

RECORD OF PROCEEDINGS  
PHYSICAL DISABILITY BOARD OF REVIEW

NAME: XXXXXXXXXXXXXXXX  
CASE NUMBER: PD1200755  
BOARD DATE: 20130124

BRANCH OF SERVICE: ARMY  
SEPARATION DATE: 20020531

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**SUMMARY OF CASE:** Data extracted from the available evidence of record reflects that this covered individual (CI) was an Air National Guard Soldier, SGT/E-5 (62F/Crane Operator), medically separated for chronic pain, left hip status post (s/p) open reduction and internal fixation (ORIF) of fracture, with arthrosis and heterotopic ossification. The CI suffered a left hip fracture when he was run over by a road grader in Honduras in which the ripper fork stuck into his lower left buttock and he was dragged approximately 50 meters until the machine stopped. The CI also fractured his sternum, fractured three ribs, tore the labrum of the right shoulder, and fractured his right clavicle. Initial surgery was performed in Honduras and the CI was evacuated to Brooke Army Medical Center. The CI developed a left hip infection and underwent several left hip irrigation and debridement procedures and an ORIF. Despite the numerous and extensive left hip surgeries, physical therapy (PT) and orthopedic evaluations, the CI failed to meet the physical requirements of his Military Occupational Specialty (MOS) or satisfy physical fitness standards. He was issued a permanent U3/L3 profile and referred for a Medical Evaluation Board (MEB). An Air Force MEB forwarded left hip arthrosis and heterotopic ossification limiting his motion that was approved by the Army. The MEB forwarded no other conditions for Informal Physical Evaluation Board (IPEB) adjudication. In February 2002, the IPEB adjudicated the chronic pain, left hip s/p ORIF and fracture, with arthrosis and heterotopic ossification as unfitting, rated 10%, with application of the Veteran's Affairs Schedule for Rating Disabilities (VASRD). The CI filed a non-concurrence and requested a Formal PEB (FPEB). However, after the FPEB reviewed additional information (two MEB Addenda dated 25 March 2002 and 8 April 2002 and an electrodiagnostic study dated 10 April 2002), it affirmed the 10% rating and the CI concurred. He was then medically separated with a 10% disability rating.

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**CI CONTENTION:** The CI states: "All my injuries were not in doctor's report to medical board. Broken collarbone not attached at my shoulder Right shoulder droops down Left knee was scoped meniscus repair not sure if in doctor's report to medical board and also right shoulder scope to repair rotator cuff and cut end of my collarbone off at same time. I'm not sure if all injuries and or repairs made were doctor's report. I don't know if medical board was aware of everything going on with me when they made their decision."

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**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. The other requested conditions, broken collarbone, right shoulder, and left knee are not within the Board's purview. 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 Admin Corrected PEB Dated 20020321			VA (21 Mos. Post-Separation) – All Effective Date 20031223*			
Condition	Code	Rating	Condition	Code	Rating	Exam
Chronic Pain, Left Hip status post ORIF of Fracture with Arthrosis and Heterotopic Ossification	5003	10%	Residuals, Open Trochanteric Fracture Left Hip, Post-Operative ORIF	5252	0%	20040203
			Scars, Left Buttock	7804	10%	20040203
			Surgical Scar, Left Hip and Upper Trochanteric Area	7804	10%	20040203
↓ No Additional MEB/PEB Entries ↓			0% X 2 / Not Service-Connected x 5			20040203
Combined: 10%			Combined: 20%			

\*Date disability claim received by VA.

**ANALYSIS SUMMARY:** The Board acknowledges the CI's assertions that the Medical Board may not have been aware of the broken collar bone, right shoulder, and left knee when they made their decision. It is noted for the record that the Board has neither the jurisdiction nor authority to scrutinize or render opinions in reference to the CI's statements in the application regarding suspected improprieties in the processing of his case. The Board's role is confined to the review of medical records and all evidence at hand to assess the fairness of PEB rating determinations, compared to VASRD standards, based on severity at the time of separation. It must also judge the fairness of PEB fitness adjudications based on the fitness consequences of conditions as they existed at the time of separation.

