RECORD OF PROCEEDINGS PHYSICAL DISABILITY BOARD OF REVIEW

NAME: XXXXXX. BRANCH OF SERVICE: ARMY

CASE NUMBER: PD1200383 SEPARATION DATE: 20051224

BOARD DATE: 20121211

<u>SUMMARY OF CASE</u>: Data extracted from the available evidence of record reflects that this covered individual (CI) was an active duty SPC/E-4 (11B/Infantryman), medically separated for chronic left shoulder pain. Despite physical therapy (PT), duty limitations, medications and surgery, the chronic left shoulder pain condition could not be adequately rehabilitated to meet the physical requirements of his Military Occupational Specialty (MOS) or satisfy physical fitness standards. He was issued a permanent U3 profile and referred for a Medical Evaluation Board (MEB). The MEB forwarded no other conditions for Physical Evaluation Board (PEB) adjudication. The PEB adjudicated the chronic left shoulder pain condition as unfitting, rated 0% initially, but then increased to 10% after administrative review with application of the US Army Physical Disability Agency (USAPDA) pain policy. The CI made no appeals and was medically separated with a 10% disability rating.

<u>CI CONTENTION</u>: The CI stated "Same as item 4" in his application, implying a request for consideration of all VA conditions.

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. Only the left shoulder condition is within the purview of the Board. 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 Revised PEB –	Dated 200511	21	VA (4 Mos. Post-Separation) – All Effective Date 20051225			
Condition	Code Rating		Condition	Code	Rating	Exam
Chronic Left Shoulder Pain	5099-5003	10%	Left Shoulder Injury, s/p	5010-5203	10%	20060418
↓No Additional MEB/PEB Entries↓			Lumbosacral Strain w/	5010-5237	10%	20060418
			Residuals, Rt Knee Injury w/ DJD	5010-5260	10%	20060418
			Residuals, Lt Knee Injury w/ DJD	5010-5260	10%	20060418
			Tinnitus	6260	10%	20060418
			0% X 1 / Not Service-Connected x 3			20060418
Combined: 10%			Combined: 40%*			
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^{*}Overall rating increased to 80% effective 20071221 when PTSD (50%) and TBI (40%) added (20090401 VARD).

ANALYSIS SUMMARY:

<u>Chronic Left Shoulder Pain Condition</u>. There were four goniometric range-of-motion (ROM) evaluations 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 Shoulder ROM Degrees	PT ~4 Mos. Pre-Sep	MEB ~6 Mos. Pre-Sep	PT ~4 Mos. Pre-Sep	VA C&P ~4 Mos. Post-Sep
Flexion (0-180)	120	100	110	115*
Abduction (0-180)	95	90	110	100
Comments	Increased limitation with activity	Nml neurological examination	Limited by pain; abduction with capsular end feel	*DeLuca positive for pain
§4.71a Rating	10%	20%	10%	10%

The right dominant CI dislocated his left shoulder in combat and had a reduction in the field. He had persistent pain and instability which did not respond to conservative management. On 27 January 2005, he had surgical repair of the left shoulder capsule. Post-operatively, the instability was resolved, but pain and limitations in ROM persisted despite rehabilitation which impaired duty performance. The CI declined further surgical intervention. At the MEB examination on 16 June 2005, 6 months prior to separation, the CI reported continued pain and restrictions in movement. On examination, he was noted to have normal sensation, strength and reflexes. The scar was well healed. At the VA Compensation and Pension (C&P) examination on 18 April 2006, 4 months after separation, the CI reported continued pain and subluxation, the latter less than once a year. On examination the scars were well healed. Sensation, strength and reflexes were normal. The labrum and rotator cuff were normal on magnetic resonance imaging (MRI) examination. The Board directs attention to its rating recommendation based on the above evidence. The PEB coded the left shoulder analogous to degenerative arthritis, 5099-5003, and rated it at 10% per the USA pain policy. The Board adjudicated the shoulder using the VA Schedule for Rating Disabilities (VASRD). The VA also rated the left shoulder at 10%, but used coding options 5010 and 5203, traumatic arthritis and impairment of the clavicle or scapula. The Board noted that while the 16 June 2005 ROM measurements would rate 20%, the other three measurements, including the two most proximate to separation, rate 10%. The Board considered the other coding options for the shoulder, but none provide an advantage to the CI. 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 shoulder condition.

<u>BOARD FINDINGS</u>: 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 reliance on the USAPDA pain policy for rating the left shoulder condition was operant in this case and the condition was adjudicated independently of that policy by the Board. In the matter of the left shoulder 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.

<u>RECOMMENDATION</u>: The Board, therefore, recommends that there be no recharacterization of the CI's disability and separation determination, as follows:

UNFITTING CONDITION	VASRD CODE	RATING
Chronic Left Shoulder Pain	5099-5003	10%
	COMBINED	10%

The following documentary evidence was considered:

Exhibit A. DD Form 294, dated 20120425, w/atchs

Exhibit B. Service Treatment Record

Exhibit C. Department of Veterans' Affairs Treatment Record

XXXXXXX, DAF President Physical Disability Board of Review MEMORANDUM FOR Commander, US Army Physical Disability Agency (TAPD-ZB /), 2900 Crystal Drive, Suite 300, Arlington, VA 22202-3557

SUBJECT: Department of Defense Physical Disability Board of Review Recommendation for AR20120022676 (PD201200383)

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	XXXXXXX Deputy Assistant Secretary (Army Review Boards)
CF: () DoD PDBR () DVA	