RECORD OF PROCEEDINGS
PHYSICAL DISABILITY BOARD OF REVIEW

NAME: XXXXXXXXXXXXXXXXX
CASE NUMBER: PD1100958
BOARD DATE: 20130206

BRANCH OF SERVICE: ARMY
SEPARATION DATE: 20020930

SUMMARY OF CASE: Data extracted from the available evidence of record reflects that this covered individual (CI) was an active duty SGT/E-5 (98J20/Non-communicator Interceptor Analyst), medically separated for chronic pain, low back, right shoulder, bilateral heels and knees. The CI experienced bilateral foot pain during a road march, and right shoulder pain after a shoulder dislocation and was later diagnosed as right shoulder impingement syndrome. His evaluation and treatment included a right shoulder arthroscopy. Additionally he had low back pain (LBP) and knee pain that began while walking and road marching. Lastly, he had bronchial asthma and chronic headaches. The chronic pain, low back, right shoulder, bilateral heels and knees conditions could not be adequately rehabilitated. The CI did not improve adequately with treatment to meet the physical requirements of his Military Occupational Specialty (MOS) or satisfy physical fitness standards. He was issued a permanent P3, U3 ,L3, E2, S2 profile and underwent a Medical Evaluation Board (MEB). Heel spurs, bilateral plantar fasciitis, bronchial asthma, generalized anxiety disorder, major depressive disorder, panic disorder with agoraphobia and headaches, migraines condition(s), identified in the rating chart below, were also identified and forwarded by the MEB. The Physical Evaluation Board (PEB) adjudicated the chronic pain, low back, right shoulder, bilateral heels and knees conditions as unfitting, rated 10%, with likely application of the Department of Defense Instruction (DoDI) 1332.39 and cited application of the United States Army Physical Disability Agency (USAPDA) pain policy. The CI made no appeals, and was medically separated with a 10% disability rating.

CI CONTENTION: "Department of Veterans Affairs Decision: migraine headaches 30%, impingement syndrome right shoulder 10%, calcaneal spur right foot 10%, calcaneal spur left foot 10%, plantar fasciitis bilateral 10%, limitation of motion/LS spine/Lower Back pain 10%, anxiety disorder with depressive disorder 10%."

SCOPE OF REVIEW: The Board wishes to clarify that the scope of its review as defined in DoDI 6040.44, Enclosure 3, paragraph 5.e. (2) is limited to those conditions which were determined by the PEB to be specifically unfitting for continued military service; or, when requested by the CI, those condition(s) "identified but not determined to be unfitting by the PEB." The ratings for unfitting conditions will be reviewed in all cases. The conditions: migraine headaches, plantar fasciitis bilateral, anxiety and depressive disorder, as requested for consideration meet the criteria prescribed in DoDI 6040.44 for Board purview and are addressed below, in addition to a review of the ratings for the unfitting conditions. Any conditions or contention not requested in this application, or otherwise outside the Board's defined scope of review, remain eligible for future consideration by the Army Board for Correction of Military Records.

RATING COMPARISON:

Service IPEB – Dated 20020619			VA (4 Mo. After Separation) – All Effective Date 20021001			
Condition	**Code**	**Rating**	**Condition**	**Code**	**Rating**	**Exam**
Chronic Pain, Low Back, Right Shoulder, Bilateral Heels And Knees	5099-5003	10%	Limitation Of Motion, LS Spine With History Of LBP	5299-5295	10%	20021126
			Impingement Syndrome, Right Shoulder	8599-8516	10%	20021126
			Plantar Fasciitis, Bilateral	5299-5279	10%	20021126
			Calcaneal Spur, Right Foot	7819-5271	10%	20021126
			Calcaneal Spur, Left Foot	7819-5271	10%	20021126
			Patellofemoral Syndrome, R/Knee	5299-5260	0%	20021126
			Patellofemoral Syndrome, L/Knee	5299-5260	0%	20021126
Asthma	Not Unfitting		COPD w/History of Asthma	6604	0%	20021202
Generalized Anxiety Disorder	Not Unfitting		Generalized Anxiety Disorder w/Depressive Disorder	9400	10%	20021203
Major Depressive Disorder	Not Unfitting					
Panic Disorder w/Agoraphobia	Not Unfitting		No VA Entry			
Headaches	Not Unfitting		Migraine Headaches	8100	30%	20021126
↓No Additional MEB/PEB Entries↓			0% x 9/Not Service Connected x 13			20021204
Combined: 10%			**Combined: 60%**			

