

RECORD OF PROCEEDINGS
PHYSICAL DISABILITY BOARD OF REVIEW

NAME: XXXXXXXXXXXXXXXXXXXX
CASE NUMBER: PD1200499
BOARD DATE: 20121113

BRANCH OF SERVICE: ARMY
SEPARATION DATE: 20020115

SUMMARY OF CASE: Data extracted from the available evidence of record reflects that this covered individual (CI) was an active duty SPC/E-4 (63W, Heavy Wheel Mechanic) medically separated for non-cardiac chest pain. He suffered an episode of acute viral pericarditis in 2000 with a somewhat complicated course. Although the primary condition resolved, he continued to experience persistent episodes of chest pain which could not be adequately controlled to meet the physical requirements of his Military Occupational Specialty (MOS) or satisfy physical fitness standards. He was consequently issued a permanent P3 profile and referred for a Medical Evaluation Board (MEB). The chest pain condition (and the associated diagnosis of "viral pericarditis, resolved") was forwarded to the Physical Evaluation Board (PEB) as medically unacceptable IAW AR 40-501. Two additional conditions (as designated in the rating chart below) were addressed by the MEB, and also forwarded as medically unacceptable. The PEB adjudicated the non-cardiac chest pain condition (appropriately combined with the resolved pericarditis condition) as unfitting, rated 0%, citing criteria of the US Army Physical Disability Agency (USAPDA) pain policy. The other conditions were determined to be not unfitting. The CI made no appeals, and was medically separated with a 0% disability rating.

CI CONTENTION: The application states simply, "PTSD [post-traumatic stress disorder], depression [*sic*], chronic parcaditos [*sic*], and knee pain." The CI does not elaborate further or specify a request for Board consideration of any additional conditions.

SCOPE OF REVIEW: The Board wishes to clarify that the scope of its review as defined in 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 rating for the unfitting non-cardiac chest pain condition is addressed below; as is the knee condition (determined to be not unfitting) referred to in the application. The PEB-adjudicated left carpal tunnel syndrome was not alluded to in the application, and thus does not satisfy scope requirements. The two psychiatric conditions named in the application were not identified by the PEB, and thus are not within the DoDI 6040.44 defined purview of the Board. Those, and any other conditions or contention not requested in this application, remain eligible for future consideration by the Army Board for Correction of Military Records.

RATING COMPARISON:

Service PEB – Dated 20011120			VA (2 Wks. Pre-Separation) – Effective 20020116			
Condition	Code	Rating	Condition	Code	Rating	Exam
Noncardiac Chest Pain, Post Viral Pericarditis	5099-5003	0%	Residuals, Pericarditis	7002-5321	10%	20011228
Healed Tibal Plateau Fracture, Left Knee		Not Unfitting	Residuals, Left Tibial Plateau...	5260	10%	20011228
Carpal Tunnel Syndrome, Left Wrist		Not Unfitting	CTS, Left Wrist	8515	NSC	20011228
No Additional MEB/PEB Entries			Not Service-Connected (NSC) X 4 Additional			20011228
Combined: 0%			Combined: 20%			

ANALYSIS SUMMARY:

Non-Cardiac Chest Pain Condition. The CI was diagnosed with viral pericarditis in June 2000, which progressed to cardiac tamponade requiring pericardiocentesis (build up of fluid around the heart requiring emergency needle drainage). Although he suffered no further hemodynamic compromise from this event, he continued to complain of episodes of chest pain. Subsequent echocardiography and magnetic resonance imaging confirmed the lack of any residual cardiac pathology. A stress test performed in July 2001, 6 months prior to separation, confirmed a normal exercise tolerance (> 10 METs) with “fleeting episodes of chest discomfort [< 2 seconds] ... [which] ... had no bearing on his exercise tolerance.” The cardiologist’s narrative summary (NARSUM) described the initial clinical course, and proceeded with the following excerpts.

The patient did not follow up for approximately 10 months and returned because he "could not perform his duties" and described atypical chest pains. His chest pains are currently described as sharp, lasting seconds and are fleeting in nature. They are sometimes related to exertion and sometimes not. They seem to be positional although not reproducible.

[Present Condition] By all objective evidence, this soldier has resolved his episode of viral pericarditis and has no evidence of either chronic pericarditis or constrictive pericarditis by all objective tests. He does have a chest pain syndrome, that does not fit any clinical cardiac etiology, but the servicemember cannot perform his duties as a soldier.

