RECORD OF PROCEEDINGS
PHYSICAL DISABILITY BOARD OF REVIEW

NAME: XXXXXXXXXXXXXXX
CASE NUMBER: PD1200482
BOARD DATE: 20130108

BRANCH OF SERVICE: ARMY
SEPARATION DATE: 20030501

SUMMARY OF CASE: Data extracted from the available evidence of record reflects that this covered individual (CI) was an active duty SPC/E-4 (73C/Military Pay Clerk) medically separated for chronic anterior chest wall pain. The CI suffered a fall in December 2000 and subsequently developed anterior chest wall pain in February 2001. After an extensive evaluation failed to reveal a cause for the pain and medications did not adequately control her pain, she was unable to meet the physical requirements of her Military Occupational Specialty or satisfy physical fitness standards. She was issued a permanent U3 profile and referred for a Medical Evaluation Board (MEB). The MEB identified and forwarded only the chronic chest wall pain condition for Physical Evaluation Board (PEB) adjudication. The PEB adjudicated the chronic anterior chest wall pain condition as unfitting and rated it 0% with apparent application of the US Army Physical Disability Agency (USAPDA) pain policy. The CI made no appeals, and was medically separated with a 0% disability rating.

CI CONTENTION: "Unable to do any physical activity (walk far, run, exercises). I get out of breath when playing with children. I get migraines everyday and take over the counter medicine. Stay in dark rooms".

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 rating for the unfitting, chronic anterior chest wall pain condition will be reviewed. The other requested condition, migraine, is not within the Board's purview. 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 20030306			VA (4.5 Mos Post-Separation) – All Effective Date 20030502			
Condition	**Code**	**Rating**	**Condition**	**Code**	**Rating**	**Exam**
Chronic Anterior Chest Wall Pain	5099-5003	0%	Costochondritis (claimed as chest pains)	5299-5297	0%*	20030827
↓No Additional MEB/PEB Entries↓			Tension Headaches (claimed as migraines)	8199-8100	0%*	20030827
			Not Service-Connected x7			20030827
Combined: 0%			**Combined: 0%***			

*5299-5297 increased to 10% effective 20040715; 8199-8100 increased to 10% effective 20040719; Combined rating increased to 10% effective 20040715 then to 20% effective 20040719

ANALYSIS SUMMARY: The Board acknowledges the sentiment expressed in the CI's application regarding the significant impairment with which her service-incurred condition continues to burden her. It is a fact, however, that the Disability Evaluation System (DES) has neither the role nor the authority to compensate members for anticipated future severity or potential complications of conditions resulting in medical separation. This role and authority is granted

by Congress to the Department of Veterans Administration (DVA). The Board utilizes DVA 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. The Board's authority as defined in DoDI 6040.44, however, resides in evaluating the fairness of DES fitness determinations and rating decisions for disability at the time of separation. The Board further notes that the presence of a diagnosis, in and of itself, is not sufficient to render a condition unfitting and ratable. While the DES considers all of the member's medical conditions, compensation can only be offered for those medical conditions that cut short a member's career, and then only to the degree of severity present at the time of final disposition. However, the DVA, operating under a different set of laws (Title 38, United States Code), is empowered to periodically re-evaluate veterans for the purpose of adjusting the disability rating should the degree of impairment vary over time.

Chronic Anterior Chest Wall Pain Condition. At the MEB exam accomplished 6 months prior to separation, the CI reported having "pressure on her chest when pressure was applied" and also when exercising. She reported trouble sleeping due to chest pains and had been treated in an emergency room for her chest pain. The MEB physical exam noted pain with palpation over the sternum and anterior ribs primarily along rib number three bilaterally.

The narrative summary (NARSUM) prepared 3 months prior to separation noted that the CI had no past medical problems and no history of chest pain prior to entering the Army. She completed her training without complications. In December 2000, she slipped on the ice and hit her head. There was no loss of consciousness and she was treated and released to home. In February 2001, she began experiencing retrosternal chest discomfort. It initially began with doing push-ups and would last one to two minutes with sharp pain that would then resolve on its own. This progressed to chest wall pain when running, that was located in the retrosternal area with no radiation but a sharp stabbing quality lasting one to two hours. The CI denied any alleviating factors and had no other symptoms of diaphoresis, nausea, vomiting or shortness of breath. She stated that the symptoms were worsening and that they occurred with minimal activity, not just exertional activity, and the sharp chest pain sometimes lasted through the night. There was no change in the location of pain and there was no radiation from this area. She had tried heating pad, ice, cold compresses and nightly medications. She was evaluated by many specialists to include general and thoracic surgeons, mental health providers, a neurologist and a rheumatologist. All specialists concluded that the CI had costochondritis and all recommended various anti-inflammatory and oral pain medications. Her medication regimen was: Tylenol as needed, Prozac once daily and Elavil once at night. The physical examination revealed the CI was in no acute distress. Her neck was soft and had a full range-of-motion (ROM) with no lymphadenopathy. Her lungs were clear to auscultation bilaterally; her heart had a regular rate and rhythm with no murmurs. Palpation of the chest wall caused much discomfort over the sternal and costochondral areas bilaterally. There were no obvious skin changes, no rashes on the chest wall and no obvious bony deformities. Her abdomen was soft with no hepato-splenomegaly and was non-tender to palpation. The CI had numerous lab tests that were all normal. She also had a chest X-Ray, chest CT and a bone scan of the sternal area; all were normal.

