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 2017-08-16, page 1. Source excerpt: "Service connection for PTSD is granted. This decision does not address sleep apnea or state that PTSD causes another condition." This excerpt was selected for inclusion; clinical interpretation remains with the clinician.

Fictional sleep clinic history, dated 2021-05-11, page 2. Source excerpt: "The patient reports snoring beginning before the PTSD treatment documented in the supplied records. The history also describes weight gain during a period of reduced activity. No causal medical opinion is recorded." This excerpt was selected for inclusion; clinical interpretation remains with the clinician.

Fictional sleep study, dated 2021-06-03, page 3. Source excerpt: "Assessment: obstructive sleep apnea. The sleep study documents an apnea-hypopnea index of 22 events per hour. The study establishes the recorded sleep diagnosis, not its cause." This excerpt was selected for inclusion; clinical interpretation remains with the clinician.

Fictional behavioral health follow-up, dated 2024-10-14, page 4. Source excerpt: "The patient reports nightmares and disrupted sleep during PTSD symptoms. The note does not distinguish awakenings associated with nightmares from respiratory events during sleep." This excerpt was selected for inclusion; clinical interpretation remains with the clinician.

Current diagnosis

The supplied record lists Assessment: obstructive sleep apnea. The sleep study documents an apnea-hypopnea index of 22 events per hour. The study establishes the recorded sleep diagnosis, not its cause., dated 2021-06-03, page 3. 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: causation. This selection does not establish a medical relationship.

Fictional rating decision, dated 2017-08-16, page 1: Service connection for PTSD is granted. This decision does not address sleep apnea or state that PTSD causes another condition.

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: causation. This selection is not a medical conclusion. The clinician must determine whether the verified sources and veteran-specific facts support this theory.

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

Proposed discussion for clinician review

The rating decision documents service connection for PTSD without addressing sleep apnea or stating that PTSD causes another condition. The sleep clinic history separately notes that snoring was reported before the PTSD treatment documented in the supplied records, and also describes weight gain during a period of reduced activity. This sequencing raises a question about how the reported onset of snoring relates temporally to the documented PTSD treatment course, and whether that ordering informs how the claimed relationship should be evaluated.

Fictional rating decision, dated 2017-08-16, page 1: Service connection for PTSD is granted. This decision does not address sleep apnea or state that PTSD causes another condition.

Fictional sleep clinic history, dated 2021-05-11, page 2: The patient reports snoring beginning before the PTSD treatment documented in the supplied records. The history also describes weight gain during a period of reduced activity. No causal medical opinion is recorded.

Question proposed for independent clinician assessment: How does the reported onset of snoring before the documented PTSD treatment bear on evaluating the claimed relationship between PTSD and the later diagnosed sleep apnea?

Treatment and documented course

Proposed discussion for clinician review

The sleep study establishes the recorded diagnosis of obstructive sleep apnea and documented findings from that study, while explicitly stating that it establishes the diagnosis and not its cause. The behavioral health follow-up describes nightmares and disrupted sleep during PTSD symptoms but does not distinguish awakenings associated with nightmares from respiratory events during sleep. These excerpts together leave open how the documented sleep disruption from PTSD symptoms and the separately diagnosed respiratory condition relate within the treatment course.

Fictional sleep study, dated 2021-06-03, page 3: Assessment: obstructive sleep apnea. The sleep study documents an apnea-hypopnea index of 22 events per hour. The study establishes the recorded sleep diagnosis, not its cause.

Fictional behavioral health follow-up, dated 2024-10-14, page 4: The patient reports nightmares and disrupted sleep during PTSD symptoms. The note does not distinguish awakenings associated with nightmares from respiratory events during sleep.

Question proposed for independent clinician assessment: What do these excerpts establish about the documented course, and what remains unknown?

Research and individual applicability

Fictional sleep study, dated 2021-06-03, page 3: Assessment: obstructive sleep apnea. The sleep study documents an apnea-hypopnea index of 22 events per hour. The study establishes the recorded sleep diagnosis, not its cause.

Supporting research, Posttraumatic Stress Disorder and Obstructive Sleep Apnea in Twins (2024), PMID 38913378: Previous evidence has suggested an association between OSA and posttraumatic stress disorder (PTSD) but is limited by possible selection bias.

