RECORD OF PROCEEDINGS
PHYSICAL DISABILITY BOARD OF REVIEW

NAME: XXXXXXXXXXXXXXX
CASE NUMBER: PD1101097
BOARD DATE: 20120927

BRANCH OF SERVICE: ARMY
SEPARATION DATE: 20040715

SUMMARY OF CASE: Data extracted from the available evidence of record reflects that this covered individual (CI) was a mobilized Reserve SPC/E-4 (97E10 / Human Intelligence Collector), medically separated for right ankle, posttraumatic arthritis and chronic right wrist pain with ganglion cyst. The CI suffered a sprain of the right ankle which progressed to an arthritic condition and spontaneous appearance of a small cyst of the right wrist in 2001. Both conditions could not be adequately rehabilitated with treatment to meet the physical requirements of his Military Occupational Specialty (MOS) or satisfy physical fitness standards. He was issued a permanent U3/L3 profile and referred for a Medical Evaluation Board (MEB). Nine other conditions, identified in the rating chart below, were also identified and forwarded by the MEB as medically acceptable. The Physical Evaluation Board (PEB) adjudicated the right ankle, posttraumatic arthritis and the chronic right wrist pain with ganglion cyst conditions as unfitting, rated 10% and 10%, with application of the US Army Physical Disability Agency (USAPDA) pain policy. The CI appealed to the USAPDA, which affirmed the PEB findings; and was then medically separated with a 20% combined disability rating.

CI CONTENTION: "PEB (2004) with only 2 of 7 conditions considered during process resulting in 20% separation: 1) Posttraumatic Osteoarthritis (right ankle); 2) Chronic Scapholunate Dissociation (right wrist). PEB erroneously excluded 5 conditions (non-deployable/unfit-for-duty): A) stomach conditions [Angiodysplasia with Gastro Esophageal Reflux Disease, 10% from 7/04]; B) back conditions [Degenerative Disc Disease including Schmorl's Nodes, 10% 3/09]; C) eye/vision conditions [Deuteranopia (currently appeal) and Vitreous Floaters, 0% 7/04]; D) heart condition [Hypertension, 10% from 7/01]; E) wrist injury [Chronic Scapholunate Dissociation With Instability, Left Wrist, 10% from 7/01. Please see attached 3 pages – Thank you." The attached three page statement in support of the CI's application was reviewed by the Board and considered in its recommendations.

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 not unfitting conditions deuteranopia, hypertension, right knee pain, left wrist pain, recurrent sinusitis, recurrent tonsillitis, keloid on back, buccal nerve damage and vitreous floaters, as requested for consideration, meet the criteria prescribed in DoDI 6040.44 for Board purview; and, are 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 20040420			VA (20050523) – All Effective Date 20010704*			
Condition	**Code**	**Rating**	**Condition**	**Code**	**Rating**	**Exam**
Right Ankle, Posttraumatic Arthritis	5010	10%	Posttraumatic Arthritis, Right Ankle	5010	10%	20020506
Chronic Pain, Right Wrist w/Ganglion Cyst	5099-5003	10%	Ganglion Cyst, Right Wrist	7819	10%	20020506
			Chronic Scapholunate Dissociation w/Instability, Right Wrist	5215	10%	20020506
Left Wrist Pain	Not Unfitting		Chronic Scapholunate Dissociation…, Left Wrist	5215	10%	20020506
Hypertension	Not Unfitting		Hypertension	7101	10%	20020506
Keloid on the Back	Not Unfitting		Excision, Nevus, Residual Scar…	7804	10%	20020506
Deuteranopia	Not Unfitting		Not Service Connected			
Rt. Peripatellar Knee Pain	Not Unfitting		No VA Entry			
Recurrent Sinusitis	Not Unfitting		Sinusitis	6513	0%	20020506
Recurrent Tonsillitis	Not Unfitting		Tonsillitis	6599-6516	0%	20020506
Buccal Nerve Damage	Not Unfitting		Paresthesias of Gingiva…	9903-8207	0%**	20050216
Vitreous Floaters	Not Unfitting		Vitreous Floaters	6006-6009	0%**	2002511
↓No Additional MEB/PEB Entries↓			DDD, L5-S1; Schmorl's Nodes	5237	0%**	20050216
			0% x 1 / Not Service-Connected x 5			
Combined: 20%			**Combined: 50%**			

*Original VA C&P examinations and rating decision in 2002 while CI in Reserve status; ratings effective 20010704, the day after separation from active duty. **Rating effective 20040716.

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ANALYSIS SUMMARY: The Disability Evaluation System (DES) is responsible for maintaining a fit and vital fighting force. While the DES considers all of the service member's medical conditions, compensation can only be offered for those medical conditions that cut short a service member's career, and then only to the degree of severity present at the time of final disposition. The DES has neither the role nor the authority to compensate service members for anticipated future severity or potential complications of conditions resulting in medical separation nor for conditions determined to be service connected by the Department of Veterans' Affairs (DVA), but not determined to be unfitting by the PEB. However, the DVA, operating under a different set of laws (Title 38, United States Code), is empowered to compensate all service-connected conditions and to periodically re-evaluate said conditions for the purpose of adjusting the Veteran's disability rating should the degree of impairment vary over time. The Board's role is confined to the review of medical records and all evidence at hand to assess the fairness of PEB rating determinations, compared to VASRD standards, based on severity at the time of separation.

