep history without attributing worsening to PTSD.”

Question proposed for independent clinician assessment: How should the absence of a comparable untreated diagnostic measurement at the later encounter, together with the documented weight and schedule changes, factor into evaluating any suggested change in the underlying sleep apnea?

Competing explanations
Fictional later sleep consultation, dated 2024-02-20, page 4: “The patient reports removing the mask during awakenings associated with nightmares. Daytime fatigue is reported. Weight gain and a different work schedule are also documented. The clinician requests assessment of equipment use and sleep history without attributing worsening to PTSD.”

Question proposed for independent clinician assessment: Which of the documented concurrent factors, including weight change and altered work schedule, warrant consideration alongside the reported nightmare-associated mask removal when assessing the reported symptoms?

Differences between sources
Fictional rating decision, dated 2016-03-22, page 1: “Service connection for PTSD is granted. No determination concerning sleep apnea is included in this fictional decision.”

Fictional baseline sleep study, dated 2018-09-05, page 2: “Assessment: obstructive sleep apnea. The untreated diagnostic study reports an apnea-hypopnea index of 16 events per hour. Prescribed positive airway pressure is discussed at follow-up.”

Question proposed for independent clinician assessment: How should the separate scope of the PTSD grant, which did not address sleep apnea, be considered alongside the independently documented sleep apnea diagnosis?

Research coverage and limits
No verified literature finding is included.

Veteran-reported current symptoms: Fatigue and difficulty keeping the mask on during disrupted sleep.. The clinician must decide whether these facts fit the mechanism.

Veteran-reported contrary or complicating facts for clinician review: The later observations are not a comparable untreated diagnostic study. Equipment use, weight, and work schedule changed..

Response to the prior VA examination opinion

No verified prior VA examiner rationale was supplied for rebuttal.

Proposed opinion

Proposed for the clinician's independent judgment. After independently reviewing the listed materials, the clinician may state: "It is [at least as likely as not / less likely than not] that Obstructive sleep apnea was aggravated beyond natural progression by PTSD." Possible source-bound reasons for clinician review are: the supplied Fictional baseline sleep study entry dated 2018-09-05, page 2; the supplied Fictional rating decision entry dated 2016-03-22, page 1. These materials do not establish a medical conclusion. The clinician must select the applicable probability language, confirm that every cited fact and source applies, and replace or remove this proposed paragraph with their own supported reasoning.

Clinician attestation

Name: _____
Credentials: _____
Specialty: _____
Relationship to the veteran and dates of care: _____
Records reviewed confirmation: _____
Signature: _____
Date: _____

Verified literature appendix

No verified literature citations are included.

Provider guidance

No exact Board comparison is available for the selected connection question. A causation cohort is not substituted for aggravation. The clinician must independently confirm that the medical question is within their scope and practice.