Limiting research, Obstructive sleep apnea in combat-related posttraumatic stress disorder: a controlled polysomnography study (2011), PMID 22893807: Our results indicate that PTSD is not necessarily associated with a higher prevalence of OSA.

Question proposed for independent clinician assessment: Which of these differing literature characterizations of the PTSD and obstructive sleep apnea association, if any, is informative when considering the documented diagnosis in this record?

Competing explanations

Proposed discussion for clinician review

The sleep clinic history describes weight gain occurring during a period of reduced activity, presented as a history detail requiring separate consideration, alongside the reported snoring onset. The sleep study documents the obstructive sleep apnea diagnosis and its recorded severity without a causal opinion. These excerpts leave unaddressed how factors such as weight change and reduced activity, as distinct from PTSD symptoms, might relate to the documented respiratory diagnosis.

Fictional sleep clinic history, dated 2021-05-11, page 2: The patient reports snoring beginning before the PTSD treatment documented in the supplied records. The history also describes weight gain during a period of reduced activity. No causal medical opinion is recorded.

Fictional sleep study, dated 2021-06-03, page 3: Assessment: obstructive sleep apnea. The sleep study documents an apnea-hypopnea index of 22 events per hour. The study establishes the recorded sleep diagnosis, not its cause.

Question proposed for independent clinician assessment: What role might the documented weight gain and reduced activity history play as an alternative or contributing explanation for the diagnosed obstructive sleep apnea?

Differences between sources

Fictional sleep study, dated 2021-06-03, page 3: Assessment: obstructive sleep apnea. The sleep study documents an apnea-hypopnea index of 22 events per hour. The study establishes the recorded sleep diagnosis, not its cause.

Supporting research, Knowledge, Attitudes, and Screening for Obstructive Sleep Apnea and Diabetes Mellitus among War Veterans Seeking Treatment of Posttraumatic Stress Disorder (2021), PMID 34946424: A higher level of PTSD symptoms in veterans was associated with a higher prevalence of OSA.

Supporting research, The Impact of Antidepressants on the Risk of Developing Obstructive Sleep Apnea in Posttraumatic Stress Disorder: A Nationwide Cohort Study in Taiwan (2019), PMID 31538594: Asian patients with PTSD had increased risk of developing OSA

Limiting research, Obstructive sleep apnea in combat-related posttraumatic stress disorder: a controlled polysomnography study (2011), PMID 22893807: Our results indicate that PTSD is not necessarily associated with a higher prevalence of OSA.

Question proposed for independent clinician assessment: How should the differing supporting and limiting literature characterizations of the PTSD and obstructive sleep apnea association be weighed when reviewing the documented diagnosis in this record?

Research coverage and limits

Supporting verified literature: Posttraumatic Stress Disorder and Obstructive Sleep Apnea in Twins. Verified source excerpt: Previous evidence has suggested an association between OSA and posttraumatic stress disorder

(PTSD) but is limited by possible selection bias. Applicability boundary: source matching does not establish a clinical finding or its applicability to this veteran.

Supporting verified literature: Obstructive sleep apnea, posttraumatic stress disorder, and health in immigrants. Verified source excerpt: Structural equation modeling supported a model in which obstructive sleep apnea mediated the relationship between PTSD and psychosomatic and somatic disorders. Applicability boundary: source matching does not establish a clinical finding or its applicability to this veteran.

Supporting verified literature: Knowledge, Attitudes, and Screening for Obstructive Sleep Apnea and Diabetes Mellitus among War Veterans Seeking Treatment of Posttraumatic Stress Disorder. Verified source excerpt: A higher level of PTSD symptoms in veterans was associated with a higher prevalence of OSA. Applicability boundary: source matching does not establish a clinical finding or its applicability to this veteran.

Supporting verified literature: The Impact of Antidepressants on the Risk of Developing Obstructive Sleep Apnea in Posttraumatic Stress Disorder: A Nationwide Cohort Study in Taiwan. Verified source excerpt: Asian patients with PTSD had increased risk of developing OSA Applicability boundary: source matching does not establish a clinical finding or its applicability to this veteran.