Based on 19 June 2003 VARD

ANALYSIS SUMMARY: The PEB bundled chronic pain, low back, right shoulder, bilateral heels and knees as unfitting and assigned a single 10% rating under the USAPDA pain policy as slight and constant. This approach by the PEB reflected its judgment that the constellation of conditions was unfitting, not a judgment that each condition was independently unfitting. When combining conditions in this manner, the PEBs concluded that there was no need for separate fitness adjudications. When considering a separate rating for each condition, the Board first must satisfy the requirement that each unbundled condition was unfitting in and of itself based on a preponderance of evidence. When the Board recommends separate fitness recommendations in this circumstance, its recommendations may not produce a lower combined rating than that of the PEB. The Board's initial charge in this case was therefore directed at determining if the PEB's approach of combining conditions under a single rating was justified in lieu of separate ratings. As detailed below, the Board concluded that each of the bundled conditions, when considered alone separate from the other conditions did not arise to a level to be considered individually unfitting based on the preponderance of evidence. However, the Board agreed, considered in their totality, the overall effect resulted in a situation that prevented performance of duties. The Board noted that DoDI 1332.38 provides for this circumstance (DoDI 1332.38, paragraph E3.P3.4.4.; "Overall Effect") and the Board therefore recommended no change to the adjudication of the PEB.

Chronic Low Back Pain Condition. Service treatment record (STR) reflects the CI first sought care for LBP in February 1999 associated with physical training, particularly performing sit-ups. There was no history of injury, associated neurological complaints or signs or symptoms of

radiculopathy. Examinations documented full range-of-motion (ROM) and X-rays of the lumbosacral spine were normal. Orthopedic surgery consultation concluded the back pain was most likely mechanical in nature and the CI was provided physical therapy (PT). A duty limiting profile was issued in January 2000 that listed all the CI's conditions including LBP. No care for back pain is evident in the STR during 2000. An orthopedic evaluation on 11 December 2000 recorded LBP with certain routines and positions such as lifting and sit-ups. On examination, the CI was able to bend over and touch his toes. There are no other medical encounters for back pain in the STR other than the MEB narrative summary (NARSUM). The NARSUM, 30 July 2001, noted onset of back pain in 1998 with walking and road marching which later became worse. No further detail regarding the back pain is provided. On examination (performed 26 July 2001) there were no signs of radiculopathy and strength was normal. Low back ROM was moderately reduced (flexion 45 degrees, extension 10, right side bending 10, left side bending 15, and right and left rotation 30). A PT examination for the MEB on 30 July 2001 recorded back flexion of 70 degrees, extension of 10 degrees, and side bending of 30 degrees each direction. The NARSUM addendum 16 January 2002 makes no mention of LBP at all. A repeat PT examination for the PEB on 1 May 2002 recorded back flexion of 40 degrees lacking 20 degrees from normal (60 degrees is normal lumbar flexion), extension 20 degrees lacking 5 degrees from normal, side bending 15 degrees and rotation of 20 degrees in each direction. A clinic encounter 15 July 2002 noted the CI was undergoing an MEB and complaining of spine pain. On examination he was tender to palpation. He could flex to four inches from the floor (full flexion), perform full rotation and laterally flex to 75% of normal with report of pain. The VA Compensation and Pension (C&P) examination 26 November 2002, approximately 2 months after separation, recorded a history of stable chronic LBP with variable severity aggravated by lifting or carrying. On examination there was no muscle spasm or tenderness. Flexion was 75 degrees (pain from 60 degrees), extension 25 degrees, and 25 degrees of lateral bending. Motion was noted to be slow and guarded. Posture and gait were normal (also reported as normal in the general examination 4 December 2002). He was able to fully squat and arise again. X-rays (26 November 2002) of the lumbosacral spine were normal. The Board considered if the chronic LBP condition rose to the level of being separately unfitting when considered alone. The Board noted the CI was diagnosed with mechanical LBP with normal X-rays and unremarkable examinations. Following PT treatment in 1999, there were no further STR entries for care of LBP. The NARSUM provides only minimal mention of back pain. After due deliberation, the Board concluded that the preponderance of evidence does not support a finding that the back condition was separately unfitting when considered alone.

