RECORD OF PROCEEDINGS

PHYSICAL DISABILITY BOARD OF REVIEW

NAME: BRANCH: NAVY

CASE NUMBER: PD0900487 BOARD DATE: 20100310

SEPARATION: 20080831

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SUMMARY OF CASE: This covered individual (CI) was a Yeoman/E3 medically separated from the Navy in 2005 almost 2 years of service. The medical basis for the separation was Superficial Peroneal Nerve Neuroma and Continuity. The CI was referred to the Physical Evaluation Board (PEB), found unfit for the Superficial Peroneal Nerve condition, determined unfit for continued naval service and separated at 10% disability using the Veterans Affairs Schedule for Ratings Disabilities (VASRD) and applicable Navy and Department of Defense regulations.

(Married in June 2008 and name changed to Mathis.)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CI CONTENTION: “The rating for the conditions which rendered the member unfit should be changed because; the surgical report stating that the member has Endometriosis with Scar tissue (SF 516) was missing when the PEB reviewed the member’s medical record. Endometriosis is rated at a higher percentage and continues to be a continuing issue for the member.”

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

RATING COMPARISON:

|  |  |
| --- | --- |
| **Service PEB** | **VA (<1 Mo. after Separation)** |
| **Unfitting Conditions** | **Code** | **Rating** | **Date** | **Condition** | **Code** | **Rating** | **Exam** | **Effective** |
| Superficial Peroneal Nerve Neuroma and Continuity | 8622 | 10% | 20080623 | Left Peroneal Nerve Neuropraxia w/Mild Dorsiflexion Weakness | 8521 | 10% | **20080911** | **20080901** |
| No PEB Entry | In MEB H&P and DD 2697 | Polycystic Ovarian Disease w/Endometriosis and Surgical Scar | 7629 | 30% | **20080911**  | **20080901** |
| No PEB Entry | In MEB Hx: h/o counseling;  | Dysthymic Disorder | 9433 | 10% | **20080916** | **20080901** |
| **TOTAL Combined: 10%** | **TOTAL Combined (*Includes Non-PEB Conditions*):** **40% from 20080901** |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ANALYSIS SUMMARY:

Condition 1 Superficial Peroneal Nerve Neuroma and Continuity:

The CI injured her left foot while in A-school. It was treated as a typical sprain but she was not able to ever fully recover from this injury and was eventually referred to orthopedics. She was on limited duty (LIMDU) for six months and received physical therapy but she continued to have pain rated at 5/10 and wore a brace. X-rays and Magnetic Resonance Imaging (MRI) were normal. The narrative summary (NARSUM) dated 20080505 reported good range of motion (ROM) and pain with direct palpation over the lateral aspect of her left foot. She had exquisite pain with tapping over the superficial peroneal nerve. She was working outside of her specialty due to her medical condition and was not worldwide assignable. A physical therapy note from 20080514 showed decreased dorsiflexion. The Navy PEB considered this a moderate incomplete paralysis of the superficial peroneal nerve.

The VA evaluation of 20080911 was also showed normal ROM and tenderness to palpation. However, it also documented a mild weakness (3/5) in dorsiflexion of the left foot. This may have been secondary to pain. She was able to stand and ambulate without difficulty. The neurologic examination was normal and symmetric in bilateral upper and lower extremities. The evaluation noted her condition only minimally affect her ability to perform the usual occupational and daily living activities. The VA considered this a mild incomplete paralysis of the common peroneal nerve.

|  |  |  |  |
| --- | --- | --- | --- |
| Ankle Motion | Normal ROM | VA 20080911 | Navy PT 20080514 |
| Right | Left | Left |
| Dorsiflexion | 20 | 20 | 20 | 10 |
| Plantar Flexion | 45 | 45 | 45 | 60 (45) |
| Comments |  | After repetitive motion, ROM of ankle not further limited by pain, fatigue, lack of endurance or incoordination (No additional limitation of function after repetitive motion.)Normal dorsiflexion | After repetitive motion, ROM of ankle not further limited by pain, fatigue, lack of endurance or incoordination (No additional limitation of function after repetitive motion.)Mild weakness (3/5) of dorsiflexion |  |

With mildly weak dorsiflexion as noted on the VA exam less than one month after separation and decreased active dorsiflexion on Navy PT exam 3 months prior to separation, the most accurate Veterans Administration Schedule for Rating Disability (VASRD) code appears to be 8521 External Popliteal nerve (common peroneal), not 8622 Musculocutaneous nerve (superficial peroneal). Based on the functional limitations caused by this condition, the injury does appear to be mild and 10% appears to be an appropriate rating.

Condition 2. PCO with Endometriosis and Surgical Scar:

Not in NARSUM or adjudicated by PEB. Endometriosis is listed as diagnosis on Medical Evaluation Board (MEB) History & Physical. Polycystic Ovarian Disease (PCO) and Surgical Scar are not mentioned in the Disability Evaluation System (DES) package.

There is no evidence endometriosis is unfitting. It is not mentioned in commander’s letter or LIMDU form. There are no duty limitations secondary to this condition.

PCO and Surgical Scar are not mentioned in the DES package and are therefore outside the scope of the PDBR.

Condition 3. Mental Illness:

Not in NARSUM or adjudicated by PEB. History of counseling is listed on MEB History form.

There is no evidence this is unfitting. It is not mentioned in commander’s letter or LIMDU form. There are no duty limitations secondary to this condition. The CI did have a diagnosis of adjustment disorder in Nov 2007. She was released from therapy after 11 sessions and did not receive any medications. When her treatment was terminated the CI was found fit for full duty and suitable for full duty.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 8622 Superficial Peroneal Nerve Neuroma and Continuity.

The CI continued to have unresolved pain and functional impairment of her left foot after her initial injury and was unable to perform her required duties. Physical therapy and medication helped but failed to alleviate all of her symptoms. The injury did not affect activities of daily living or usual occupational activities and is appropriately rated at 10%.

The Board also considered the conditions of Endometriosis and Dysthymic Disorder and unanimously determined that neither of these conditions was unfitting at the time of separation from service. Neither condition interfered with the performance of the duties required by her rank, rating, or duty position.

Polycystic Ovarian Disease and Surgical Scar were not mentioned in the DES package and are therefore outside the scope of the Board. The CI retains the right to request her service Board of Correction for Naval Records (BCNR) to consider adding these conditions as unfitting.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

|  |  |  |
| --- | --- | --- |
| **UNFITTING CONDITION** | **VASRD CODE** | **RATING** |
| Superficial Peroneal Nerve Neuroma and Continuity | 8622 | 10% |
| **COMBINED** | **10%** |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The following documentary evidence was considered:

Exhibit A. DD Form 294, dated 20090805, w/atchs.

Exhibit B. Service Treatment Record.

Exhibit C. Department of Veterans' Affairs Treatment Record.

 President

 Physical Disability Board of Review

MEMORANDUM FOR DIRECTOR, SECRETARY OF THE NAVY COUNCIL

 OF REVIEW BOARDS

Subj: PHYSICAL DISABILITY BOARD OF REVIEW (PDBR) RECOMMENDATION

Ref: (a) DoDI 6040.44

 (b) PDBR ltr dtd 19 Mar 10

 I have reviewed the subject case pursuant to reference (a) and approve the recommendation of the Physical Disability Board of Review (reference (b)) that XXXXXX records not be corrected to reflect a change in either his characterization of separation, or in the disability rating previously assigned by the Department of the Navy’s Physical Evaluation Board.

 Principal Deputy

 Assistant Secretary of the Navy

 (Manpower & Reserve Affairs)