**Chronic Pain Left Hip Condition.** There were four 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 Hip (Thigh) ROM	NARSUM ~14 Mo. Pre-Sep	NARSUM ~7 Mo. Pre-Sep	Ortho ~4 Mo. Pre-Sep	VA C&P ~20 Mo. Post-Sep
Flexion (0-125°)	-	-	85°	110°
Extension (0-20°)	-	-	20°	-
External Rotation (0-45°)	35°	15°	40° (38)	40°
Internal Rotation (0-45°)	15°	20° (18)	15°	10°
Abduction (0-45°)	-	30° (28)	30°	45°
Adduction (0-45°)	-	-	-	-
Comment	Slight Trendelenburg gait; weakness of left abductors; numbness on posterior aspect left leg;	Slight Trendelenburg gait; weakness of left abductions; numbness on posterior aspect left leg	Measured for MEB	Gait with trace limp on the left; pain in groin/lateral hip region with extremes of flexion, abduction, internal rotation; no additional limitation of ROM with repetition; ½ inch shortening of left leg; squatting caused left hip pain and sensation of pressure in left hip; strength 4-4+ in left lower extremity, 4+ on right; decreased pinprick Left thigh along wound area/scars left buttock; no significant muscle atrophy; reflexes normal
§4.71a Rating	10%	10%	10%	10%

The original fracture was an open avulsion fracture of the left greater trochanter without injury to the femoral neck or proximal femur. An early left hip X-ray in June 1999 showed a callous formation along with surgical changes. The CI initially underwent an MEB narrative summary (NARSUM) examination in April 2001, 14 months prior to separation that indicated left hip weakness with ambulation, stiffness, limited ROM and pain. The examiner further noted that a left hip X-ray showed a heterotrophic ossification around the hip joint that limited hip motion causing an inability to run and sit for long periods. The MEB exam findings are summarized in the chart above. The MEB NARSUM completed 7 months prior to separation, documented findings unchanged from the initial MEB examination. These MEB physical exam findings are summarized in the chart above. The commander's statement documented that the CI's injuries prevented him from performing his MOS. The CI complained of occasional numbness and tingling in the left leg, however the electromyogram (EMG) and nerve conduction velocity (NCV) testing done in April 2002 were normal. The VA Compensation & Pension (C&P) joint examination approximately 20 months after separation indicated that there was chronic pain in the hip that was aggravated by sitting, standing, or walking. The C&P examination by neurology completed a day later also documented an increase in left hip pain when walking and the examiner opined that the pain and numbness in the leg was related to the injuries rather than sciatica. The physical exam findings from both C&P exams are summarized in the chart above.

The Board directs attention to its rating recommendation based on the above evidence. The PEB coded the chronic pain left hip condition 5003 [Arthritis, degenerative (hypertrophic or osteoarthritis)] rated at 10%. The VA selected more specific code 5252 (Thigh, limitation of flexion of) rated 0% but could not achieve a compensable rating based on the C&P findings (absence of limited ROM at a compensable level). The CI had two MEB exams because the first MEB was over 6 months old. The Board cannot explain the difference of the extremely limited external rotation ROM noted in the second MEB, as this is inconsistent with the other exams, but the CI may have had increased pain at that time. The limited external rotation ROM outlier could have been an examiner's estimate, as there is no direct indication that a goniometer was used. The Board agreed that the more probative evaluation reflecting disability at separation was that of the MEB examination closest to separation. This examination clearly warranted application of VASRD §4.59 painful motion to achieve the minimal compensable rating of 10%. There was no compensable ROM impairment under the 5252 limitation of flexion code. Code 5253 thigh impairment was considered; but, loss of motion beyond 10 degrees abduction was not documented and this would be the only route to a rating higher than 10% under that code. Therefore, there is no route to a rating higher than 10% under any applicable joint code and no coexistent pathology that would merit additional rating for the hip condition under a separate code. 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 rating determination for the chronic pain left hip 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 chronic pain 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, therefore, recommends that there be no recharacterization of the CI's disability and separation determination, as follows:

UNFITTING CONDITION	VASRD CODE	RATING
Chronic Pain Left Hip	5003	10%
	<b>COMBINED</b>	<b>10%</b>

The following documentary evidence was considered:

Exhibit A. DD Form 294, dated 20120605, w/atchs  
Exhibit B. Service Treatment Record  
Exhibit C. Department of Veterans' Affairs Treatment Record

XXXXXXXXXXXXXXXXXX, DAF  
Director  
Physical Disability Board of Review

SFMR-RB

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

SUBJECT: Department of Defense Physical Disability Board of Review Recommendation for  
XXXXXXXXXXXXXXXXXX, AR20130001613 (PD201200755)

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

XXXXXXXXXXXXXXXXXX  
Deputy Assistant Secretary  
(Army Review Boards)

CF:  
( ) DoD PDBR  
( ) DVA