Right Shoulder Condition. The CI injured his right shoulder in a fall down stairs in December 1994. Due to persisting symptoms diagnosed as impingement syndrome, the CI underwent arthroscopic sub acromial decompression of the right shoulder in March 1998 to address the impingement condition. The post-operative profile restriction expired 11 May 1998. The CI sought care for recurrent right shoulder pain on 27 September 1998 after he fell off a horse. The STR falls silent for care of right shoulder pain after this date. A May 1999 profile report indicated a U1 for no restrictions for the upper extremity. In January 2000, an MOS Medical Review Board was recommended in the setting of complaints of knee pain and back pain and a U3 profile was issued listing right shoulder impingement syndrome along with other conditions; however STR does not show the shoulder was a focus of clinical attention or record shoulder complaints prior to or after this time. An orthopedic evaluation on 11 December 2000 for LBP noted the presence of a profile (no push-ups; lift up to 20 pounds) for the right shoulder but that "he can do job well." The next shoulder examinations were in the setting MEB evaluation beginning in July 2001. The NARSUM 30 July 2001 recorded some improvement in pain after surgery with persistent limitation of mobility and lifting. The examiner recorded examination performed 26 July 2001 with right shoulder flexion of 130 degrees, and abduction of 45

degrees. PT examinations on 30 July 2001 and 1 May 2002 recorded similar results (flexion of 110 degrees, abduction of 65 degrees; flexion of 120 degrees, abduction of 60 degrees). The C&P examination on 26 November 2002, 2 months after separation, recorded right shoulder pain with overhead use at the shoulder level and above. Examination noted a positive impingement sign, intact strength (5/5), flexion to 140 degrees (with pain at 100 degrees), abduction to 100 (with pain at 90), internal rotation of 60 degrees, external rotation of 90 degrees. An X-ray performed that day showed some spurring of the distal clavicle but was otherwise normal. The Board considered if the right shoulder condition rose to the level of being separately unfitting when considered alone. The Board noted the absence of any care for the right shoulder after the September 1998 encounter. Although there was report of pain and limitation of motion with overhead activities, there was not any evidence the shoulder condition prevented performance of duties. After due deliberation, the Board concluded that the preponderance of evidence does not support a finding that the right shoulder condition was separately unfitting when considered alone.

