

RECORD OF PROCEEDINGS
PHYSICAL DISABILITY BOARD OF REVIEW

NAME: XXXXXXXXXXXXXXXX
CASE NUMBER: PD1200433
BOARD DATE: 20121206

BRANCH OF SERVICE: ARMY
SEPARATION DATE: 20090727

SUMMARY OF CASE: Data extracted from the available evidence of record reflects that this covered individual (CI) was an active duty SPC/E-4 (15P10/Aviation Operations Specialist), medically separated for right knee pain after arthroscopy and right medial meniscus debridement and repair of her patellar tendon. The CI was originally injured in 2006 when thrown to the ground while participating in a combatant class. Records show despite two surgeries, repetitive profiling and physical therapy she never recovered. The right knee conditions could not be adequately rehabilitated to meet the physical requirements of her Military Occupational Specialty (MOS) or satisfy physical fitness standards. She was issued a permanent L3 profile and referred for a Medical Evaluation Board (MEB). The MEB forwarded right knee pain as the single medically unacceptable condition to the Physical Evaluation Board (PEB). Mild motion sickness and acne vulgaris conditions, identified in the rating chart below, were also identified and forwarded by the MEB as medically acceptable. The PEB adjudicated "limitation of extension of the right leg diagnosed as right knee pain post arthroscopy in 2006 and right medial meniscus debridement/repair of patellar tendon dislocation in 2007" condition as a single unfitting condition, rated 10%, with application of the Veteran's Affairs Schedule for Rating Disabilities (VASRD). The mild motion sickness condition was determined to be a condition that does not constitute a physical disability IAW DoDI 1332.38. The acne vulgaris condition was adjudicated as not unfitting. The CI made no appeals, and was medically separated with a 10% disability rating.

CI CONTENTION: "I was medically discharged for a bad R knee at 10%. VA rated at 40%."

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 IPEB 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 unfitting condition right knee pain after arthroscopy and right medial meniscus debridement with repair of her patellar tendon condition as requested for consideration meets the criteria prescribed in DoDI 6044.44 for Board purview and is 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 20090410 | | | VA (1 Mo. Post-Separation) – All Effective Date 20090728 | | | |
|-----------------------------------|------------------|--------|--|------|--------|----------|
| Condition | Code | Rating | Condition | Code | Rating | Exam |
| Right Knee, Pain | 5261 | 10% | Rt Knee S/P Surgeries | 5261 | 40% | 20090825 |
| Acne Vulgaris | Not Unfitting | | Acne | 7828 | NSC | 20090825 |
| Mild Motion Sickness | Not a Disability | | No Corresponding VA Entry | | | |
| ↓ No Additional MEB/PEB Entries ↓ | | | 0% X 2 / Not Service-Connected x 3 (Includes Above) | | | 20090825 |
| Combined: 10% | | | Combined: 40% | | | |

ANALYSIS SUMMARY:

Right Knee Condition. The PEB description stated “limitation of extension of the right leg diagnosed as right knee pain post arthroscopy in 2006 and right medial meniscus debridement/repair of patellar tendon dislocation in 2007...” The narrative summary (NARSUM) notes the CI’s right knee was injured in 2006, and was later diagnosed with a medial collateral ligament (MCL) tear and a medial meniscal tear. She underwent civilian provider surgery for both in August 2006 and had several courses of physical therapy with Iontophoresis into 2007. She improved for release of profile. In mid-2007, an orthopedic consultant suspected re-injury. However, the CI passed a physical fitness test in November 2007, but had more pain. She underwent arthroscopic surgery in November 2007 for debridement of the right medial meniscus and repair of tendon for patellar dislocation. Despite further physical therapy and protective profiles over the next year, her knee pain continued. Plain radiographs taken in October 2008 were normal and magnetic resonance imaging (MRI) in November 2008 showed an old medial meniscus post-surgical change and chronic scarring at the origin of the MCL (ligament), without compelling evidence of internal derangement that would require more surgery. The MEB referenced a visit to orthopedic surgery in December 2008, 8 months prior to separation, which diagnosed patellofemoral dysfunction and recommended medically separating the member if she did not improve with quadriceps rehabilitation at physical therapy (PT). Six months prior to separation, the CI’s commander’s statement noted she could not meet the requirements of her MOS, with recurrent profiles and unresolved pain despite PT.

The goniometric range-of-motion (ROM) evaluations in evidence which the Board weighed in arriving at its rating recommendation, with documentation of additional ratable criteria, are summarized in the chart below.

| Right Knee ROM | PT ~11 Mo. Pre-Sep | MEB ~7 Mo. Pre-Sep | VA C&P ~1 Mo. Post-Sep |
|-----------------------|--|--|--|
| Flexion (140° Normal) | 135° | 80/85/81° | 0-120° |
| Extension (0° Normal) | 10-0° | *7/7/7° | -30° |
| Comment | *Written as “10-0-135 right knee flexion”; pain at end flexion; gait antalgic; marked medial jt line tenderness; + McMurray; R quad 4/5; “decreased strength an balance” | Gait with marked limp; tender medial jt line; motor 5/5 normal; ROM with pain 8/10 NOTE: “Extension Passive 11, 11, 11” | “Flexion: 0-120 extension: -30 -30” Pain on motion “flexion: begins at 110; ends at 120”; tenderness; gait with limp; negative DeLuca (see text) |
| §4.71a Rating | 10% | 10% | 40% |

