RECORD OF PROCEEDINGS

PHYSICAL DISABILITY BOARD OF REVIEW

NAME: XXXXXXX BRANCH OF SERVICE: marine corps

CASE NUMBER: PD0900560 SEPARATION DATE: 20050531

BOARD DATE: 20110121

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SUMMARY OF CASE: Data extracted from the available evidence of record reflects that this covered individual (CI) was a USMC Cpl/E-4 (1833, Amphibious Assault Vehicle Crewman) medically separated in May 2005 after almost 3 years of active service. The medical basis for separation was Chronic Testicular Pain (Testalgia). The Testalgia did not respond adequately to treatment (including surgery) and the CI was unable to fully perform the duties of his military occupational specialty (MOS). After a period of Limited Duty (LIMDU), the CI underwent a Medical Evaluation Board (MEB). The MEB found the Testalgia to be medically unacceptable. A mental health (MH) addendum to the MEB narrative summary (NARSUM) added the diagnosis of mild Post-traumatic Stress Disorder (PTSD). The CI was referred to the Physical Evaluation Board (PEB) and determined unfit for the Testalgia (coded 8730). Three other conditions (Hematuria, Hematospermia, and intermittent testicular torsion) were found to be Category II (not separately unfitting, but related to the unfitting condition). PTSD was found to be Category III (not separately unfitting, and unrelated to Testalgia). The CI accepted the findings of the PEB and was separated with a 10% disability rating, using the Veterans Administration Schedule for Rating Disabilities (VASRD) and applicable Navy and Department of Defense (DoD) regulations.

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CI’s CONTENTION:

1. PTSD Mar 2004; Continued loss of sleep, feeling alone and very depressed. Mood swings with some acts of violence always on edge. The feeling of waiting and always having to watch.

2. Left wrist Mar 2004; Some pain when doing yard work. On a scale 1-10 it would be a six.

3. Scrotal Scar, Dec 04; Still embarrassing but continues to develop scar tissue from where outer stitches were. Have to clean it by pressing tissue out. Otherwise it itches and causes discomfort.

4. Tension Headaches, Self medication about 800mg aspirin/Tylenol at a time. Five days out of the week. Severe pain behind right eye and goes down the back of my head into my neck. Can’t drive, read, or concentrate.

5. Blunt spinal cord trauma, Nov 2003; My lower back continues to give me problems. It only helps if I apply a heating pad and lay down. I can’t stand for a long period of time and feel more pain when I walk up or down hill. Doing household chores such as dishes or moving is always followed by applying heat and laying down. Makes mowing a 3 hour job.

6. Bilateral Testalgia; Pain two to three times a day feels like I have been kicked in the groin. Still have blood twice to three times a month sometimes after intercourse or urinating. I feel sick to my stomach and have to sit down. Painful urination when I have an episode of pain.

RATING COMPARISON:

|  |  |
| --- | --- |
| **Service IPEB Date 20050322** | **VA (2 mo. prior to Separation)** |
| **Condition** | **Code** | **Rating** | **Date** | **Condition** | **Code** | **Rating** | **Exam** | **Effective** |
| Testalgia | 8730 | 10% | 20050322 | Bilateral Testalgia  | 7599-7525 | 10% | 20050303 | 20050601 |
| Hematuria | Cat II | Cat II | 20050322 | (no corresponding VA entry) |  |  |  |  |
| Hematospermia | Cat II | Cat II | 20050322 | (no corresponding VA entry) |  |  |  |  |
| Testicular Torsion | Cat II | Cat II | 20050322 | (no corresponding VA entry) |  |  |  |  |
| PTSD | Cat III | Cat III | 20050322 | PTSD, with Alcohol Abuse | 9411 | 70% | 20050305 | 20050601 |
| (no PEB entry) |  | Scrotal Scar | 7802 | 0% | 20050303 | 20060601 |
| (no PEB entry) |  | Status Post Left Wrist Fracture | 5215 | 10% | 20050303 | 20050601 |
| (no PEB entry) |  | Degen. Disk Disease (L4-5)  | 5242 | 10% | 20050303 | 20050601 |
| (no PEB entry) |  | Tension Headaches  | 8199-8100 | 0% | 20050303 | 20060601 |
| **TOTAL Combined: 10%** | **TOTAL Combined (*Includes Non-PEB Conditions*):** **80% from 20050601**  |

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ANALYSIS SUMMARY:

Testalgia. The CI developed testicular pain in March 2003. No history of trauma. He was treated with medication. In February 2004 he underwent a thorough urological evaluation including intravenous pyelogram, cystoscopy, computed tomography (CT), and scrotal ultrasound. All imaging studies were normal. In spite of treatment with various medications, the CI continued to have testicular pain about 3 times a week, lasting 5 minutes each time. While pain was initially involving the right testis, it spread to the left as well. The CI was unable to perform the duties of his MOS, and was placed on Limited Duty (LIMDU) status. In August 2004, his urologist was concerned about intermittent testicular torsion and recommended fixation surgery. The CI underwent bilateral testicular fixation (October 2004). Following surgery the symptoms did not improve, and MEB action was initiated. The MEB (December 2004) stated that the CI “has failed to respond to standard surgical and medical therapy. His failure to improve in a reasonable period of time following surgery strongly indicates the very high unlikelihood of further improvement with time.” The Navy PEB (March 2005) found him unfit due to Testalgia (with associated Hematuria, Hematospermia, and Intermittent testicular torsion). The unfitting condition was coded 8730 (neuralgia of the ilioinguinal nerve) and rated at 10%. Three months later (June 2005) the VA also rated his Testalgia at 10%, but used VASRD Code 7599-7525 (genitourinary condition analogous to chronic epididymo-orchitis).