Heel Condition. The STR reflects problems with right plantar foot pain in the arch region next to the heel beginning in 1990 treated with injections and orthotics. Recurring right foot symptoms prompted a permanent L3 profile in December 1991 for no running more than three quarters of a mile after which the STR falls silent with regard to treatment for the condition. A MEB and PEB in July 1997 included the condition and returned the CI to duty. In October 1997 the CI presented for care of left arch pain diagnosed as plantar fasciitis with a history of the same on the right in the past. A January 1998 PT evaluation recorded the first step in the morning was the worst and an antalgic gait when walking barefoot. No care for foot pain is in evidence of the STR since the January 1998 PT evaluation other than a November 1998 orthotic lab entry for orthotics. The CI passed the 2 mile walk portion of the fitness test in September 1998, November 1999, May 2000 and October 2000. The 11 December 2000 orthopedics evaluation for back pain noted the profile for plantar fasciitis and that the CI could perform his job well and pass the fitness test walk. The CI passed the 2 mile walk portion of the fitness test in May 2001 just prior to entry into the Disability Evaluation System (DES). At the NARSUM examination in July 2001, the CI was slightly tender on the heels and could walk on his toes and heels. Podiatry evaluation on 21 August 2001 noted bilateral plantar fasciitis present since 1989-1990 with significant relief with custom boots and orthotics ("Patient relates 90-95% relief after initial Rx with boots and orthotics"). The CI reported worse pain when barefoot. On examination there was tenderness of the plantar fascia and a high arch. The diagnosis was plantar fasciitis. A Haglund's deformity (Achilles insertion bump) was also noted (and seen on X-rays). On follow up with podiatry on 13 December 2001, the plantar fasciitis was considered stable with pain and tenderness in the arches near the heels. Examination of the Haglund's deformity, the posterior aspect of the heel, was without redness, warmth, swelling, or evidence of bursitis on both sides. The 16 January 2002 NARSUM addendum recorded CI report of worsened pain. The C&P examination on 26 November 2002 recorded plantar pain on arising and use of custom shoes and inserts which were reported to be helpful and enabled the CI to walk "okay." On examination gait pattern was "satisfactory," and the CI would walk on heels and toes. The heel pads were tender. There were no abnormal callosities observed. X-rays of both feet were normal. At the 4 December 2002 C&P examination, gait was normal. The Board considered if the plantar fasciitis and heel pain condition rose to the level of being separately unfitting when considered alone. Board members noted the plantar fasciitis and heel pain condition was a long standing chronic condition over several years during which time the CI was able pass the alternate walking fitness test and performs most of his duties. After entry into the DES, there was no objective evidence of worsening of the condition. After due deliberation, the Board concluded that the preponderance of evidence does not support a finding that the heel pain condition was separately unfitting when considered alone.

Bilateral Knee Condition. STRs from March 1997 to July 1999, document periodic care for right knee pain with running and stairs diagnosed as retropatellar pain syndrome. No specific injury or trauma was identified. A magnetic resonance imaging (MRI) scan in 1999 demonstrated some degenerative changes of the posterior horn of the medial meniscus without tear; the remainder of the MRI was normal. Evaluation by orthopedics on 4 January 2000 recorded report of bilateral knee pain for the prior four to 12 months, right greater than left, without a history of injury. On examination, ROM was normal with minimal crepitus, and an equivocal patellar compression test. There was no instability, joint line tenderness, swelling, or meniscus signs. The 10 January 2000 profile was updated to include the knee condition. The STRs contain no further entries for care or complaint of knee pain. The CI passed the 2 mile walk portion of the fitness test in May 2000, and October 2000. The 11 December 2000 orthopedics evaluation for back pain noted the profile for plantar fasciitis and that the CI could perform his job well and pass the fitness test walk, but made no reference to problems or complaints with the knees. The CI passed the 2 mile walk portion of the fitness test in May 2001 just prior to entry into the DES. The NARSUM on 30 July 2001, recorded report of knee pain since 1998 with walking and road marching and later it became worse with swelling at times. On examination ROM of both knees was flexion to 110 degrees, and extension 0 degrees. The MEB examination of the lower extremities noted on DD Form 2807 dated 26 July 2001 was checked as normal. PT examination on 1 May 2002 documented normal ROM (flexion 130 degrees, extension 0 degrees). The C&P examination on 26 November 2002, 2 months after separation, noted bilateral patellofemoral syndrome since 1998. The CI reported pain with stairs and squatting. On examination the gait was "satisfactory" and ROM essentially normal (flexion 135 degrees, extension full with five degrees of hyperextension, "recurvatum" within normal range) with an occasional click but without pain on motion, or crepitus. There was tenderness, but patellar grind test for patellofemoral pain was negative and there was no swelling or instability. X-rays of the knees were normal. The Board considered if the knee pain condition rose to the level of being separately unfitting when considered alone. The Board noted that the STRs fell silent with regard to the knee condition after January 2000, and that the CI completed and passed his 2 mile walk. The Board also noted there was a pre-existing profile since 1991 limiting running due to the CI's foot condition. Although the knee pain complaint was subsequently added to the profile, the preponderance of evidence does not support a finding that the right and left knee condition was separately unfitting when considered alone.

