

RECORD OF PROCEEDINGS
PHYSICAL DISABILITY BOARD OF REVIEW

NAME: XXXXXXXXXXXXXXXXXXXX
CASE NUMBER: PD1200440
BOARD DATE: 20121214

BRANCH OF SERVICE: ARMY
SEPARATION DATE: 20090804

SUMMARY OF CASE: Data extracted from the available evidence of record reflects that this covered individual (CI) was an active duty SPC/E-4 (63M10/Bradley Fighting Vehicle Systems Maintainer), medically separated for left leg patellofemoral syndrome, right leg patellofemoral syndrome, left leg chronic compartment syndrome, and right leg chronic compartment syndrome. The CI had a long history of bilateral knee, shin, and lower leg pain that did not respond to conservative or surgical treatment. The CI was unable to meet the physical requirements of his Military Occupational Specialty (MOS) or satisfy physical fitness standards. He was issued a permanent L3 profile and referred for a Medical Evaluation Board (MEB). The MEB also forwarded the following conditions that met retention standards: Low back pain, atypical non-cardiac chest pain, and mild exercise induced asthma. An Informal Physical Evaluation Board (IPEB) adjudicated the right patellofemoral pain syndrome, left patellofemoral pain syndrome, left chronic compartment syndrome and right chronic compartment syndrome conditions as unfitting; rated 10%, 10%, 0%, and 0% respectively; with application of the Veteran's Affairs Schedule for Rating Disabilities (VASRD) and Army Regulation 635-40, B-15. The low back, atypical non-cardiac chest pain, and mild exercise induced asthma conditions were determined to be not unfitting. The CI appealed to the Formal PEB (FPEB). After the IPEB, bilateral pes planus and bilateral plantar fasciitis conditions had also been identified and forwarded to the Formal PEB (FPEB). The FPEB affirmed the IPEB findings and determined the bilateral pes planus and bilateral plantar fasciitis were not unfitting. The CI appealed the FPEB findings and the case was forwarded to the US Army Physical Disability Agency (USAPDA) for review. The USAPDA concluded the case was properly adjudicated by the FPEB and it affirmed the FPEB findings. The CI was then medically separated with a 20% disability rating.

CI CONTENTION: "I was MED BOARDED & given severance pay. I was granted 20% for knees but was not rated for Asthma. Also was not rated for degenerative disc. Day after Discharge VA Rated Asthma as 30% disease VA Rated DDD as 20%. "

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 asthma and low back conditions 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 FPBE – Dated 20090417			VA (2 Weeks Pre-Separation) – All Effective Date 20090805			
Condition	Code	Rating	Condition	Code	Rating	Exam
Left Leg Patellofemoral Pain Syndrome	5099-5003	10%	Patellofemoral Pain Syndrome, Left Knee	5010-5260	10%	20090720
Right Leg Patellofemoral Pain Syndrome	5099-5003	10%	Patellofemoral Pain Syndrome, Right Knee	5299-5261	10%	20090720
Left Leg Chronic Compartment Syndrome	5099-5003	0%	Compartment Syndrome, Left Leg	5023	0%	20090720
Right Leg Chronic Compartment Syndrome	5099-5003	0%	Compartment Syndrome, Right Leg	5023	0%	20090720
Mild Exercise Induced Asthma	Not Unfitting		Asthma	6602	30%	20090720
Low Back	Not Unfitting		Low Back Pain with Multilevel Degenerative Disc Disease	5242	20%	20090720
Bilateral Pes Planus	Not Unfitting		NO VA ENTRY			
Bilateral Planter Fasciitis	Not Unfitting		Plantar Fasciitis Bilateral	5020-5276	10%	20090720
Atypical Non-Cardiac Chest Pain	Not Unfitting		Chest Pains	6899-6843	NSC	20090720
↓No Additional MEB/PEB Entries↓			0% X 3/ Not Service-Connected x 1 (Includes Above)			20090720
Combined: 20%			Combined: 60% (Bilateral Factor 2.7: 5276, 5260, 5261)			

ANALYSIS SUMMARY: The Board’s authority as defined in DoDI 6040.44, resides in evaluating the fairness of Disability Evaluation System (DES) 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.