The Physical Disability Board of Review (PDBR) carefully examined all evidentiary information available. At separation, the CI was suffering from chronic testicular pain (Testalgia). This condition could be coded 8730, or 7599-7525. It is important to note that using either code, the CI’s symptoms did not meet the criteria for a higher rating. IAW VASRD §4.124, the maximum rating for neuralgia of the ilioinguinal nerve is 10%. Hence the CI received the maximum rating possible. Under code 7599-7525, a higher evaluation (30%) was not warranted because there was no evidence of poor renal function, or evidence demonstrating recurrent symptomatic infection requiring drainage, or hospitalization, or continuous intensive management. The Board also noted that the Hematuria, Hematospermia, and Intermittent testicular torsion did not rise to the level of separately unfitting conditions. All evidence considered, there is not reasonable doubt in the CI’s favor supporting a change from the PEB’s rating decision for the Testalgia condition.

Post-traumatic Stress Disorder (PTSD). The CI was deployed to Iraq from February 2003 to September 2003. He was treated for PTSD in November 2004, 14 months after his return to the U.S. At that time the CI reported nightmares, hyper-vigilance, avoidance behaviors, increased irritability, and flashbacks. He was treated with medication and followed by Mental Health. At his treatment visit on 5 January 2005 the examiner (Dr. L.) noted that the CI continued to experience 2-3 nightmares per week but “other signs and symptoms of PTSD have resolved.” Two weeks later (18 January 2005) Dr. L. felt that the PTSD was mild and resolving. In the mental health MEB NARSUM of 20 January 2005 (4 months prior to separation) Dr. L. wrote that the mental status exam was normal. The CI was oriented, with normal affect, normal speech, appropriate thought processes, and intact cognition. He had good impulse control, good judgment and normal memory. Dr. L. assigned a Global Assessment of Functioning (GAF) score of 65-70, and concluded that the CI should continue on medication and begin therapy if PTSD symptoms worsened. The prognosis was good, and “with regard to disability rating I would say it would be mild with respect to the diagnosis of post-traumatic stress disorder.” The Navy PEB determined that the CI’s PTSD was not unfitting. The CI had a VA Compensation and Pension (C&P) psychological exam on 5 March 2005 (12 weeks prior to separation). At that exam, he admitted to drinking 3 drinks per night and more on weekends. He described panic attacks, hyper-vigilance, suspiciousness, and anxiety, as well as nightmares and chronic sleep impairment. There was one episode where the CI had responded violently and grabbed the neck of a co-worker who touched him unexpectedly. The examiner found a dysphoric mood but no cognitive deficits, memory loss, speech impairment, obsessive rituals, or suicidal ideation. The GAF score was 54. The CI continued to be seen and treated right up until the end of May which is when he separated from service. Notes in the service treatment record (STR) document his continuing improvement. At one visit on 3 May 2005 (4 weeks prior to separation) the examiner wrote “history of mild PTSD, resolved.”

The Board carefully reviewed all evidentiary information available. It is clear from the VA C&P exam that the CI was suffering from PTSD symptoms on 5 March 2005. However, there is documentation which shows that two months later (3 May 2005) the mild PTSD had resolved. The Board could find no evidence of any duty or assignment restrictions because of PTSD, and PTSD was not implicated in the Commander’s written statement on the Non-medical Assessment (NMA). All evidence considered, and after lengthy deliberation, the Board unanimously agrees that there is not reasonable doubt in the CI’s favor supporting addition of PTSD as an unfitting condition for separation rating.

History of Other Conditions in the Disability Evaluation System (DES) Package. Left wrist pain, degenerative disc disease, headaches, and scrotal scar were also discussed and considered by the Board. There is no clearly documented evidence that any of these conditions caused a significant adverse effect on the performance of required military duties. These other conditions are all judged by the Board to be not unfitting at the time of separation from service, and are not relevant for disability rating. The Board therefore has no reasonable basis for recommending any additional unfitting conditions for separation rating.

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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.

In the matter of the Testalgia condition (with associated hematuria, hematospermia, and intermittent testicular torsion), the Board unanimously recommends no change in the PEB adjudication.

In the matter of the PTSD, left wrist pain, degenerative disc disease, headaches, scrotal scar, or any other medical conditions eligible for Board consideration; the Board unanimously agrees that it cannot recommend any findings of unfit for additional rating at separation.

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RECOMMENDATION:

The Board therefore recommends that there be no re-characterization of the CI’s disability and separation determination.

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The following documentary evidence was considered:

Exhibit A. DD Form 294, dated 20090825, w/atchs.

Exhibit B. Service Treatment Record.

Exhibit C. Department of Veterans' Affairs Treatment Record.

 Deputy Director

 Physical Disability Board of Review

MEMORANDUM FOR DIRECTOR, SECRETARY OF THE NAVY COUNCIL

 OF REVIEW BOARDS

Subj: PHYSICAL DISABILITY BOARD OF REVIEW (PDBR) RECOMMENDATION

 ICO XXXXX, FORMER USMC, XXX XX XXX

Ref: (a) DoDI 6040.44

 (b) PDBR ltr dtd 8 Feb 11

 I have reviewed the subject case pursuant to reference (a) and, for the reasons set forth in reference (b), approve the recommendation of the Physical Disability Board of Review that Mr. XXXXX’s 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)