RECORD OF PROCEEDINGS

PHYSICAL DISABILITY BOARD OF REVIEW

NAME: BRANCH OF SERVICE: NAVY

CASE NUMBER: PD0900261 BOARD DATE: 20100414

SEPARATION DATE: 20050608

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SUMMARY OF CASE: This covered individual (CI) was a Petty Officer First/Class Computer Operator medically separated from the Navy in 2005 after 9 years 10 months of service. The medical basis for the separation was Right Knee Pain. The CI was referred to the Physical Evaluation Board (PEB), determined unfit for continued military service and separated at 10% disability using the Veterans Affairs Schedule for Ratings Disabilities (VASRD) and applicable Navy and Department of Defense regulations.

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CI CONTENTION: The CI states: “All medical issues were not evaluated. Proper documentation was submitted.”

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RATING COMPARISON:

|  |  |
| --- | --- |
| **Service PEB** | **VA (2 months after Separation)** |
| **Unfitting Conditions** | **Code** | **Rating** | **Date** | **Condition** | **Code** | **Rating** | **Exam** | **Effective** |
| Right Knee Pain (Early Osteoarthritis) | 5099-5003 | 10% | 20050412 | Right Knee Arthritis Status Post Meniscal Repair | 5010 | 10% | 20050805 | 20050608 |
| Right Knee Medial Femoral Condyle Chondral Injury, Status Post Arthroscopy, withChondroplasty | Category II:Conditions that contribute to the unfitting condition(s): |  |
|  | On MEB H&P History DD2807-1Proteinuria and HTN | Renal Parenchymal Disease with Hypertension | 7599-7541 | 30% | 20050805 | 20050608 |
|  | Not in DES | Chronic Lumbar Strain | 5237 | 10% | 20050805 | 20050608 |
|  | Not in DES | Impotence | 7599-7522 | 0% | 20050805 | 20050608 |
|  |  | 5 other conditions  | NSC |  |  |  |
| **TOTAL Combined: 10%** | **TOTAL Combined (*Includes Non-PEB Conditions*):** **40% from 20050608**K-1 Entitled to special monthly compensation on account of loss of use of a creative organ |

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ANALYSIS SUMMARY:

Right Knee Pain

The CI first noticed right knee pain inapproximately November/December 2003 and he did not have any recollection of any specific trauma. He received conservative treatment with rest and physical therapy but continued to have pain. A Magnetic Resonance Imaging (MRI) done preoperatively documented a possible medial meniscal tear and a chondral tear of the medial femoral condyle. In April 2004 he had an arthroscopic procedure consisting of debridement and chondroplasty of a chondral tear of the medial femoral condyle. After the surgery he continued to have pain on the medial aspect of his right knee and was unable to increase his activity without pain. He had been compliant with all physical therapy and rehabilitation as recommended. X-rays taken in the past revealed a slight joint space lessening in the medial aspect consistent with early osteoarthritis. At the time of the narrative summary (NARSUM) examination he had pain and swelling in his knee with tenderness along the medial aspect. He appeared to tolerate normal activities but whenever he attempted to increase his activities or had any significant stair or ladder climbing, walking a lot on hard surfaces, or keeping his knee bent for any long period of time, he had increased pain.

(Separation Date 20050608)

|  |  |  |  |
| --- | --- | --- | --- |
| MovementRight Knee | Normal ROM | ROM Mil20050218 | ROM VA20050805 (pain) |
| Flex | 140 | 100 | 140 (130) |
| Ext | 0 | 0 | 0 |
| Notes: |  | Effusion present; tender to palpation along the medial femoral condyle | Limited by pain after repetitive use, McMurray's test of the right knee is abnormal with slight instability |

The VA exam was done six months after the Navy exam and two months after separation. The VA and Navy exams are very similar except the Navy exam documented a more limited range of motion (ROM) and noted an effusion while the VA exam noted a positive McMurray’s. Both examinations documented a normal gait, normal strength, and no neurological abnormality or joint laxity. The Navy and VA used different codes but both rated the condition at 10%. Neither exam documented a ROM limitation at the minimum compensable level, frequent locking, or joint instability. The VA rater correctly interpreted the VA Compensation and Pension (C&P) examiner comment ‘McMurray's test of the right knee is abnormal with slight instability’ to indicate a meniscal issue, not joint instability. Multiple different VASRD codes (5003, 5010, 5259, or 5260) could be used to appropriately rate this condition but none provide a rating greater than 10%.