At the VA Compensation and Pension (C&P) exam accomplished 3 months after separation, the CI reported having had sternal area pain frequently, worse after lifting, prolonged walking, or occasionally after being in the "wrong sleep position." She had a full cardiology workup without finding any cardiac problem. Her diagnosis was chronic moderate to severe costochondritis. Physical exam was significant for her chest being symmetrical and clear to auscultation with pain on even moderate pressure with the stethoscope. The chest wall pain was worse with even moderate and minor compression of the chest wall laterally. Pain was mid-sternal, radiating to the lateral chest bilaterally. Her heart sounds were normal, without murmur,

gallop, or rub. There was no peripheral edema. A repeat C&P in January 2005 was essentially unchanged.

The Board directs attention to its rating recommendation based on the above evidence. The PEB applied the analogous code of 5099-5003 and rated it 0%, for moderate intermittent pain, specifically using language from the USAPDA pain policy. The VA also applied an analogous code of 5299-5297 and initially rated it 0% and increased the rating to 10% 14 months after separation. The initial VA rating noted that a non-compensable evaluation is assigned unless one rib has been removed or two or more ribs have been resected without regeneration, while later the VA rating document noted an increased evaluation of 10% because the evidence showed this was equivalent to a superficial scar that was painful on examination. There is no specific VASRD code for costochondritis so it must be coded analogously to a disability in which not only the function is affected, but anatomical localization and symptoms, are closely related. Therefore, the Board considered the analogous codes used by the PEB and VA along with another possible code of 5321. The VASRD code 5321, Thoracic muscle group, more closely meets the guidance present in §4.20, analogous ratings, and therefore will be used in this case. The VASRD in effect at the time of separation utilized the subjective criteria of slight, for a 0% rating; moderate, for a 10% rating and moderately severe or severe for a 20% rating for rating purposes under code 5321. The CI's chest wall pain was greater than slight as it caused symptoms daily and interfered with activity surpassing the 0% rating threshold. Because her pain was not responsive to daily anti-inflammatory medications and occasionally interfered with her sleep, it was adjudged to be consistent with moderate and a 10% rating. At the time of separation, the CI's chest wall pain did not require chronic narcotic medications or interfere with her sleep on a more consistent basis which would be required for the next higher severe or moderately severe, 20%, rating. After due deliberation, considering all of the evidence and mindful of VASRD §4.3 (reasonable doubt), the Board recommends a disability rating of moderate, 10%, for the chronic anterior chest wall 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. As discussed above, PEB apparent reliance on the USAPDA pain policy for rating chronic anterior chest wall pain was operant in this case and the condition was adjudicated independently of that policy by the Board. In the matter of the chronic anterior chest wall pain condition, the Board, by a majority vote, recommends a disability rating of 10%, coded 5299-5321 IAW VASRD §4.73. The single voter for dissent, who recommended no recharacterization of the PEBs initial adjudication, elected not to submit a minority opinion. There were no other conditions within the Board's scope of review for consideration.

RECOMMENDATION: The Board recommends that the CI's prior determination be modified as follows, effective as of the date of her prior medical separation:

UNFITTING CONDITION	VASRD CODE	RATING
Chronic anterior chest wall pain condition	5399-5321	10%
	COMBINED	**10%**

The following documentary evidence was considered:

Exhibit A. DD Form 294, dated 20120604, w/atchs
Exhibit B. Service Treatment Record
Exhibit C. Department of Veterans' Affairs Treatment Record

XXXXXXXXXXXXXXX, DAF
President
Physical Disability Board of Review

SFMR-RB

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

SUBJECT: Department of Defense Physical Disability Board of Review Recommendation for XXXXXXXXXXXXXX, AR20130000861 (PD201200482)

1. 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 to modify the individual's disability rating to 10% without recharacterization of the individual's separation. This decision is final.

2. I direct that all the Department of the Army records of the individual concerned be corrected accordingly no later than 120 days from the date of this memorandum.

3. I request that a copy of the corrections and any related correspondence be provided to the individual concerned, counsel (if any), any Members of Congress who have shown interest, and to the Army Review Boards Agency with a copy of this memorandum without enclosures.

BY ORDER OF THE SECRETARY OF THE ARMY:

Encl

XXXXXXXXXXXXX
Deputy Assistant Secretary
(Army Review Boards)

CF:
( ) DoD PDBR
( ) DVA