

RECORD OF PROCEEDINGS  
PHYSICAL DISABILITY BOARD OF REVIEW

NAME: XXXXXXXXXXXX  
CASE NUMBER: PD1101037  
BOARD DATE: 20130131

BRANCH OF SERVICE: ARMY  
SEPARATION DATE: 20020421

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**SUMMARY OF CASE:** Data extracted from the available evidence of record reflects that this covered individual (CI) was an active duty SPC/E-4 (95B10/Military Police), medically separated for chronic right wrist pain. The CI incurred a right (dominant) distal radial fracture in 1999, recovered, and re-injured his wrist in 2000, requiring surgery. The CI did not improve adequately with treatment; therefore he was unable to meet the physical requirements of his Military Occupational Specialty (MOS) or satisfy physical fitness standards. He was issued a permanent U3 profile and referred for a Medical Evaluation Board (MEB). The MEB forwarded no other conditions for Physical Evaluation Board (PEB) adjudication. The PEB adjudicated the chronic right wrist pain condition as unfitting, coded 5099-5033, and rated 0% with application of the US Army Physical Disability Agency pain policy. The CI appealed and the PEB increased the rating to 10% using the Veterans Affairs Schedule for Rating Disabilities VASRD 5024. The CI made no further appeals and he was then medically separated with a 10% disability rating.

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**CI CONTENTION:** The CI elaborated no specific contention in his application.

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**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. 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.

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**RATING COMPARISON:**

Service IPEB Reconsideration – Dated 20020131			VA (None) – All Effective Date 20020422			
Condition	Code	Rating	Condition	Code	Rating	Exam
Chronic Right Wrist Pain Secondary to Tenosynovitis	5024	10%	Residuals of Surgery, Tenosynovitis, Intersectional Syndrome and Fracture	5024-5215	10%	STR
Combined: 10%			Combined: 10%			

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**ANALYSIS SUMMARY:** The Board's authority as defined in DoDI 6040.44, resides in evaluating the fairness of Disability Evaluation System fitness determinations and rating decisions for disability at the time of separation. The Board utilizes VA evidence proximal to separation in arriving at its recommendations; and, DoDI 6040.44 defines a 12-month interval for special consideration to post-separation evidence. Post-separation evidence is probative only to the extent that it reasonably reflects the disability and fitness implications at the time of separation.

Chronic Right Wrist Pain Secondary to Tenosynovitis (Right Wrist Pain) Condition. There was one goniometric range-of-motion (ROM) evaluation in evidence, with documentation of additional ratable criteria, which the Board weighed in arriving at its rating recommendation as summarized in the chart below.

Right Wrist ROM	MEB ~5.5 Mo. Pre-Separation
Dorsiflexion (0-70°)	"Lacking 3°"; Increased pain with resistance
Palmar Flexion (0-80°)	"Lacking 5°"
Ulnar Deviation (0-45°)	"Full"
Radial Deviation (0-20°)	"Full"
Comment	No mention of goniometer; full pronation and supination; exquisitely tender to palpation of the dorsal, radial side; no swelling; normal motor and sensory exam
§4.71a Rating	10%

In June 1999, the CI fell while playing basketball and sustained a right (dominant) distal radius (wrist) fracture. After casting and 4 months of occupational therapy, he had complete resolution of his wrist pain and his ROM was nearly symmetric to the opposite side. However, in January 2000, he re-injured his right wrist and developed intersection syndrome, tenosynovitis of the second dorsal compartment of the wrist. His symptoms failed to resolve with conservative treatment, multiple injections of steroids, and local anesthetic; he underwent a surgical release of the second dorsal compartment in February 2001. After some initial issues with wound healing, the CI regained almost full ROM. However, he continued to have pain that was generally unchanged from and occasionally worse than the pain he had prior to surgery. This pain increased with any increased use of his right upper extremity and prevented him from performing the tasks required of his MOS. He was unable to lift or perform any activity that required a strong grasp with his right hand. An MEB narrative summary (NARSUM) was completed approximately 5 months prior to separation and the physical findings are in the chart above. An addendum to the NARSUM was completed approximately 3 months later, clarifying the clinical history and noting the exquisite tenderness noted in the ROM chart above. An X-ray showed a well-healed distal radial fracture. There was no VA Compensation and Pension exam present in the record for review; the initial VA rating decision was determined using the CI's service medical records, MEB proceedings, and PEB proceedings.

The Board directs attention to its rating recommendation based on the above evidence. The PEB and the VA chose slightly different coding options that did not bear on the disability rating. The PEB coded the right wrist pain as 5024 tenosynovitis based upon loss of range of wrist motion rated 10%. The VA coded the condition as 5024-5215 tenosynovitis--wrist, limitation of motion and rated 10% based on the application of §4.59 (Painful motion). In accordance with the VASRD, the rating of 5024 is based upon the limitation of motion of the affected joint, which is the dominant wrist (5215) in this case. While the minimum compensatory ROM limitation under 5215 is not met, a 10% rating is assigned for painful or pain-limited motion IAW §4.59. Assigning a rating greater than 10% would require either favorable or unfavorable ankylosis but neither was present. There is no alternative coding option that would yield a higher rating for the right wrist pain condition. After due deliberation, considering all of the evidence and mindful of VASRD §4.3 (Resolution of reasonable doubt), the Board concluded that there was insufficient cause to recommend a change in the PEB adjudication for the right wrist pain condition.

**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. The Board did not surmise from the record or PEB ruling in this case that any prerogatives outside the VASRD were exercised. In the matter of the right wrist pain condition and IAW VASRD §4.71a, the Board unanimously recommends no change in the PEB adjudication. There were no other conditions within the Board's scope of review for consideration.

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**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 Right Wrist Pain Secondary to Tenosynovitis	5024	10%
	COMBINED	10%

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The following documentary evidence was considered:

- Exhibit A. DD Form 294, dated 20111104, w/atchs
- Exhibit B. Service Treatment Record
- Exhibit C. Department of Veterans' Affairs Treatment Record

XXXXXXXXXXXXXXXXXXXX, DAF  
Director  
Physical Disability Board of Review

SFMR-RB

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

SUBJECT: Department of Defense Physical Disability Board of Review Recommendation  
for XXXXXXXXXXXXX, AR20130002534 (PD201101037)

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)