Supporting verified literature: A Narrative Review of the Association between Post-Traumatic Stress Disorder and Obstructive Sleep Apnea. Verified source excerpt: Obstructive sleep apnea (OSA) and post-traumatic stress disorder (PTSD) are often co-morbid with implications for disease severity and treatment outcomes. Applicability boundary: source matching does not establish a clinical finding or its applicability to this veteran.

Supporting verified literature: The mediation effect of depression and alcohol use disorders on the association between post-traumatic stress disorder and obstructive sleep apnea risk in 51,149 Korean firefighters: PTSD and OSA in Korean firefighters. Verified source excerpt: Post-traumatic stress disorder (PTSD) is shown to be linked to a higher risk of obstructive sleep apnea (OSA). Applicability boundary: source matching does not establish a clinical finding or its applicability to this veteran.

Limiting verified literature: Obstructive sleep apnea in combat-related posttraumatic stress disorder: a controlled polysomnography study. Verified source excerpt: Our results indicate that PTSD is not necessarily associated with a higher prevalence of OSA. Applicability boundary: source matching does not establish a clinical finding or its applicability to this veteran.

Veteran-reported current symptoms: Unrefreshing sleep despite attempts to use prescribed equipment.. The clinician must decide whether these facts fit the mechanism.

Veteran-reported contrary or complicating facts for clinician review: Snoring was reported before the supplied PTSD treatment notes. Changes in weight and activity need separate consideration..

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 caused by PTSD." Possible source-bound reasons for clinician review are: the supplied Fictional sleep study entry dated 2021-06-03, page 3; the supplied Fictional rating decision entry dated 2017-08-16, page 1; the verified source excerpt from Posttraumatic Stress Disorder and Obstructive Sleep Apnea in Twins: Previous evidence has suggested an association between OSA and posttraumatic stress disorder (PTSD) but is limited by possible selection bias.. 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

Posttraumatic Stress Disorder and Obstructive Sleep Apnea in Twins

https://pubmed.ncbi.nlm.nih.gov/38913378/

Verified: 2026-09-03T23:45:28.261Z. Applicability requires independent clinician review.

Obstructive sleep apnea, posttraumatic stress disorder, and health in immigrants

https://pubmed.ncbi.nlm.nih.gov/23023679/

Verified: 2026-09-03T23:45:28.627Z. Applicability requires independent clinician review.

Knowledge, Attitudes, and Screening for Obstructive Sleep Apnea and Diabetes Mellitus among War Veterans Seeking Treatment of Posttraumatic Stress Disorder

https://pubmed.ncbi.nlm.nih.gov/34946424/

Verified: 2026-09-03T23:45:29.310Z. Applicability requires independent clinician review.

The Impact of Antidepressants on the Risk of Developing Obstructive Sleep Apnea in Posttraumatic Stress Disorder: A Nationwide Cohort Study in Taiwan

https://pubmed.ncbi.nlm.nih.gov/31538594/

Verified: 2026-09-03T23:45:29.835Z. Applicability requires independent clinician review.

A Narrative Review of the Association between Post-Traumatic Stress Disorder and Obstructive Sleep Apnea

https://pubmed.ncbi.nlm.nih.gov/35054110/

Verified: 2026-09-03T23:45:30.385Z. Applicability requires independent clinician review.

The mediation effect of depression and alcohol use disorders on the association between post-traumatic stress disorder and obstructive sleep apnea risk in 51,149 Korean firefighters: PTSD and OSA in Korean firefighters

https://pubmed.ncbi.nlm.nih.gov/34126310/

Verified: 2026-09-03T23:45:30.885Z. Applicability requires independent clinician review.

Obstructive sleep apnea in combat-related posttraumatic stress disorder: a controlled polysomnography study

https://pubmed.ncbi.nlm.nih.gov/22893807/

Verified: 2026-09-03T23:45:31.409Z. Applicability requires independent clinician review.

Provider guidance

Board corpus sample size: 1034 condition records across 1034 decisions. Grant share: 28.2% (sample size 1019). Descriptive provider-type figures: va examiner: 21.9% (sample size 302); private ime: 86.2% (sample size 138); treating physician: 85.7% (sample size 35). These figures do not identify who should sign and do not predict an outcome. The clinician must independently confirm that the medical question is within their scope and practice.