

RECORD OF PROCEEDINGS
PHYSICAL DISABILITY BOARD OF REVIEW

NAME: XXXXXXXXXXXX
CASE NUMBER: PD1200850
BOARD DATE: 20130116

BRANCH OF SERVICE: ARMY
SEPARATION DATE: 20050426

SUMMARY OF CASE: Data extracted from the available evidence of record reflects that this covered individual (CI) was an active duty SGT/E-5 (19K/Armor Crewman), medically separated for right shoulder pain. The CI initially entered active duty in February 1994, and remained on active duty until leaving active service with an honorable discharge in September of 1996. He re-entered active service in March 1999. In August of 1999 he reported a 2 month history of right shoulder pain with no traumatic event. He underwent a long course of physiotherapy followed by orthopedic evaluation and treatment, nine injections into the right acromioclavicular (AC--shoulder) joint with no real improvement of the symptoms. He then underwent an orthopedic Mumford procedure (*clavicle resection*) in December of 2000. In November of 2002 he deployed to Kosovo, but was later re-deployed due to his shoulder and his inability to adequately perform his duties. He then underwent a Medical Military Occupational Specialty (MOS) Retention Board and was going to be re-classified into the 42A Administrative Specialist MOS, but it was finally determined that he could not meet the standards of that MOS or perform some required soldier skills. He was given a permanent U3 profile and referred for a Medical Evaluation Board (MEB) for "Shoulder pain, secondary to Mumford procedure as a result of A/C joint degenerative disease of unknown origin on the right." The MEB forwarded no other conditions for Physical Evaluation Board (PEB) adjudication. The PEB adjudicated the right shoulder pain condition as unfitting, rated 0%, with cited application of the US Army Physical Disability Agency (USAPDA) pain policy. The CI made no appeals, and was medically separated with a 0% disability rating.

CI CONTENTION: "The Shoulder Impingement also called bursitis or tendonitis, shoulder impingement refers to the pain in the shoulder caused by the rotator cuff tendons being pinched or squeezed between the humerus (arm bone) and the scapula (shoulder blade) as the arm is raised. This may be due to the natural shape of your shoulder, or from a bone spur rubbing (impinging) on the tendons as they move. Experts consider this is the earliest stage of rotator cuff problems. A distal clavicle excision is a surgical procedure performed to relieve pain in the acromioclavicular (AC) joint, which often develops as a result of a fall or other type of trauma. AC injuries may cause the two bones to move or separate, or the ligaments to stretch or tear. While conservative treatments are often used as initial treatment, surgery is needed in many cases to restore the position of the clavicle and allow the patient to resume normal functioning. During the procedure, a small part of the clavicle is removed to create a space between the two bones. I had this procedure complete on my right shoulder, while in military service. Continuing to have pain in my right shoulder & left shoulder is showing the same symptoms of my right shoulder before surgery."

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 conditions "identified but not determined to be unfitting by the PEB." The ratings for

unfitting conditions will be reviewed in all cases. The rated condition right shoulder pain as requested for consideration is the only condition that meets the criteria prescribed in DoDI 6040.44 for Board purview; and, is addressed below. The requested left shoulder condition, and 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 PEB – Dated 20041220			VA (~3.5 Mos. Pre-Separation) – All Effective Date 20050426			
Condition	Code	Rating	Condition	Code	Rating	Exam
Right Shoulder Pain	5099-5003	0%	Right Shoulder Surgery Residuals	5299-5024	10%	20050105
↓No Additional MEB/PEB Entries↓			Not Service-Connected x 3			
Combined: 0%			Combined: 10%			

ANALYSIS SUMMARY:

Right Shoulder Pain Condition. The CI was right hand dominant. The goniometric range-of-motion (ROM) evaluations in evidence which the Board weighed in arriving at its rating recommendation, with documentation of additional ratable criteria, are summarized in the chart below.

