RECORD OF PROCEEDINGS

PHYSICAL DISABILITY BOARD OF REVIEW

NAME: BRANCH OF SERVICE: AIR FORCE

CASE NUMBER: PD1000264 BOARD DATE: 20100728

SEPARATION DATE: 20060530

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SUMMARY OF CASE: This covered individual (CI) was an active duty SSGT/E-5 (4A151, Medical Material Journeyman) medically separated from the Air Force in 2006 after more than eight years of service. The medical basis for the separation was Arthritis, Degenerative.

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CI CONTENTION: The CI states: ‘Due to negligence of the U. S. Air Force, I am permanently disabled. My injuries were caused by traumatic physical abuse exacerbated by the poor medical care I received. It has been determined by medical authorities my condition will continue to deteriorate. It is predicted the pain I now experience will become constant and unbearable; plus the possibility of losing total use of my legs. The FPEB along with Veterans Administration determination both disregarded the stress fractures in both my left and right hip which required corrective surgery that included the placement of three (3), 8' screws in both my left and right hip.’

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RATING COMPARISON:

|  |  |
| --- | --- |
| **Service PEB – Dated 20060412** | **VA (3 Months after Separation) – All Effective 20060531** |
| **Condition** | **Code** | **Rating** | **Condition** | **Code** | **Rating** | **Exam** |
| Arthritis, Degenerative (Osteoarthritis) with X-ray evidence of involvement of 2 or more major joints at 10 percent per hip joint associated with Bilateral Hip Pain, Status Post Bilateral Femoral Neck Fractures (1998), Percutaneous Pinning and Osteoporosis, and slight Limitation of Motion | 5003 | 20% | Osteopenia/Osteoporosis Status Post Right Femoral Neck Fracture | 5010-5013 | 10% | 20060815 |
| Osteopenia/Osteoporosis Status Post Left Femoral Neck Fracture | 5010-5013 | 10% | 20060815 |
| Migraine Headaches | CAT II | Migraine Headaches | 8100 | 30% | 20060815 |
| Tobacco Habituation | CAT III |  |  |  |  |
|  | C/Section in NARSUM | Scar, Suprapubic Horizontal | 7804 | 10% | 20060815 |
|  | Surgery in NARSUM | Scars, Left hip | 7804 | 10% | 20060815 |
|  | Surgery in NARSUM | Scars, right Hip | 7804 | 10% | 20060815 |
|  | NARSUM | Dysplasia status post LEEP | 7699-7629 | 0% | 20060820 |
|  |  NSC X 1 |  |
| **TOTAL Combined: 20%** | **TOTAL Combined (*Includes Non-PEB Conditions*): 60%**   |

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ANALYSIS SUMMARY:

Osteoporosis Status Post Bilateral Femoral Neck Fractures/Degenerative Arthritis: The CI first noted hip pain while in Security Forces Technical School training in 1998. She was initially treated with rest and non-steroidal anti-inflammatory medication (NSAIDs) but her pain persisted and she was referred to orthopedics. She was diagnosed with a stress fracture of the left femoral neck and stress reaction of the right femoral neck. She underwent surgery in April 1998 with placement of bilateral percutaneous screws in each femoral neck. She underwent a Medical Evaluation Board (MEB) in 1998 and was found fit for duty but unable to perform the duties of Security Forces. She was transferred to Medical Material; from October 1998 through July 2005 she was in a controlled tour at Keesler Air Force Base and was not assigned a mobility position. She continued to have pain but was not on a profile. However, her next position at Eglin Air Force Base was not protected from deployment. She was also diagnosed with osteoporosis and treated with Fosamax.

The CI continued to have bilateral hip pain daily averaging 3 to 4/10 with exacerbations to 8 or 9/10. As described in the chart below, range-of-motion (ROM) of each hip was limited but not to the compensable level. Treatment options were limited. Surgical removal of the pins was considered as a way to decrease symptoms but the risk of fracture would be elevated and the CI decided against this course of treatment. This is considered reasonable. At the time of separation the CI’s profile (L4) included no running, no prolonged walking or marching greater than 20 minutes, no carrying rucksack, no jumping, and may exercise at own pace. She was also restricted from PCS, TDY, and mobility. At the Formal PEB hearing the CI testified she was able to lift up to 20 pounds, sit 20-45 minutes and walk 1/2mile on an average day.

In addition to concerns about the inability to deploy, the CI was also having difficulties performing her full duties in the Medical Logistic career field. She had difficulty ambulating throughout the warehouse, as well as with climbing ladders, and other required activities. The CI’s commander stated that although the CI’s lifting capacity was limited and might potentially restrict her from warehouse operations, she could be fully utilized in other areas of this specialty or retrained into another specialty. He recommended she be retained and returned to duty with restrictions, provided that she could, at a minimum, deploy to any non-bare base location in the future.

