BOARD DECISION RESEARCH · RATEMYVSO

EVIDENCE IN SMC-M, N, AND O GRANTS

Three low-volume, high-threshold SMC levels show similar evidence patterns but different legal predicates.

643	442	734	100%
SMC-M DECISIONS	SMC-N DECISIONS	SMC-O DECISIONS	PERCENT AXIS CEILING

EVIDENCE CITED IN GRANTS

COUNT AND APPROXIMATE SHARE

SMC-M

Approx. 49% issue-level grant rate

VA C&P examination	272 (76%)
Private medical records	115 (32%)
Buddy or lay statement	73 (20%)
DBQ	56 (16%)
Service treatment records	46 (13%)

SMC-N

Approx. 37% issue-level grant rate

VA C&P examination	195 (74%)
Private medical records	89 (34%)
Buddy or lay statement	62 (24%)
Service treatment records	38 (14%)
DBQ	32 (12%)

SMC-O

Direct or stacking path

VA C&P examination	313 (75%)
Private medical records	149 (36%)
Buddy or lay statement	89 (21%)
DBQ	51 (12%)
Service treatment records	47 (11%)

WHAT CHANGES BY LEVEL

LEGAL PREDICATE

SMC-M

Paired loss or loss-of-use findings, knee or elbow factors, or the specified blindness paths.

SMC-N

More severe anatomical-loss and no-light-perception requirements. Loss of use is not interchangeable with anatomical loss.

SMC-O

A direct catastrophic combination or qualifying separate entitlements without double-counting.

Across all three

The examiner must address the exact remaining function, anatomical level, prosthetic factors, and visual findings required by the claimed subsection.

RECURRING DENIAL PATTERNS

PAGE-SPECIFIC REVIEW

SMC-M

- No documented loss-of-use finding
- Missing A&A predicate for blindness path
- Prosthesis evidence does not establish knee factor

SMC-N

- Anatomical loss not established
- Light perception remains
- SMC-O predicate missing before R claim

SMC-O

- Only one qualifying L-through-N rate established
- No underlying SMC-L entitlement
- Stacking relies on double-counting

Percentages are approximate shares within each level's granted-decision evidence sample. Evidence categories overlap and do not add to 100 percent.