Right Shoulder ROM (Degrees)	NARSUM ~5 Mo. Pre-Sep	VA C&P ~3.5 Mo. Pre-Sep
Flexion (0-180°)	130	108 / 95*
Abduction (0-180°)	170	115 / 95*
Comments: Surgery >4 yr. Pre-Sep	Some crepitus and moderate discomfort with motion	Pain on motion; *After 5 reps (DeLuca)
§4.71a Rating	10% (PEB 0%)	10%-20% (VA 10%)

At the MEB exam, the CI reported persistent shoulder pain and weakness which was increased with activity and loading. The MEB physical exam noted previous resection and reconstruction of the right AC joint in 2000 for AC joint pain that had not improved post-surgery or with physical therapy. There was tenderness at the right AC joint, 5/5 (normal) strength and limited ROMs with crepitus as summarized above. Radiographs indicated postoperative Mumford on the right shoulder and the narrative summary diagnosis was "Shoulder pain, secondary to Mumford procedure as a result of A/C joint degenerative disease of unknown origin on the right." The MEB DD Form 2808 noted right shoulder pain with overhead rotation above 90 degrees and positive crepitus. The U3 profile restriction stated "no mandatory overhead activities" and the commander's statement indicated "even individual movement techniques are particularly difficult and painful for (the CI)."

At the VA Compensation and Pension (C&P) exam performed prior to separation, the CI reported he could not wear his military load bearing equipment without pain. The exam is summarized above and indicated pain-limited ROMs. The examiner's functional assessment included a statement that "(the CI) has voluntarily switched performing several activities to his left nondominant, to include using the computer mouse, carrying heavy suitcases, and some overhead work. The veteran otherwise can undertake all other activities of normal daily living."

The Board directs attention to its rating recommendation based on the above evidence. The Board considered alternate coding under code 5203 (Clavicle or scapula), 5024 (Tenosynovitis) or 5201 (Arm, limitation of motion). There was no mention of loose motion on either exam for coding above 10% under 5203. The Board considered the probative values of the two exams in evidence and adjudged the VA exam, which was closer to separation and included an assessment of repetitive motion (DeLuca criteria) had the highest probative value for rating at the time of separation. The Board deliberated if the flexion and abduction limitation to 95 degrees on the VA exam following repetition (DeLuca) with the CI's described functional loss more closely approximated the 20% criteria under code 5201 for limitation "at shoulder level." The VA rating determination specified the VA rating was for flexion limited to 108 degrees and did not mention DeLuca or the C&P-recorded more limited ROM following repetition. After due deliberation, considering all of the evidence and mindful of VASRD §4.3 (Resolution of reasonable doubt), §4.7 (Higher of two evaluations), §4.59 (Painful motion) and DeLuca criteria, the Board majority recommends a disability rating of 20% for the right shoulder condition coded 5003-5201.

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 right shoulder was operant in this case and the condition was adjudicated independently of that policy by the Board. In the matter of the right shoulder condition, the Board, by a vote of 2:1 recommends a disability rating of 20%, coded 5003-5201 IAW VASRD §4.71a. The single voter for dissent (who recommended a 10% rating coded 5099-5003) did not elect to submit a minority opinion. There were no other conditions within the Board's scope of review for consideration.

RECOMMENDATION: The Board recommends that the CI's prior determination be modified as follows, effective as of the date of his prior medical separation:

UNFITTING CONDITION	VASRD CODE	RATING
Right Shoulder Pain	5003-5201	20%
	COMBINED	20%

The following documentary evidence was considered:

- Exhibit A. DD Form 294, dated 20120606, w/atchs
- Exhibit B. Service Treatment Record
- Exhibit C. Department of Veterans' Affairs Treatment Record

XXXXXXXXXXXXXXXXXXXX, DAF
 Director
 Physical Disability Board of Review

SFMR-RB

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

SUBJECT: Department of Defense Physical Disability Board of Review Recommendation
for XXXXXXXXXXXXXXXX, AR20130002544 (PD201200850)

1. 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 to modify the individual's disability rating to 20% without recharacterization of the individual's separation. This decision is final.
2. I direct that all the Department of the Army records of the individual concerned be corrected accordingly no later than 120 days from the date of this memorandum.
3. I request that a copy of the corrections and any related correspondence be provided to the individual concerned, counsel (if any), any Members of Congress who have shown interest, and to the Army Review Boards Agency with a copy of this memorandum without enclosures.

BY ORDER OF THE SECRETARY OF THE ARMY:

Encl

XXXXXXXXXXXXXXXXXXXX
Deputy Assistant Secretary
(Army Review Boards)