An Informal PEB determined she was unfit secondary to her bilateral hip condition with a disability rating of 0% for each hip. A Formal PEB concurred with the finding of unfit and rated her condition at 20% under 5003. Their rationale explained her condition was rated under 5013 Osteoporosis with joint manifestations which is rated on limitation of motion of affected parts, as arthritis, degenerative, VASRD 5003.

There are multiple ways to rate this condition but none yields a rating greater than 20%. The ROM is limited but it does not reach the compensable level of limitation. The Formal PEB rated under VASRD 5013-5003 at 20% for x-ray evidence of involvement of two major joints with occasional incapacitating episodes. The VA rated each hip separately under 5010-5013 with 10% each hip for ROM limited by pain. VASRD 5253 could also be applied to each hip with 10% for painful motion. No method provides an advantage to the CI.

 Separated 20060530; Surgery 19980416

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Hip****Movement** | **Normal ROM** | **ROM Mil****20001003****Ortho Exam** | **ROM Mil****20060208****Ortho Addendum**3 months prior to separation | **ROM Mil****20060411****Ortho Exam**1 month prior to separation | **ROM VA****20060815**3 months after separation |
| **Right** Flexion | 0 - 125 | 120 | 110 | 100 | 115 |
| Right Extension |  | 20 | 20 | 15 | 30 |
| Right Abduction | 0 - 45 | 45 |  | 20 | 30 |
| Right Adduction |  | 20 |  |  | 25 |
| Right External Rotation |  | 60 | 20 | 10 | 40 |
| Right Internal Rotation |  | 30 | 45 | 30 | 20 |
|  |
| **Left** Flexion | 0 - 125 | 120 | 110 | 95 | 110 |
| Left Extension |  | 20 | 20 | 15 | 30 |
| Left Abduction | 0 - 45 | 45 |  | 20 | 20 |
| Left Adduction |  | 20 |  |  | 25 |
| Left External Rotation |  | 60 | 40 | 10 | 40 |
| Left Internal Rotation |  | 30 | 45 | 30 | 20 |
| **Notes** |  |  |  |  |  |

Migraine Headaches

The CI also had a history of migraine headaches once or twice a month around the time of her menses. At her Formal PEB hearing in April 2006 she testified that she worked through her migraines and it had been approximately one year since she had missed work secondary to a migraine. There is no evidence this condition was unfitting as it did not interfere with performance of any required duties and no duty restrictions are attributable to it.

Other Conditions

Scar, Suprapubic Horizontal; Scars, Left Hip; Scars, Right Hip; and Dysplasia Status Post Loop Electrosurgical Excision Procedure (LEEP). There is no evidence that any of these conditions were unfitting as none of them interfered with performance of any required duties and no duty restrictions are attributable to them.

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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 with a 20% disability rating.

The CI had osteoporosis and a history of stress fracture and stress reaction in her hips that required prophylactic pinning. She continued to have pain and limited range-of-motion (ROM). The ROM limitation did not reach the compensable level and the condition could be rated either as painful motion at the minimal compensable level for each hip or under 5013 rated as 5003. While there are multiple VASRD codes that could be used, all possible codes yield a 20% rating and none offers an advantage to the CI.

The Board also considered Migraine Headaches; Scar, Suprapubic Horizontal; Scars, Left Hip; Scars, Right Hip; and Dysplasia status post LEEP and unanimously determined that none of these conditions were unfitting at the time of separation from service and therefore no disability rating is applied. There is no evidence that any of these conditions were unfitting as none of them interfered with performance of any required duties and no duty restrictions are attributable to them.

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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 20100331, w/atchs.

Exhibit B. Service Treatment Record.

Exhibit C. Department of Veterans' Affairs Treatment Record.

 Deputy Director

 Physical Disability Board of Review

SAF/MRB

1535 Command Drive, Suite E-302

Andrews AFB, MD 20762-7002

 Reference your application submitted under the provisions of DoDI 6040.44 (Section 1554, 10 USC), PDBR Case Number PD-2010-00264.

 After careful consideration of your application and treatment records, the Physical Disability Board of Review determined that the rating assigned at the time of final disposition of your disability evaluation system processing was appropriate. Accordingly, the Board recommended no re-characterization or modification of your separation with severance pay.

 I have carefully reviewed the evidence of record and the recommendation of the Board. I concur with that finding and their conclusion that re-characterization of your separation is not warranted. Accordingly, I accept their recommendation that your application be denied.

 Sincerely

Director

Air Force Review Boards Agency

Attachment:

Record of Proceedings

cc:

SAF/MRBR

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