Renal Parenchymal Disease with Hypertension

The CI was first diagnosed with hypertension while on active duty in 2003 and was subsequently found to have proteinuria. A renal ultrasound in March 2005 revealed evidence of left chronic renal parenchymal disease. The service treatment records show that diastolic pressures regularly at or above 100 since diagnosis of hypertension in 2003. On the VA examination the CI reported that he was on multiple hypertension medications but had no complications or functional impairment from his kidney disease and did not require dialysis. The clinical evaluation revealed blood pressure readings of 158/104,154/100, and 150/100. There was no edema in the extremities. The CHEM 12 test results showed an elevated creatinine of 1.5 mg/dl, and BUN within normal limits at 14. The urinalysis showed a presence of protein and hyaline casts.

These conditions were not adjudicated by the PEB but both hypertension and proteinuria were listed as diagnoses on the Medical Evaluation Board (MEB) History and Physical form and the CI was being followed by nephrology while on active duty.

There is no functional impairment from hypertension or kidney disease and neither caused any lost time from work. Hypertension was listed as a diagnosis on the October 2004 Limited Duty (LIMDU) but no limitation appears to be attributable to this condition. Therefore, neither condition appears to have been unfitting at the time of separation from service.

Other Conditions Not in Disability Evaluation System (DES) Packet: Chronic Lumbar Strain and Impotence

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BOARD FINDINGS: IAW DoDI 6040.44, provisions of DoD or Military Department regulations or guidelines relied upon by the PEB will not be considered by the Board to the extent they were inconsistent with the VASRD in effect at the time of the adjudication. After careful consideration of all available information the Board unanimously determined that the CI’s condition is most appropriately rated at 10% for 5003 Right Knee Pain (Early Osteoarthritis).

After arthroscopic surgery, the CI had pain-limited range of motion of his right knee and inability to tolerate prolonged or strenuous activities. However, he had a normal gait, normal strength, and no neurological abnormality or joint laxity. This functional limitations warrants a 10% rating under any of the VASRD codes that could be applied.

The Board also considered the condition of Renal Parenchymal Disease with Hypertension and unanimously determined that this condition was not unfitting at the time of separation from service and therefore no rating is applied.

The other diagnoses rated by the VA (Chronic Lumbar Strain and Impotence) were not mentioned in the Disability Evaluation System (DES) package and are therefore outside the scope of the Board. The CI retains the right to request his service Board of Correction for Naval Records (BCNR) to consider adding these conditions as unfitting.

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RECOMMENDATION: The Board therefore recommends that there be no recharacterization of the CI’s disability and separation determination.

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The following documentary evidence was considered:

Exhibit A. DD Form 294, dated 20090212, w/atchs.

Exhibit B. Service Treatment Record.

Exhibit C. Department of Veterans' Affairs Treatment Record.

 **DEPARTMENT OF THE NAVY**

SECRETARY OF THE NAVY COUNCIL OF REVIEW BOARDS 720 KENNON STREET SE STE 309

WASHINGTON NAVY YARD DC 20374-5023

IN REPLY REFER TO

1850 CORB:003 1 June 2010

From: Director, Secretary of the Navy Council of Review Boards

To:

Subj: PHYSICAL DISABILITY BOARD OF REVIEW (PDBR)

Ref: (a) 0001 6040.44

(b) PDBR ltr of 23 Apr 10

1. Pursuant to reference (a), the PDBR reviewed your case and forwarded its recommendation (reference (b)) to the Department of the Navy for appropriate action.
2. On 28 May 2010, the Assistant Secretary of the Navy (Manpower & Reserve Affairs) took action on your case by accepting the recommendation of the PDBR that no change be made to the characterization of sep?ration or disability rating assigned by the Department of the Navy's Physical Evaluation Board.
3. The Secretary's decision represents final action in your case by the Department of the Navy and is not subject to appeal or further review by the Board for Correction of Naval Records.

Copy to: PDBR