

RECORD OF PROCEEDINGS  
PHYSICAL DISABILITY BOARD OF REVIEW

NAME: XXXXXXXXXX  
CASE NUMBER: PD1200720  
BOARD DATE: 20121213

BRANCH OF SERVICE: MARINE CORPS  
SEPARATION DATE: 20020915

**SUMMARY OF CASE:** Data extracted from the available evidence of record reflects that this covered individual (CI) was an active duty LCpl/E-4 (3521/Automotive Organizational Mechanic), medically separated for a left testicular condition (orchialgia/epididymalgia). The CI did not respond adequately to conservative or surgical treatment to fulfill the physical demands of his Military Occupational Specialty (MOS). He was placed on limited duty and referred for a Medical Evaluation Board (MEB). Chronic left orchialgia/epididymalgia was forwarded to the Physical Evaluation Board (PEB) IAW SECNAVINST 1850.4E. No other conditions were submitted by the MEB. The PEB adjudicated the left testicular condition as unfitting, rated 10%, with likely application of the Veterans Administration Schedule for Rating Disabilities (VASRD). The CI made no appeals, and was medically separated with a 10% disability rating.

**CI CONTENTION:** “My rating was 30% and it was raised to 50%. I have submitted a new claim and its under review. I recently learned I have degenerative arthritis in my lower back and also in my hips and knees. I stated before I believe I was 30% when I was discharged. however (*sic*) I cannot remember.”

**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 left testicular condition is addressed below. The requested conditions of degenerative arthritis in the lower back, hips and knees and the remaining conditions rated by the VA at separation are not within the DoDI 6040.44 defined 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 Board for the Correction of Naval Records.

**RATING COMPARISON:**

Service IPEB – Dated 20020828			VA (3.5 Mo. Pre-Separation) – Effective 20021116			
Condition	Code	Rating	Condition	Code	Rating	Exam
Chronic Left Orchialgia /Epididymalgia	8799-8730	10%	Status Post Left High Ligation of Internal Spermatic Veins and Cord Block with Residual Chronic Testalgia	7599-7525	10%	20020801
No Additional MEB/PEB Entries			Tinnitus	6260	10%	20020801
			Posterior Head Scar, Post Nevus Removal	7800	10%	20020801
			Gerd	7399-7346	10%	20020801
			0% X 2 / Not Service Connected x 2			20020801
<b>Combined: 10%</b>			<b>Combined: 30%</b>			

## ANALYSIS SUMMARY:

Left Testicular Condition. The CI lifted something heavy which resulted in a 2 year history of left hemiscrotal pain. He was evaluated and followed by urology. There was little improvement after being placed on limited duty (LIMDU), antibiotics, pain medications, (both nonsteroidal and narcotics based), and pain modifier medications. Subsequently, he underwent a spermatic cord block and then surgical ligation of a varicocele, confirmed by ultrasound, without improvement. The service treatment record (STR) reflected the pain ranged from 5 to 8 of 10 in intensity and increased with activity with notable swelling. The narrative summary (NARSUM) for the MEB referenced the following LIMDU limitations; unable to lift heavy objects, participate in organized physical training, lift, do sit-ups or physical fitness testing. The non-medical assessment (NMA) documented the CI was not working in his MOS, missed 4 hours per week of work and his condition precluded him from firing a weapon.

At the MEB the CI reported a sharp pain in the left groin which radiated to left inguinal canal, worsened with exertional activity for hours up to days. He reported taking the pain modifier Neurontin with incomplete relief. The MEB physical exam demonstrated tenderness of the left epididymis and testicle and otherwise normal anatomic and dermatomal findings. The urinalysis and culture did not support infection. The examiner diagnosed chronic left orchialgia/epididymalgia and opined after exhausting clinical and surgical options that he would be unable to perform full duty in the near future. At the VA Compensation and Pension (C&P) exam prior to separation, the CI additionally reported right and left testicular pain, urinary symptoms with difficulty starting his urine and the flow was hesitant, was not using any absorbent pad material and psychologically he was annoyed as he had to give up running, squatting and heavy lifting due to testicular pain. The C&P exam demonstrated a well healed stable scar in the left inguinal area, tenderness of the left testicle, but not of the right and otherwise normal anatomical findings without evidence of hernia.

The Board directs attention to its rating recommendation based on the above evidence. The PEB and VA chose different coding options for the condition, but this did not bear on rating. The PEB assigned a 10% rating coded analogous to 8730 (neuralgia ilioinguinal nerve) for severe to complete pain, the maximum allowable under this code, IAW §4.124a—Schedule of ratings—neurological conditions and convulsive disorders. The VA assigned a 10% rating coded analogous to 7525 (epididymo-orchitis, chronic) for tenderness IAW §4.115b—Ratings of the genitourinary system. The Board agreed the evidence supports likely a neuropathic etiology, but also clinically could support the 7525 code and considered evaluating the evidence for a higher rating under this code. The Board agreed the evidence supports the 10% rating analogous to 7525 (epididymo-orchitis, chronic only) for use of long-term drug therapy, but does not meet the 30% criteria of poor renal function or evidence that demonstrates recurrent symptomatic infection requiring drainage or hospitalization greater than two times per year, or continuous intensive management. 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 testicular condition.

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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 testicular condition and IAW VASRD §4.124a, 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:

<b>UNFITTING CONDITION</b>	<b>VASRD CODE</b>	<b>RATING</b>
Chronic Left Orchialgia /Epididymalgia	8799-8730	10%
	<b>COMBINED</b>	<b>10%</b>

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The following documentary evidence was considered:

- Exhibit A. DD Form 294, dated 20120602 w/atchs.
- Exhibit B. Service Treatment Record.
- Exhibit C. Department of Veterans' Affairs Treatment Record.

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Director  
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 31 Jan 13

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

XXXXXXXXXXXXXXXXXX  
Assistant General Counsel  
(Manpower & Reserve Affairs)