Right Ankle, Posttraumatic Arthritis Condition. The CI suffered a sprain of the right ankle while on active duty in April 2001. X-rays revealed a probable small avulsion fracture of the medial maleolus. A bone scan in June 2001 was consistent with posttraumatic arthritis. According to the orthopedic MEB narrative summary (NARSUM), May 2003, the right ankle pain subsequently interfered with the CI's ability to run, jump, march, carry a ruck sack, and traverse uneven ground. On examination, the ankle was non-tender with normal range-of-motion (ROM) ("full and symmetrical", equal to the uninjured left ankle), normal strength, and no instability. At a physical therapy (PT) evaluation 20 January 2004, 6 months before separation, the CI reported ankle pain 4-5/10 increased with time on feet or performing stairs. On examination, ROM of the right ankle demonstrated dorsiflexion of seven degrees (mildly decreased compared to 12 degrees on the left ankle), plantar flexion of 45 degrees (the same as on the left), inversion of 40 degrees (the same as on the left), and eversion of 20 degrees (decreased compare to the left with 40 degrees). Strength about the right ankle was minimally decreased. Specific testing for right ankle instability was negative. PT noted pain should improve with an exercise program. The CI was actively using Nordic Track at the time. There were no VA Compensation and Pension (C&P) examinations which were proximate to the time of separation. However, the VA rated the right ankle condition 10% based on VA C&P

examinations and the VA rating remained unchanged following separation. The Board directs attention to its rating recommendation based on the above evidence. Both PEB and VA rated this condition 10% coded 5010, traumatic arthritis. The Board unanimously agreed that the condition was ratable for painful ROM IAW VASRD §4.59. The Board unanimously agreed that the condition was not compensable under §4.71a given normal strength and ROM on proximate MEB/NARSUM and PT evaluations (near normal ROM when compared to un-injured side). The Board considered VASRD 5284, foot injury, but the moderately severe condition required for 20%, was not supported by the record. After due deliberation, considering all of the evidence and mindful of VASRD §4.3 (reasonable doubt), the Board concluded that there was insufficient cause to recommend a change in the PEB adjudication for the right ankle condition.

Chronic Right Wrist Pain with Ganglion Cyst Condition. The Board notes the CI to be right hand dominant. The CI had a small ganglion cyst of the right wrist first documented in the service records in 2001. No traumatic event or injury was identified other than the rigors of military training. He received local injections and compression therapy and was offered an option for surgical treatment for cyst removal in 2002 (a simple outpatient procedure with a high success rate). At a VA examination in May 2002, CI noted slight discomfort limiting ability to do pushups, but denied any other significant limitation relative to the wrist. On examination, the right wrist had full ROM that was equal to the left wrist. The examiner also diagnosed bilateral chronic scapholunate dissociation of the wrists associated with diffuse congenital laxity of the ligaments of both hands and wrists. X-rays of both wrists showed symmetric changes. At that time, the ganglion was palpable at the scapholunate area. On the MEB orthopedic NARSUM examination, May 2003, the cyst was described as small with slight tenderness, however the associated pain interfered with performing push-ups. The right wrist ROM was normal. At an orthopedic evaluation January 2004, 6 months before separation, pain on dorsiflexion of the wrist at the cyst site was noted. The Board directs attention to its rating recommendation based on the above evidence. The PEB rated the wrist condition 10%, coded 5003, with application of the USAPDA pain policy. The VA rated the ganglion cyst condition 10% coded 7819, skin lesion benign, and granted an additional 10% rating for right wrist scapholunate dissociation, code 5215, wrist limitation of motion. The Board noted that the ganglion cyst itself was not unfitting for military service as these are commonly diagnosed and treated in active duty members without interference with duties. It was right wrist pain, whether due to the ganglion or the scapholunate dissociation condition, that was unfitting. In accordance with VASRD §4.14 (avoidance of pyramiding), giving two ratings under two diagnoses for the same manifestation is prohibited. Therefore, the Board considered the rating based on wrist pain with use. The Board agreed the normal wrist ROM did not attain a minimum rating for limitation of wrist motion (code 5215), but concluded the right wrist pain condition was compensable IAW VASRD §4.59 (painful motion) and §4.40 (decreased function). No higher rating under this VASRD diagnostic code or any other code is achievable given the mild impairment of function on the MEB/NARSUM examination. After due deliberation, considering all of the evidence and mindful of VASRD §4.3 (reasonable doubt), the Board concluded that there was insufficient cause to recommend a change in the PEB adjudication for the right wrist condition.

