

RECORD OF PROCEEDINGS
PHYSICAL DISABILITY BOARD OF REVIEW

NAME: XXXXXXXXXXXXXXXXXXXX
CASE NUMBER: PD1200733
BOARD DATE: 20121214

BRANCH OF SERVICE: ARMY
SEPARATION DATE: 20011203

SUMMARY OF CASE: Data extracted from the available evidence of record reflects that this covered individual (CI) was an active duty SPC/E-4 (54B/Chemical Operations Specialist), medically separated for amputation, left (non-dominant) long finger. The CI sustained a traumatic amputation of the left long finger during basic training in August 1999. The amputation was repaired and healed, but the CI continued to have persistent pain. Her amputation, left (non-dominant) long finger condition could not be adequately rehabilitated. The CI did not improve adequately with occupational therapy to meet the physical requirements of her Military Occupational Specialty (MOS). She was issued a permanent U3 profile (131111) and referred for a Medical Evaluation Board (MEB). The MEB forwarded no other conditions for Informal Physical Evaluation Board (IPEB) adjudication. The IPEB adjudicated the amputation, left (non-dominant) long finger condition as unfitting, rated 10%, with application of the Veteran's Affairs Schedule for Rating Disabilities (VASRD). The U.S. Army Physical Disability Agency (USAPDA) returned the IPEB proceedings for "clarification of the DA Form 3349 and reconsideration," questioning, in essence, why the loss of this finger made the CI unfitting, especially when she continued to soldier for 2 years; and if truly unfitting, whether her profile restriction was based on a physical inability or pain. The hospital provided an addendum to its narrative summary (NARSUM) regarding the USAPDA's questions. The USAPDA decided to convene a Formal PEB (FPEB). The FPEB affirmed the IPEB findings; and the CI was then medically separated with a 10% disability rating.

CI CONTENTION "Increasing limitations due to conditions, currently being treated at VA Medical Center, San Antonio, TX. Rating does not reflect all complications resulting from conditions. I have also been seen at Oakland, CA and Dallas, TX VA Medical centers, as well as my PCM with private insurance."

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 unfitting amputation, left (non-dominant) long finger condition meet the criteria prescribed in DoDI 6040.44 for Board purview, and are accordingly addressed below. The other requested conditions are 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 FPEB (3 Mo. Pre-Sep) – Dated 20010925			VA (1 Week Pre-Separation) – All Effective Date 20011204			
Condition	Code	Rating	Condition	Code	Rating	Exam
Amputation, left (non-dominant) long finger just proximal to midshaft of the middle phalanx with residual pain and difficulty lifting and carrying	5154	10%	Residuals, Traumatic Partial amputation, left middle finger	5299-5226	10%	20011126
↓No Additional MEB/PEB Entries↓			Patellofemoral pain syndrome, right knee	5024	10%	20011126
			0% X 0 / Not Service-Connected x 0*			20011126
Combined: 10%			Combined: 20%			

*VARD 20030214 denied four additional conditions as “Not Service Connected, No Diagnosis.”

ANALYSIS SUMMARY:

Amputation, left (non-dominant) long finger condition. The CI sustained traumatic amputation of the distal phalanx of the left long finger (3rd digit) in August 1999. The CI underwent surgical repair and 2 years of occupational therapy. She continued to have persistent pain with activities. 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.

Left Hand (Non-dominant) Goniometric ROM	OT ~22 Mo. Pre-Sep	MEB ~6 Mo. Pre-Sep	VA C&P ~1 week Pre-Sep
	Left Middle Finger	Left Middle Finger	Left Middle Finger
MCP 0-90°	0° - 95°	20°-0°-95°	“Normal” (90°)
PIP 0-100°	0° - 75°	0° - 90°	Not Measured
DIP 0-70°	Amputated	Amputated	Amputated
Comments: X-ray – resection of middle finger at level of midshaft of middle phalanx	(+) TTP at scar site; decreased strength	; Amputation of L long finger, just distal to the DIP joint; stump is mobile w/o any significant tightness / adhesions of the skin to underlying bone; good subcutaneous fat & mild tenderness possibly related to small neuroma of the ulnar digital nerve. Tenderness No limitation on other joints in the hand. Sensation in the distal stump is hypersensitive. Motor strength of intrinsics intact; no ulnar weakness; good flexion at MP joint; R Forearm measure 26.5 cm & L measures 26 cm.	(+) Tender to palpation distal end of left middle finger; amputation just distal of proximal interphalangeal; normal ROM of metacarpophalangeal.
§4.71a or §4.124a Rating	10%	10%	10%

At the MEB exam, 6 months prior to separation, the CI reported numbness and soreness over the joint of the amputated long finger. She stated that she cannot work in the field carrying things. The CI underwent 2 years of occupational therapy to include fluidotherapy for desensitization without relief of stump pain. The MEB physical exam noted amputation of the left middle phalanx without significant stump tightness or adhesions of the skin to the underlying bone. There was mild tenderness to palpation globally over the palmar aspect of the stump with distal radiation. The ROM was as noted above. The examiner noted the possible attribution of the tenderness to a small ulnar digital nerve neuroma. Stump hypersensitivity was noted distally. At the VA Compensation and Pension (C&P) exam performed a week prior to separation, the CI reported 6/10 pain at the tip of the amputated finger occurring 2-3 times per week. The pain worsened with normal activity and was treated with Motrin as needed. The C&P physical exam noted tenderness to palpation at the distal end of the stump with normal ROM and is summarized in the above chart.

The Board directs attention to its rating recommendation based on the above evidence. The PEB adjudicated the left long finger amputation as unfitting, rated at 10%, and coded 5154, Long Finger, amputation of. The VA rated analogous to long finger, ankylosis of, coded 5299-5226, and rated at 10%. The Board considered the MEB examiner's identification of a neuroma as the potential source of pain and §4.68, Amputation Rule, which states the "painful neuroma of a stump after amputation shall be assigned the evaluation for the elective site of reamputation." The next elective reamputation site would be the proximal interphalangeal joint and would not yield a higher rating. The Board considered coding under nerve coding of DC 8716 (Ulnar nerve) or 8715 (median nerve) neuralgia; however, the MEB examiner identified the tenderness as mild which would yield a 10% rating. A higher evaluation of moderate, rated at 20% is not supported by the evidence of record. Alternative rating under code 7804 (Scars, superficial, painful on examination) IAW Note (2) of the VASRD in effect at the time, would rate no higher than 10%.

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 amputation, left (non-dominant) long finger condition. The Board concluded therefore that this condition could not be recommended for additional disability rating.

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 amputation, left (non-dominant) long finger condition and IAW VASRD §4.71a, the Board unanimously recommends no change in the PEB 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
Amputation, left (non-dominant) long finger	5154	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

XXXXXXXXXXXXXXXXXXXX, DAF
 President
 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, AR2013000096 (PD201200733)

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