

RECORD OF PROCEEDINGS  
PHYSICAL DISABILITY BOARD OF REVIEW

NAME: XXXXXXXXXXXX  
CASE NUMBER: PD1201221  
BOARD DATE: 20130110

BRANCH OF SERVICE: ARMY  
SEPARATION DATE: 20021010

**SUMMARY OF CASE:** Data extracted from the available evidence of record reflects that this covered individual (CI) was an active duty SSG/E-7 (92G/Food Service Specialist), medically separated for a left shoulder and left hip condition. She did not respond adequately to treatment and was unable to perform within her Military Occupational Specialty (MOS) meet worldwide deployment standards or meet physical fitness standards. She was issued a permanent U3/L3 profile and referred for a Medical Evaluation Board (MEB). Left shoulder impingement syndrome and left hip trochanteric bursitis were forwarded to the Physical Evaluation Board (PEB) IAW AR 40-501. No other conditions appeared on the MEB's submission. The PEB adjudicated the left shoulder and left hip conditions as unfitting, rated 0% and 0% with likely application of the Veterans Administration Schedule for Rating Disabilities (VASRD). The CI made no appeals, and was medically separated with a 0% disability rating.

**CI CONTENTION:** The CI elaborated no specific contention in her application.

**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. 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 20020716				VA (AT Separation) – All Effective Date 20021011			
Condition	Code	Rating		Condition	Code	Rating	Exam
Left Shoulder Impingement Syndrome	5024-5003	0%		Left Shoulder Impingement Syndrome	5299-5024	10%	20030107
Left Hip Pain w/diagnosis of Trochanteric Bursitis	5019-5003	0%		Left Hip Trochanter Bursitis	5019	10%	20030107
↓No Additional MEB/PEB Entries↓				Right Shoulder Impingement Syndrome	5299-5024	10%	20030107
				0% X 5 / Not Service-Connected x 17			
<b>Combined: 0%</b>				<b>Combined: 30%</b>			

**ANALYSIS SUMMARY:**

**Left Shoulder and Left Hip Condition.** The CI developed atraumatic left hip pain and left shoulder pain which were conservatively treated for bursitis and impingement syndrome, respectively. Her pain persisted despite injections, physical therapy and profile limitations. The profile limitations included; no running, jumping, or heavy lifting greater than 25 pounds and a sit-up only physical training test. The commander's statement corroborated her medical conditions and limitations; additionally, noting the physical demands rating which were heavy

for this MOS (frequent pulling, pushing, lifting, carrying greater than 50 pounds). The commander also documented her profile prevented her from performing her mission as well as meeting the basic requirements of a soldier. There were two goniometric range-of-motion (ROM) evaluations for the left shoulder and left hip in evidence; with documentation of additional ratable criteria, the Board weighed in arriving at its rating recommendation; as summarized in the chart below.

DOS 20021010

Left Shoulder ROM	MEB ~6 Mo. Pre-Sep (20020315)	VA C&P ~3 Mo. Post-Sep (20030107)
Flexion (0-180°)	170	180
Abduction (0-180°)		##°
Comments	Painful internal rotation	Painful motion
§4.71a Rating*	10%	10%

\*Conceding §4.59 (painful motion)

Left Hip (Thigh) ROM	MEB ~6 Mo. Pre-Sep (20020315)	VA C&P ~3 Mo. Post-Sep (20030107)
Flexion (0-125°)	110	Full
Extension (0-20°)	20	Full
External Rotation (0-45°)	40	
Abduction (0-45°)		
Adduction (0-45°)		
Comment	Silent to painful motion	Normal gait, silent to painful motion
§4.71a Rating	0%	0%