Contended PEB Conditions. The contended conditions adjudicated as not unfitting by the PEB were deuteranopia (mild red-green color vision deficiency), hypertension, right knee pain, left wrist pain, recurrent sinusitis, recurrent tonsillitis, keloid on back, buccal nerve damage and vitreous floaters. 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 (reasonable doubt) standard used for its rating recommendations, but remains adherent to the DoDI 6040.44 "fair and equitable" standard. Deuteranopia (DEU-red-green color-blindness): The CI "passed" color vision screening at the enlistment medical examination (MEPS) in February 2000. The fact that he

passed the examination has been interpreted as meaning the color vision examination was normal and that the CI had normal color vision at the time of entrance into military service. However, this is not the case. The results of the color vision test was recorded as 4/14, meaning the CI correctly identified 4 out of 14 pseudo-isochromatic plates indicating the presence of color vision deficiency (DEU). Since the examination was to ascertain if the CI met Army accession medical standards under Chapter 2 of AR 40-501, the CI "passed" because, IAW AR 40-501 2-13.f., failure to pass a color vision test is not an automatic disqualification. Because some military specialties require "adequate" color vision, testing is performed at accession (for example OCS programs require the ability to distinguish vivid red from vivid green, but not completely normal color vision). An optometry evaluation on 8 June 2001 ("for physical / flying"), diagnosed mild DEU deficiency (based on multiple tests). An ophthalmology examination, in May 2002, revealed normal vision, and normal dilated eye and retina examination that showed no evidence of eye disease. Color vision testing confirmed DEU. The ophthalmologist noted: "color blindness- more likely congenital and I suspect the MEPS station made a mistake when they reported the color vision was normal." The Board noted the CI to have taken no medication associated with acquired color vision deficiency. The Board noted that DEU is not a medically disqualifying condition for general army service, but that normal color vision was a requirement for the CI's MOS. The Board opined that cross training into a new MOS, an acceptable option, was prevented in this case by the other unfitting conditions. Hypertension: The CI had mild hypertension with untreated blood pressure measurements, never reaching critical levels. Hypertension was easily controlled with standard doses of routine anti-hypertensive medication. The record contains no documentation of complications of uncontrolled hypertension, hospitalizations, emergency room or unscheduled clinic visits for this condition. Right Knee Pain: The CI noted right knee pain since 2003. X-rays demonstrated early to middle stage arthritis. Tests of strength were normal. Tenderness of the knee facet was reported at the MEB evaluation. Gait was normal with no other entries for this condition noted in the C&P exam, or contended by the CI in his application. The Board notes the inclusion of the condition in a profile in March 2004 along with the documented more clinically symptomatic wrist and ankle conditions. The MEB NARSUM noted an L2 profile allowing the alternate PT test and that the knee pain met medical retention standards. Left Wrist Pain: The CI noted left wrist pain beginning 2003. On examination, normal ROM without pain and normal stability were documented. Left wrist pain was not a complaint that interfered with duties. Recurrent Sinusitis: The CI developed pain in the maxillary sinus area of the face with associated post nasal drip and drainage of clear nasal mucous occurring approximately every six months. Episodes responded to antihistamines and did not require antibiotics or extensive treatment. Recurrent Tonsillitis: The Board notes one reference to tonsillitis in the record. There is no record of recurrent episodes requiring multiple antibiotic or extensive treatments. Keloid on the Back: Following removal of a benign mole from the upper back area, a small keloid (hypertrophic scar) developed. Scar was tender to touch and caused some itching and discomfort from clothing, irritation without recurrent infection or hemorrhage. Buccal Nerve Damage: The CI suffered injury to the buccal nerve of the left lower outer gum during oral surgery in February 2003. This was manifest by numbness of a small area somewhat impeding brushing and dental flossing. Vitreous floaters: The CI reported vitreous floaters in both eyes in February 2003 after falling on ice. These were documented on funduscopic exam, but had no impact on vision, eye anatomy or function. None of these conditions were profiled, excluding the right knee pain condition, as noted above; 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 nine contended conditions discussed above; 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 wrist condition was operant in this case and the condition was adjudicated independently of that policy by the Board. In the matter of the right ankle, posttraumatic arthritis condition and IAW VASRD §4.71a, the Board unanimously recommends no change in the PEB adjudication. In the matter of the chronic pain, right wrist with ganglion condition and IAW VASRD §4.71a, the Board unanimously recommends no change in the PEB adjudication. In the matter of the contended deuteranopia, hypertension, right knee pain, left wrist pain, recurrent sinusitis, recurrent tonsillitis, keloid on back, buccal nerve damage and vitreous floaters 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
Right Ankle, Posttraumatic Arthritis	5010	10%
Chronic Pain, Right Wrist with Ganglion	5009-5003	10%
	COMBINED	**20%**

The following documentary evidence was considered:

Exhibit A. DD Form 294, dated 20111111, w/atchs
Exhibit B. Service Treatment Record
Exhibit C. Department of Veterans' Affairs Treatment Record

XXXXXXXXXXXXXXXXX
President
Physical Disability Board of Review

SFMR-RB

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

SUBJECT: Department of Defense Physical Disability Board of Review Recommendation for XXXXXXXXXXXXXXXXXXXXXX, AR20120019881 (PD201101097)

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

XXXXXXXXXXXXXXXXXXXXX
Deputy Assistant Secretary
(Army Review Boards)

CF:
( ) DoD PDBR
( ) DVA