The VA Compensation and Pension (C&P) examiner (on the eve of separation) documented “continued chest pain with activity sometimes at rest ... aggravated by running and excessive exertional activities.”

The Board directs attention to its rating recommendation based on the above evidence. The PEB’s determination for a 0% rating cited, “Rated, for pain, moderate/intermittent.” This is clearly derived from the USAPDA pain policy; and, the PEB’s analogous coding to 5003 (degenerative arthritis) is also difficult to justify under VASRD §4.71a. The VA’s rating was under the hyphenated code 7002-5321 (pericarditis rated for thoracic muscle disability), and conferred a 10% rating for “moderate” muscle disability. The Board’s choice of coding as a basis for its rating recommendation in this case is confounded by the fact that no applicable code is to be found in the VASRD; nor, is there any analogous candidate which is truly aligned with the clinical and functional disability in evidence. The 7002 (pericarditis) code attaches to a condition which clearly was no longer active; and, that notwithstanding, the minimal compensable rating would require an exercise tolerance under 10 METs. No other code available in VASRD §4.104 (cardiovascular rating schedule) is relevant. The muscle disability code 5321 (thoracic group) is a common analogous choice for atypical chest pain, although there is nothing in the evidence supporting thoracic wall pathology (muscle or musculoskeletal)

in this case. As an *analogous* characterization of the disability, not the etiology, the only applicable criteria are those encompassing the VASRD §4.56 “cardinal signs” of muscle disability; i.e., “loss of power, weakness, lowered threshold of fatigue, fatigue-pain, impairment of coordination and uncertainty of movement.” A 10% rating under 5321 for “moderate” disability requires, “Record of consistent complaint of one or more of the cardinal signs and symptoms of muscle disability ... particularly lowered threshold of fatigue after average use.” The evidence clearly demonstrates the absence of any of the enumerated cardinal signs, with the possible exceptions of lowered threshold of fatigue and fatigue-pain; and, those not linked to “average use.” The 0% rating for “slight” muscle disability, however, requires “no cardinal signs or symptoms of muscle disability.” Members agreed that neither of the defined thresholds was unequivocally met, and thus deliberated which characterization was the best fit with the functional limitations in evidence at separation (if defaulting to analogous rating under 5321). With due deference to VASRD §4.3 (reasonable doubt), the members agreed that the fleeting chest pains (correlated somewhat with significant exertion) did not meet the compensable threshold under 5321. The Board concluded that the preponderance of the evidence provided insufficient cause to recommend a change in the PEB’s rating determination for the non-cardiac chest pain condition. Since the PEB’s coding choice was not germane to the Board’s rating recommendation and since there was no clearly superior choice available, members concurred with retaining the code designation.

Contended Left Knee Condition. The CI was diagnosed by bone scan with a stress fracture of the medial tibial plateau in 1997. It was managed conservatively, never profiled, and was not clinically active in the service treatment record for the extended period preceding separation. The NARSUM specified that no profile was indicated for the condition, and that it met retention standards. The VA C&P examiner described “episodic discomfort, especially with weather changes.” The Board’s main charge with respect to this condition is an assessment of the fairness of the PEB’s determination that it was not unfitting. 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 condition was not profiled; it was not implicated in the commander’s statement; and, it was not judged to fail retention standards. There was no performance based evidence from the record that it significantly interfered with satisfactory duty performance. 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 knee condition; thus no additional disability rating 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. As discussed above, PEB reliance on the USAPDA pain policy for rating the chest pain condition was operant in this case and it was adjudicated independently of that policy by the Board. In the matter of the non-cardiac chest pain condition and IAW VASRD §4.104, the Board unanimously recommends no change in the PEB adjudication. In the matter of the contended left knee 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
Non-Cardiac Chest Pain, Residual of Viral Pericarditis	5099-5003	0%
	COMBINED	0%

The following documentary evidence was considered:

- Exhibit A. DD Form 294, dated 20120601, w/atchs
- Exhibit B. Service Treatment Record
- Exhibit C. Department of Veterans Affairs Treatment Record

XXXXXXXXXXXXXXXXXXXX
President
Physical Disability Board of Review

SFMR-RB

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
XXXXXXXXXXXXXXXXXXXX, AR20120021218 (PD201200499)

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

XXXXXXXXXXXXXXXXXXXX
Deputy Assistant Secretary
(Army Review Boards)

CF:
() DoD PDBR
() DVA