Right and Left Knee Patellofemoral Pain Syndrome Conditions. There were three range-of-motion (ROM) evaluations for each knee in evidence, with documentation of additional ratable criteria, which the Board weighed in arriving at its rating recommendation as summarized in the chart below.

Knee ROM	PT for MEB ~7 Months Pre-Separation		PT for MEB ~5 Months Pre-Separation		VA C&P ~2 Weeks Pre-Separation	
	Left	Right	Left	Right	Left	Right
Flexion (140° Normal)	120° Pain at 109°	115° Pain at 63°	125° Pain at 60°	115° Pain at 85°	120° Pain from 100° to 120°	130° Pain from 120° to 130°
Extension (0° Normal)	-5° Pain at -2°	-2° Pain at -1°	0° No Pain	0° Pain at 0°	0°	0°
Comment	Goniometer used. Maximal effort. Antalgic gait and lateral trunk lean to left.		Goniometer used. Pain upon weight bearing after exam. Negative Lachman’s bilaterally. Increasing loss of function due to pain.		Slight tenderness below patella bilaterally; No swelling, effusion or instability; No varus or valgus instability; negative Lachman’s and McMurray’s bilateral; No leg length discrepancy or abnormal weight bearing; Normal gait and stance; normal neurologic examination.	
	No change in flexion or extension with repetition	Flexion increase 7° and no change extension after 3 repetitions	Increased difficulty to perform additional flexion and extension after repetition			
§4.71a Rating	10%	10%	10%	10%	10%	10%

The narrative summary (NARSUM) was completed on 31 December 2008, approximately 7 months prior to separation and it was completed using the MEB history and physical completed on 15 December 2008 by the same physician. It includes a long history of bilateral patellofemoral pain syndrome, shin splints, and chronic compartment syndrome. It also included ROM measurements from December 2007 that show slightly less limitation than those in the chart above. It also noted the CI estimates an additional 60% limitation of motion with pain flares of knees or shins. The additional limitation was caused by increasing pain along with fatigue, weakness, and incoordination. A nuclear medicine bone scan performed in November 2006 documented stress injuries of bilateral medial femoral condyles and the left medial tibial plateau. A repeat scan in February 2008 noted mild stress changes vs. early degenerative changes in both knees as well as mild bilateral shin splints. His bilateral knee pain was constant, rated 2/10 at best, 4/10 on average, and 6/10 at worst. The MEB physical exam DD Form 2808 noted tenderness to palpation of both patella tendons and around both patellas. It also noted hypermobile patellas and positive grind test. More recent ROM measurements from physical therapy are shown in the chart above.

A VA Compensation and Pension (C&P) exam was completed approximately 2 weeks prior to separation and it noted pain and occasional stiffness in both knees. He rated his pain at 6/10 in the left knee and 5/10 in the right. He reported intermittent swelling of the left knee. The CI denied any instability, giving way, and locking. Flare-ups occurred with increased activity and caused his pain to increase to 7-8/10 in the left knee and 5-6/10 in the right knee. Physical examination findings are noted in the ROM chart above.

The Board directs attention to its rating recommendation based on the above evidence. Although they used different VASRD codes, both the PEB and the VA assigned the same 10% disability rating to each knee based on pain-limited motion. No instability or other abnormality was present and a higher rating is not warranted. 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 and left knee patellofemoral syndrome conditions.

