

RECORD OF PROCEEDINGS
PHYSICAL DISABILITY BOARD OF REVIEW

NAME: XXXXXXXXXXXXXXXX
CASE NUMBER: PD1101083
BOARD DATE: 20130123

BRANCH OF SERVICE: ARMY
SEPARATION DATE: 20070629

SUMMARY OF CASE: Data extracted from the available evidence of record reflects that this covered individual (CI) was an active duty SSG/E-6 (92W30/Water Treatment Specialist), medically separated for chronic right knee pain, status post (s/p) three surgical procedures. The CI originally injured her right knee during a sports day in 2002 while playing football. She continued to have knee pain and was on physical profile on and off through 2005. She subsequently had three knee procedures, but was still unable to meet the physical requirements of her Military Occupational Specialty or satisfy physical fitness standards. She was issued a permanent L3 profile and referred for a Medical Evaluation Board (MEB). Left knee pain/tendonitis, bilateral carpal tunnel release, left ankle pain, and back pain conditions, identified in the rating chart below, were also identified and forwarded by the MEB. The Physical Evaluation Board (PEB) adjudicated the chronic right knee pain condition as unfitting, rated 10%, with application of the US Army Physical Disability Agency (USAPDA) pain policy. The remaining conditions were determined to be not unfitting. The CI made no appeals, and was medically separated with a 10% disability rating.

CI CONTENTION: "My health conditions due to my right knee, have only gotten worse. The conditions that was found not unfitting during the board decision (back pain) which should have been worded as Lumbar strain. All health conditions found unfit has worsen to the point, I am disable and cant not work, due to all my health conditions."

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 left knee pain/tendonitis, bilateral carpal tunnel release, left ankle pain, and back pain conditions requested for consideration and the unfitting chronic right knee pain condition meet the criteria prescribed in DoDI 6040.44 for Board purview, and are accordingly addressed below. 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 20070515			VA (~5 Mos. After Separation) – All Effective Date 20070630			
Condition	Code	Rating	Condition	Code	Rating	Exam
Chronic Right Knee Pain	5099-5003	10%	Right Knee s/p surgery	5260	10%	20071128
Left Knee Pain / Tendonitis	Not Unfitting		Left Knee Osteoarthritis	5260	10%	20071128
Bilateral Carpal Tunnel Release	Not Unfitting		Left Wrist Carpal Tunnel	8515	10%	20071128
			Right Wrist Carpal Tunnel	8515	10%	20071128
Left Ankle Pain	Not Unfitting		No VA Entry			
Back Pain	Not Unfitting		Bilat. Sacroillitis w/ Lumbar Strain	5237	10%	20071128
↓ No Additional MEB/PEB Entries ↓			Not Service Connected x 4			
Combined: 10%			Combined: 40%			

Original rating decision 20080311.

ANALYSIS SUMMARY:

Chronic Right Knee Pain Condition. The narrative summary (NARSUM) notes the CI originally injured her right knee during a sports day in 2002 while playing football. She had continued to have knee pain and was on physical profile on and off through 2005. She subsequently had three knee procedures, including the initial knee surgery to repair the lateral meniscus and reconstruction of the lateral collateral ligament in July 2005, a repeat lateral collateral reconstruction in November 2005 after the CI reinjured the knee when she stepped in a hole, and finally with the removal of the orthopedic hardware on 14 November 2006. There were two goniometric range-of-motion (ROM) evaluations 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 Knee ROM (Degrees)	MEB ~3 Mos. Pre-Sep (20070205)	VA C&P ~5 Mos. Post-Sep (20071128)
Flexion (140 Normal)	125	34
Extension (0 Normal)	0	-3
Comment	Pain limited Antalgic gait No instability Negative meniscus signs	Painful motion. No instability Negative meniscus signs Gait normal
§4.71a Rating	10%	10%

The physical therapy (PT) ROM examination for the MEB, 5 February 2007, is recorded in the chart. There was mild loss of flexion and an antalgic gait. The active and passive ROM evaluations were limited by pain. She was able to squat 1/4 of the normal range as limited by pain. She was able to stand on her toes and heels, but less on the right compared to the left. Strength in the right knee was 4/5 as compared to 5/5 on the left, and limited by pain and by effort as indicated by the clinical evaluation. A clinic visit on 16 March 2007 for shoulder pain revealed normal gait, stance, and posture. On examination at the time of the NARSUM dated

27 March 2007, the CI's knee was neurovascularly intact, without swelling or effusion. She had a near normal active flexion to 125 degrees. There was some pain with patellar grind consistent with chondromalacia. There were no signs of meniscus pathology or instability. X-rays showed early signs of compartment arthrosis, but were otherwise normal. On the VA Compensation and Pension (C&P) examination performed approximately 5 months post-separation, the CI was using a brace for ambulation. Gait was recorded as normal. The right knee function was reported as limited by pain after repetitive use. The right knee had crepitus on examination. There were no signs of edema, effusion, weakness, tenderness, guarding of movement, or instability. ROM was limited in flexion per the chart. There was no reported injury or cause for the marked reduction in flexion since the MEB examination.