Contended PEB Conditions. The contended conditions adjudicated as not unfitting by the PEB were migraine headaches, and anxiety disorder with depressive disorder (anxiety disorder, panic disorder and depressive disorder). The Board's first charge with respect to these conditions is an assessment of the appropriateness of the PEB's fitness adjudications. The Board's threshold for countering fitness determinations is higher than the Veterans Affairs Schedule for Rating Disabilities (VASRD) §4.3 (Resolution of reasonable doubt) standard used for its rating recommendations, but remains adherent to the DoDI 6040.44 "fair and equitable" standard. The CI had a history of migraine headaches that worsened in 2000. The CI was evaluated and treated by neurology. The neurology evaluation dated 19 November 2001 concluded the headache condition was medically acceptable noting daily headache with episodic worsening that did not require acute treatment and did not result in any missed duty time. The MEB psychiatry NARSUM dated 6 December 2001 recorded daily headaches that were bothersome but did not prevent daily activities. The NARSUM addendum dated 16 January 2002 reported that the headaches were much improved on medication and not disabling. With respect to anxiety disorder with depressive disorder, the psychiatry NARSUM of 6 December 2001 recorded a history of symptoms of depression and panic since 1997 related to a prior to service traumatic experience. The psychiatrist concluded the CI met retention

standards for these psychiatric conditions noting response to treatment. The mental health C&P examination on 3 December 2002 noted "He progressed from E-3 to E-5 and is not aware of any impairment in his work life because of his nervous problems." Neither of these contended conditions were implicated in the commander's statement and none were judged to fail retention standards. All were reviewed by the action officer and considered by the Board. There was no indication from the record that any of these conditions significantly interfered with satisfactory duty performance. The migraine headaches, anxiety and depressive disorders each responded to medication and appropriate treatment. After due deliberation in consideration of the preponderance of the evidence, the Board concluded that there was insufficient cause to recommend a change in the PEB fitness determination for the any of the contended conditions and therefore no additional disability ratings can be recommended.

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. As discussed above, the PEB bundled the chronic pain low back, right shoulder, bilateral heels and knees as unfitting apparently based on the overall effect on fitness, determining no single condition was separately unfitting but combined caused the member to be unfit. The Board considered each condition separately with regard to fitness. In the matter of the chronic pain, low back, right shoulder, bilateral heels and knees conditions, the Board unanimously recommends no change from the PEB adjudication and that it cannot recommend a finding of separately unfit for any of the combined conditions for additional rating at separation. In the matter of the contended conditions of migraine, and anxiety and depression, the Board unanimously recommends no change from the PEB determinations as not unfitting. There were no other conditions within the Board's scope of review for consideration.

RECOMMENDATION: The Board, therefore recommends that there be no recharacterization of the CI's disability and separation determination, as follows:

UNFITTING CONDITION	VASRD CODE	RATING
Chronic Pain, Low Back, Right Shoulder, Bilateral Heels And Knees	5099-5003	10%

The following documentary evidence was considered:

Exhibit A. DD Form 294, dated 20111001, w/atchs
Exhibit B. Service Treatment Record
Exhibit C. Department of Veterans' Affairs Treatment Record

xxxxxxxxxxxxxxxxxxxxxxxxxxxxx, DAF
Acting Director
Physical Disability Board of Review

SFMR-RB

MEMORANDUM FOR Commander, US Army Physical Disability Agency (TAPD-ZB / xxxxxxxxxx), 2900 Crystal Drive, Suite 300, Arlington, VA 22202-3557

SUBJECT: Department of Defense Physical Disability Board of Review Recommendation for xxxxxxxxxxxxxxxxxxx, AR20130003815 (PD201100958)

I have reviewed the enclosed Department of Defense Physical Disability Board of Review (DoD PDBR) recommendation and record of proceedings pertaining to the subject individual. Under the authority of Title 10, United States Code, section 1554a, I accept the Board's recommendation and hereby deny the individual's application. This decision is final. The individual concerned, counsel (if any), and any Members of Congress who have shown interest in this application have been notified of this decision by mail.

BY ORDER OF THE SECRETARY OF THE ARMY:

Encl

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Deputy Assistant Secretary
(Army Review Boards)