At the MEB exam, the CI reported pain in her left shoulder and left hip that prevented her from performing her duties. The MEB physical exam demonstrated signs consistent with left shoulder impingement and no ligament laxity. The left hip was tender to palpation at the apex of the greater trochanter bone and the soft tissue posterior to this bone. X-rays were within normal limits. The findings on the magnetic resonance imaging (MRI) of the shoulder revealed minimal tendinosis and the findings on the MRI of the hip were suggestive of bursitis and consistent with tendinitis with no findings of stress fracture. At the VA Compensation and Pension (C&P) exam performed after separation the CI additionally reported tendinitis of the bilateral shoulders and bilateral hips with some relief with the nonsteroidal medication Vioxx. The C&P exam demonstrated tenderness of the shoulders bilaterally and a noticeable grimace with reaching to 180 degrees, 4 of 5 motor strength for abduction at the shoulders secondary to pain, normal motor findings of the lower extremity and normal neurologic findings of the upper and lower extremities. X-rays cited in the VA rating decision were within normal limits for the left shoulder and the left hip.

The Board directs attention to its rating recommendation based on the above evidence. The PEB and VA chose same coding options for the condition and both were IAW §4.71a—Schedule of ratings—musculoskeletal system. The PEB assigned a 0% rating coded analogous to 5003 for the left shoulder which was inconsistent with the 5003 criteria which specifically states; “When however, the limitation of motion of the specific joint or joints involved is noncompensable under the appropriate diagnostic codes, a rating of 10% is for application for each such major joint or group of minor joints affected by limitation of motion, to be combined, not added under diagnostic code 5003.” “Limitation of motion must be objectively confirmed by findings such as swelling, muscle spasm, or satisfactory evidence of painful motion.” The Board agreed the evidence for the left shoulder does support painful motion and IAW VASRD §4.45 the

shoulder is defined as a major joint. The Board considered code 5304 (Group IV muscles) more clinically specific for the left shoulder condition, and agreed the evidence did not meet or exceed the moderate criteria under this code for a higher rating. The Board agreed, while the hip is also defined as a major joint, there is no evidence of painful motion in either the MEB or VA exam to support the minimum 10% allowable rating under 5003. The VA assigned the left hip a 10% rating for pain to palpation which is inconsistent with the VASRD §4.59 which is for painful motion. The Board additionally considered the X-ray evidence of the left hip for a higher rating. However, per VASRD note (2) under 5003 criteria for codes 5013-5024 the X-rays findings will not be utilized for either a 10 or 20% rating. There is no viable approach to a higher rating for the left shoulder or left hip which is countenanced by the VASRD. After due deliberation, considering all of the evidence and mindful of VASRD §4.3 (Resolution of reasonable doubt), the Board recommends a disability rating of 10% for the left shoulder condition and concluded that there was insufficient cause to recommend a change in the PEB adjudication for the left hip 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 left shoulder condition, the Board unanimously recommends a disability rating of 10%, coded 5304-5003 IAW VASRD §4.71a. In the matter of the left hip 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 recommends that the CI’s prior determination be modified as follows, effective as of the date of her prior medical separation:

<b>UNFITTING CONDITION</b>	<b>VASRD CODE</b>	<b>RATING</b>
Left Shoulder Impingement Syndrome	5304-5003	10%
Left Hip Pain w/diagnosis of Trochanteric Bursitis	5019	0%
	<b>COMBINED</b>	<b>10%</b>

The following documentary evidence was considered:

- Exhibit A. DD Form 294, dated 20120712, w/atchs
- Exhibit B. Service Treatment Record
- Exhibit C. Department of Veterans’ Affairs Treatment Record

XXXXXXXXXXXX, DAF  
 President  
 Physical Disability Board of Review

SFMR-RB

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

SUBJECT: Department of Defense Physical Disability Board of Review Recommendation  
for XXXXXXXXXXXXXXXX, AR20130001036 (PD201201221)

1. I have reviewed the enclosed Department of Defense Physical Disability Board of Review (DoD PD BR) 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

XXXXXXXXXXXXXXXXX  
Deputy Assistant Secretary  
(Army Review Boards)

CF:  
( ) DoD PD BR  
( ) DVA