At the MEB exam, 7 months before separation, the CI reported dull throbbing pain in the right knee, worse with extended standing, running, climbing stairs and carrying weight. She noted some periodic knee locking and catching, without the use of an assistive device or braces. The MEB physical exam noted an abnormal gait with a marked limp favoring her right leg, with palpable tenderness. There was no effusion, no crepitus, no loss of motor strength, no loss of sensation, or loss of reflexes noted. The exam is summarized in the chart above along with a PT exam at 11 months prior to separation.

At the VA Compensation and Pension (C&P) exam a month after separation, the CI reported she was unable to run, had pinching with walking, knee swelling after activity, and locking up once every 3 to 6 months. Her exam showed a gait with a limp, general muscle strength 5/5, without atrophy or spasm. The exam noted right knee tenderness to palpation, without swelling, laxity, prosthesis or malignment. On the neurological exam there was no loss of reflexes and it noted decreased strength in the right leg at 4/5 due to knee pain without sensory loss. The exam is summarized in the chart above.

The Board directs attention to its rating recommendation based on the above evidence. The PEB and VA both rated the right knee under code 5261 (limited extension of the leg) as the sole rating code. The PEB 10% rating was based on the MEB exam (criterion of extension limited to 10 degrees) and interpretation of lacking 7 degrees of extension. However, given the difficulty in interpreting plus and minus signs on extension ROMs, and the greater passive extension ROM to 11 degrees, it is possible that the 7 degrees extension represented hyperextension of the knee. The knee would still warrant a 10% rating with consideration of VASRD 4.59, (painful motion) or meniscal coding. The VA 40% rating indicated a significantly more limited extension based on the C&P exam interpretation of -30 degrees limited extension. There is a clear disparity between these examinations, with significant implications for the Board's rating recommendation. The Board carefully deliberated its probative value assignment to these conflicting evaluations, and reviewed the entire record for corroborating evidence in the 12-month period prior to and after separation.

The Board first considered whether the right knee pain after arthroscopy and right medial meniscus (semilunar cartilage) debridement with repair of her patellar tendon conditions constituted two conditions that could be separately coded and each assigned a rating using the VASRD. There was insufficient evidence of "frequent episodes of 'locking,' pain, and effusion" to warrant coding under 5285 (Cartilage, semilunar, dislocated). Although alternative coding at 10% could be justified analogously to 5259 (Cartilage, semilunar, removal of, symptomatic), this coding includes painful motion, and could not be combined with 5261. There was no evidence of instability or compensable flexion limitation for dual rating of the knee under code 5257 (Knee, other impairment) or 5260 (Leg, limitation of flexion).

The Board noted that the PT ROMs indicated a hyperextension to 10 degrees, without any loss of extension (recorded as 10-0-125 by PT convention). The MEB exam was interpreted by the PEB as indicating 7 degrees loss of extension with a marked limp. The Board discussed the source VA C&P exam that was interpreted as indicating a 30 degrees loss of extension. There was an abnormal gait at that exam; however, flexion was also recorded as 0-120 degrees indicating the knee reached full extension of 0 degrees. The Board debated the interpretation and probative value of all three exams and concluded that the MEB exam better fit the clinical picture presented by the subjective and objective findings throughout the preponderance of the record. The Board also found no evidence of knee ankylosis, recurrent subluxation, lateral instability, frequent locking with effusion, or muscle loss/atrophy to arrive at any higher coding in the VASRD.

After due deliberation, considering all of the evidence and mindful of VASRD §4.3 (reasonable doubt), VASRD § 4.40 (functional loss), and VASRD 4.59 (painful motion), the Board concluded that there was insufficient cause to recommend a change in the IPEB adjudication for the for the right knee 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 IPEB ruling in this case that any prerogatives outside the VASRD were exercised. In the matter of the right knee pain after arthroscopy and right medial meniscus debridement with repair of patellar tendon condition and IAW VASRD §4.71a, the Board unanimously recommends no change in the IPEB adjudication. 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 knee pain after arthroscopy and right medial meniscus debridement with repair of patellar tendon condition | 5261 | 10% |
| | COMBINED | 10% |

The following documentary evidence was considered:

- Exhibit A. DD Form 294, dated 20120519, w/atchs
- Exhibit B. Service Treatment Record
- Exhibit C. Department of Veterans' Affairs Treatment Record

XXXXXXXXXXXXXX, DAF
President
Physical Disability Board of Review

SFMR-RB

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

SUBJECT: Department of Defense Physical Disability Board of Review Recommendation for
XXXXXXXXXXXXXX, AR20120022698 (PD201200433)

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

XXXXXXXXXXXXXX
Deputy Assistant Secretary
(Army Review Boards)

CF:
() DoD PDBR
() DVA