Right and Left Leg Chronic Compartment Syndrome Conditions. The NARSUM was completed on 31 December 2008, approximately 7 months prior to separation and it was completed using the MEB history and physical completed on 15 December 2008 by the same physician. It includes a long history of bilateral patellofemoral pain syndrome, shin splints, and chronic compartment syndrome. Although symptoms had been present previously, exercise compartment syndrome was diagnosed in February 2008. The left leg appeared to be more symptomatic than the right leg and a left leg fasciotomy was completed in March 2008. However, the CI's pain was worse after surgery and required the use of a cane. A second surgery was offered but the surgeon could not guarantee improvement and the CI reasonable declined the surgery. An extensive work-up with rheumatology, neurology, and physical medicine evaluations including electromyogram (EMG) and nerve conduction studies documented no muscular disease and confirmed the chronic bilateral exertional compartment syndrome diagnosis. The MEB physical noted shins with marked tenderness from just distal to the tibial tuberosity to the distal tibiae just superior to the ankle, with worst tenderness mid-anterior shin, and with pain both medial and lateral to this location as well. Mild pre-tibial edema was also present. Flexion and extension of the ankle and of the knee reproduced pain in the shins. Previous examination by orthopedics in November 2008 had noted slight tenseness anterolaterally. Neurology examination in November 2008 also noted lateral/anterior lower legs with mild tenseness and tender to palpation and no change in color or temperature. A normal gait and neurologic examination was also documented. EMGs and Nerve conduction studies completed in November 2008 noted only changes related to the compartment syndrome and fasciotomy. MRI of both lower extremities in November 2008 documented changes consistent with the previous EMG studies and no significant muscle edema (suggestive

of myositis) or atrophy (suggestive of chronic myopathy). The CI reported constant bilateral shin pain, rated at 3/10 at best, 9-10/10 worst, and 6-7/10 average throughout the day. He also reported the left lower leg was 40% worse than the right. Pain increased with any activity unless performed very slowly.

A VA Compensation and Pension (C&P) exam was completed approximately 2 weeks prior to separation and it noted a similar clinical history. The CI also reported numbness in the lateral sides of both legs in addition to pain and he reported frequency of three times per week. Examination noted tenderness to palpation over the lateral side of both lower legs, with more tenderness on the left leg. No swelling was noted in either leg. Examination also noted a normal gait and stance and a normal neurologic examination.

The Board directs attention to its rating recommendation based on the above evidence. Although they used different analogous codes, both the PEB and the VA rated the right and left leg chronic compartment syndrome conditions at 0%. The VA used VASRD code 5023, which is rated as 5003 and the PEB used code 5099-5003. The VA assigned a 0% rating based on the absence of objective evidence of painful or limited motion. The PEB also assigned a 0% rating, stating the "requirements for compensable evaluation are not met." The PEB also stated the rationale for the 0% rating was consistent with AR 635-40, B-15. This Army regulation is also consistent with VASRD §4.31 pertaining to a no-percent rating. 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 and left leg chronic compartment syndrome conditions.

Contended PEB Conditions. The contended conditions adjudicated as not unfitting by the PEB were mild exercise induced asthma and low 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 (reasonable doubt) standard used for its rating recommendations, but remains adherent to the DoDI 6040.44 "fair and equitable" standard. Neither of these conditions was profiled, neither was implicated in the commander's statement, and neither was judged to fail retention standards. Both were reviewed by the action officer and considered by the Board. There was no indication from the record that either 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 either the mild exercise induced asthma condition or the low back pain condition. The Board concluded therefore that no additional disability rating could be recommended for either 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 leg patellofemoral pain syndrome condition and IAW VASRD §4.71a, the Board unanimously recommends no change in the PEB adjudication. In the matter of the left leg patellofemoral pain syndrome condition and IAW VASRD §4.71a, the Board unanimously recommends no change in the PEB adjudication. In the matter of the right leg chronic compartment syndrome condition and IAW VASRD §4.71a, the Board unanimously recommends no change in the PEB adjudication. In the matter of the left leg chronic compartment syndrome condition and IAW VASRD §4.71a, the Board unanimously recommends no change in the PEB adjudication. In the matter of the contended mild exercise induced asthma and low 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
Right Leg Patellofemoral Pain Syndrome	5099-5003	10%
Left Leg Patellofemoral Pain Syndrome	5099-5003	10%
Right Leg Chronic Compartment Syndrome	5099-5003	0%
Left Leg Chronic Compartment Syndrome	5099-5003	0%
	COMBINED	20%

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

XXXXXXXXXXXXXXXXXXXX, DAF
President
Physical Disability Board of Review

SFMR-RB

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

SUBJECT: Department of Defense Physical Disability Board of Review Recommendation for
XXXXXXXXXXXXXXXXXXXX, AR20130000101 (PD201200440)

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

XXXXXXXXXXXXX
Deputy Assistant Secretary
(Army Review Boards)

CF:
() DoD PDBR
() DVA