The Board directs attention to its rating recommendation based on the above evidence. The PEB rated the unfitting right knee condition with application of the USAPDA pain policy. The VA rated the right knee condition 10% based on limitation of motion shown on the C&P examination. The ROM documented at the time of the MEB was non-compensable, however the painful motion and limited function supports 10% rating with application of §4.59. There was no instability or dislocated meniscus for consideration of a rating under the respective codes (5257, 5258). After due deliberation, in consideration of the totality of the evidence, and IAW §4.3 (Resolution of reasonable doubt) and §4.59 (Painful motion), the Board concluded that there was insufficient cause to recommend a change in the PEB adjudication for the right knee condition.

Contended PEB Conditions. The contended conditions adjudicated as not unfitting by the PEB were left knee pain, s/p bilateral carpal tunnel release, left ankle pain, back pain. 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 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.

Left Knee Pain / Tendonitis. The CI had a history of intermittent left knee pain since 1991. In 2002, the CI injured the left knee playing sports. Magnetic resonance imaging (MRI) of the left knee performed in October 2002 showed mild patellofemoral chondromalacia with intact menisci, cruciate ligaments and collateral ligaments. Repeat MRI in March of 2004 showed minimal degenerative changes involving the posterior horn of the medial meniscus but otherwise negative MRI. Evaluation by orthopedic surgery concluded examination was consistent with patellofemoral syndrome. The NARSUM notes that the CI reported the injuries from the right knee resulted in pain in the left knee. The left knee examination at the time of the MEB showed a ROM of 0 degrees in extension and 130 degrees in flexion, normal strength, sensation, strength on standing on toes and heels and normal ambulation. There were no signs of meniscal pathology. There were signs of involvement of the patella consistent with patellofemoral syndrome. A clinic visit on 16 March 2007 noted normal gait, stance, and posture. The Board noted that although the CI continued to have left knee pain, she was otherwise found to have normal examination. Although right knee problems as noted above, overshadowed problems with the left knee, there was not a preponderance of evidence supporting the left knee alone was severe enough to interfere with performance of duty.

Bilateral Carpal Tunnel Release Condition. The CI had a right carpal tunnel release procedure performed in 1997 and continued to perform duties despite continued sensitivity of the right wrist. She subsequently developed carpal tunnel syndrome on the left side and underwent carpal tunnel release surgery in December 2004. Post-procedure, the symptoms were almost completely gone. An occupational therapy note in January of 2005 noted swelling of left hand, normal ROM and recommended scar massage and ROM exercises. In October 2005, the service treatment records (STR) notes that the bilateral wrist pain continued with bilateral mild Tinel's and Phalen's signs. Sensation was normal objectively and reduced subjectively. The MEB

examination 7 March 2007 noted wrist pain off and on for 11 years that interfere with gripping and pushups. On examination strength and ROM of the wrists were normal. The Board noted that although the CI continued to have bilateral wrist pain and tingling sensation, there was no significant finding of neuropathy or loss of strength. Physical profiles show no limitation of use of the upper extremities. There are no notations in the CI's commander statement for neither inability to use the wrists nor inability to perform her military or deployment duties with respect to her wrists condition.

Left Ankle Pain Condition. The MEB history and physical examination on 7 March 2007 records a 2-year history of off and on left ankle pain. Review of the STR notes a history of right ankle sprains in 1995. A clinic note on 24 May 2005 notes no ankle pain, swelling nor stiffness. Ankle examination was normal. There are no other specific ankle notations available in the service treatment record.

Back Pain Condition. The CI had a history of recurrent low back pain (LBP) noted in the STRs since 1993. The MEB examination 7 March 2007, recorded a 7 year history of off and on LBP. The examiner indicated the spine examination was normal on the DD Form 2808 and wrote the there was full ROM. A clinic visit on 16 March 2007 for shoulder pain and back pain noted there was no current back pain. Examination of the back was normal, with full ROM, no muscle spasm, normal gait and posture, normal strength, negative straight leg raises (SLR) and normal sensation. The NARSUM notes the history of back pain, but states that it is medically acceptable.

None of these conditions were profiled; none 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. 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, PEB reliance on the USAPDA pain policy for rating the unfitting right knee condition was operant in this case and the condition was adjudicated independently of that policy by the Board. In the matter of the right knee condition and IAW VASRD §4.71a, the Board unanimously recommends no change in the PEB adjudication. In the matter of the contended left knee pain, s/p bilateral carpal tunnel release, left ankle pain, back pain conditions, 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 Right Knee Pain	5099-5003	10%
	COMBINED	10%

The following documentary evidence was considered:

- Exhibit A. DD Form 294, dated 20111024, w/atchs
- Exhibit B. Service Treatment Record
- Exhibit C. Department of Veterans' Affairs Treatment Record

XXXXXXXXXXXXXXXX, DAF
Director
Physical Disability Board of Review

SFMR-RB

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

SUBJECT: Department of Defense Physical Disability Board of Review Recommendation for
XXXXXXXXXXXXXXXX, AR20130001974 (PD201101083)

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

XXXXXXXXXXXX
Deputy Assistant Secretary
(Army Review Boards)

CF:
 DoD PDBR
 DVA