

RECORD OF PROCEEDINGS
PHYSICAL DISABILITY BOARD OF REVIEW

NAME: XXXXX
CASE NUMBER: PD12-00198
BOARD DATE: 20121012

BRANCH OF SERVICE: NAVY
SEPARATION DATE: 20080515

SUMMARY OF CASE: Data extracted from the available evidence of record reflects that this covered individual (CI) was an active duty CM2/E-5 (9760/Advanced Construction Mechanic), medically separated for left knee patellofemoral pain syndrome (PFPS). The CI first noted knee pain after being struck behind the knee while “rough housing.” Despite surgery, duty modifications and conservative management, the CI did not improve adequately to meet the physical requirements of his rating or satisfy physical fitness standards. He was placed on limited duty [LIMDU] and referred for a Medical Evaluation Board (MEB). “Other affections of shoulder region, not elsewhere classified” was also identified and forwarded by the MEB. The Physical Evaluation Board (PEB) adjudicated the left knee PFPS conditions as unfitting, rated 10% with application of the Veteran’s Affairs Schedule for Rating Disabilities (VASRD). The remaining condition, renamed left shoulder impingement syndrome, was determined to be not unfitting and Category III. The PEB also determined sleep apnea to be a Category III condition although this was not on the NAVMED 6100 submission. The CI made no appeals and was medically separated with a 10% disability rating.

CI CONTENTION: “Left knee patellofemoral pain syndrome—continuing pain; left shoulder impingement syndrome—never rated.”

SCOPE OF REVIEW: The Board wishes to clarify that the scope of its review as defined in the Department of Defense Instruction (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 left shoulder impingement syndrome condition as requested for consideration meets the criteria prescribed in DoDI 6040.44 for Board purview and is addressed below in addition to a review of the rating for the unfitting condition. 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 Board for Correction of Naval Records.

RATING COMPARISON:

Service IPEB – Dated 20080123			VA (4 Mos. Pre-Separation) – All Effective Date 20080516				
Condition	Code	Rating	Condition	Code	Rating	Exam	
Left Knee PFPS	5257	10%	PFPS, Left Knee	5099-5019	10%	20080130	
L Shoulder Impingement	Cat III		Tendinitis, Left Shoulder	5201	20%	20080130	
Sleep Apnea	Cat III		Obstructive Sleep Apnea	6847	50%	20080130	
↓No Additional MEB/PEB Entries↓			Cervical Spine Strain	5237	10%	20080130	
			Deg Arthritis, Lumbar Spine	5242	10%	20080130	
			Tinnitus	6260	10%	20080115	
			GERD	7346	10%	20091113	
			Residuals, Lipoma	7804	10%	20081219	
			Carpal Tunnel Syndrome	8599-8515	10%	20081219	
			0% X 3 / Not Service-Connected x 2			20080130	
			Combined: 80%*				
	Combined: 10%						

*Overall rating increased to 90% effective 20090816 per 20100218 VARD; HA increased from 0 to 30%.

ANALYSIS SUMMARY:

Left Knee Patellofemoral Pain Syndrome Condition. There were three range-of-motion (ROM) evaluations (two goniometric) in evidence, with documentation of additional ratable criteria, which the Board weighed in arriving at its rating recommendation; as summarized in the chart below.

Left Knee ROM	MEB ~7 Mos. Pre-Sep	VA C&P ~4 Mos. Pre-Sep	VA C&P ~7 Mos. Post-Sep
Flexion (140 Normal)	Full	130	140
Extension (0 Normal)	Full	0	0
Comment	Positive crepitus and grind	Painful motion	Normal exam without painful motion
§4.71a Rating	10%	10%	0%

The CI was first evaluated in March 2000 for a 2-month history of knee pain while running following trauma. Non-surgical management was insufficient to resolve the pain, although an MRI performed in 2001 was normal. He was referred to a LIMDU Board which returned him to full duty. In June 2002 he had arthroscopic surgery with medial plica (redundant synovial tissue) debridement. Although improved, he continued to have chronic knee pain. An MRI performed on 13 June 2007, 10 months prior to separation, was unremarkable other than an abnormal signal of the medial meniscus thought to be consistent with the prior arthroscopy. His treating orthopedist noted that there was no meniscal injury on review of the MRI. It was determined that he had obtained maximal benefit from outpatient therapy, but without improvement sufficient to meet full duty requirements. He was again placed on LIMDU on 1 November 2007 and referred to an MEB. The narrative summary (NARSUM) by the treating orthopedic surgeon was performed on 13 November 2007, 6 months prior to separation. The examiner noted that the CI had anterior knee pain with "popping and cracking behind the patella." The symptoms were worse with impact activities, but there was no locking, catching or instability. The gait was normal and range-of-motion (ROM) was full. There was positive patellofemoral crepitus, positive grind, and patellar tenderness, consistent with the diagnosis of PFPS. There was no medial or lateral joint line tenderness and no swelling or effusion. Tests for instability were negative. X-rays were normal. The VA Compensation and Pension (C&P) exam was performed 4 months prior to separation, on 3 January 2008. The CI reported popping, grinding, stiffness and swelling with pain underneath the kneecap which was worse with walking or running as well as going up steps. He denied locking or giving way. A brace had not been beneficial and no assistive devices were in use. He denied flare-ups. Posture and gait were normal. On examination, there was medial tenderness without swelling or erythema. There was no muscle atrophy. Motion was painful, but not further decreased with repetition. There was no grinding or instability. Imaging was normal. The Board noted that at a second C&P examination performed on 19 December 2008, 7 months after separation, the examination of the knee was essentially normal and the symptoms recorded to be resolved by the examiner. The Board directs attention to its rating recommendation based on the above evidence. The PEB coded the left knee 5257, other impairment of knee, and rated it at 10% for slight impairment. The VA also rated the knee at 10%, but coded it as analogous to bursitis. The Board considered other coding options and determined that none provided an advantage to the CI. The knee was stable; there was no meniscal tear and no effusion. The ROM was normal on the PEB exam and slightly reduced on the first C&P examination. 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 left knee condition.

Contended PEB Conditions. The contended condition adjudicated as not unfitting by the PEB was left shoulder impingement. The Board's first charge with respect to this condition 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. The left shoulder was listed as the second condition on the second LIMDU period. However, the commander specifically stated "Without full use of his lower extremities, he cannot be assigned to...." There was no mention of the left shoulder. The MEB examiner, an orthopedic surgeon, noted that the CI had a one year history of intermittent left shoulder pain without antecedent trauma. The record shows, though, that the CI had first been seen for the left shoulder in 1999, 9 years prior to separation and that there had been multiple visits for the shoulder between this initial visit and separation. The CI had been managed with medications, physical therapy, an injection and duty restrictions. The record did not show any evidence that this chronic, recurrent problem had worsened at the time of MEB entry beyond limitations present for several previous years. There was no history of instability. MRI and arthrogram were significant only for supraspinatus tendinitis without evidence of a rotator cuff tear and the labral cartilage of the shoulder joint was unremarkable. On examination, both forward elevation and abduction were slightly reduced 10 degrees to 170 degrees with normal internal rotation. The acromioclavicular joint was tender, but the biceps tendon was not. One sign of impingement was present, another absent. Strength was normal. At the C&P examination the CI reported of anterior joint pain with weakness and stiffness of the shoulder associated with locking. There was no swelling or giving way. He noted flares every few days, but did not use a sling or other assistive device. He was unable to lift heavy objects or work overhead. On examination, the anterior shoulder was tender and ROM reduced in both flexion and abduction to less than 90 degrees at 80 and 85 (normal values 180 degrees each). Motion was painful, but did not worsen with repetition. There was no muscle atrophy. At the second VA examination, 7 months after separation, the CI was noted to have persistent limitations in ROM as above, but with normal strength. There was no warmth, swelling or erythema nor tenderness to palpation. Forward flexion was mildly painful, but DeLuca criteria negative. No muscle atrophy was documented. There is no documentation in the record of intervening trauma or other explanation to account for the deterioration in the ROM documented between the MEB and VA examinations and the severity of the condition reported by the CI. The Board noted the absence of muscle atrophy on all examinations and that this is consistent with use of the left shoulder to a degree equivalent to the unaffected right side. The Board noted that the MEB examination was accomplished by an orthopedic surgeon who had also been a treating physician. The two C&P examinations were inconsistent with the MEB examination and the remainder of the service treatment record (STR). The left shoulder was reviewed by the action officer and considered by the Board. There was no indication from the record that it significantly interfered with satisfactory duty performance over several years leading up to separation. 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 the left shoulder condition and, therefore, no additional disability ratings can be recommended.

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 knee condition and IAW VASRD §4.71a, the Board unanimously recommends no change in the PEB adjudication. In the matter of the contended left shoulder condition, the Board unanimously recommends no change from the PEB determination 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
Left Knee Patellofemoral Pain Syndrome	5257	10%
	COMBINED	10%

The following documentary evidence was considered:

- Exhibit A. DD Form 294, dated 20120308, w/atchs
- Exhibit B. Service Treatment Record
- Exhibit C. Department of Veterans' Affairs Treatment Record

XXXX
President
Physical Disability Board of Review

MEMORANDUM FOR DIRECTOR, SECRETARY OF THE NAVY COUNCIL
OF REVIEW BOARDS

Subj: PHYSICAL DISABILITY BOARD OF REVIEW (PDBR) RECOMMENDATIONS

Ref: (a) DoDI 6040.44
(b) CORB ltr dtd 7 Nov 12

In accordance with reference (a), I have reviewed the cases forwarded by reference (b), and, for the reasons provided in their forwarding memorandum, approve the recommendations of the PDBR that the following individual's records not be corrected to reflect a change in either characterization of separation or in the disability rating previously assigned by the Department of the Navy's Physical Evaluation Board:

- former USN
- former USN
- former USMC
- former USN
- former USMC
- former USMC
- former USMC
- former USMC
- former USN

Assistant General Counsel
(Manpower & Reserve Affairs)