

RECORD OF PROCEEDINGS
PHYSICAL DISABILITY BOARD OF REVIEW

NAME: XXXXXXXXXXXXXXXXXXXX
CASE NUMBER: PD1200886
BOARD DATE: 20130117

BRANCH OF SERVICE: ARMY
SEPARATION DATE: 20021127

SUMMARY OF CASE: Data extracted from the available evidence of record reflects that this covered individual (CI) was an active duty PFC/E-3 (95B/Military Police), medically separated for multifactorial left hip pain. The CI developed left hip pain in August 2000 during Basic Training. She reported feeling a sudden pain when removing her rucksack during a road march. Following an 18-month trial of physical therapy and conservative treatment, she had no relief from her symptoms was issued a permanent L3 profile and referred for a Medical Evaluation Board (MEB). The MEB forwarded no other conditions for Informal Physical Evaluation Board (IPEB) adjudication. The IPEB adjudicated the multifactorial left hip pain condition as unfitting, rated at 10%. The CI opted for a Formal PEB (FPEB) that affirmed the IPEB findings by continuing the rating as multifactorial left hip pain rated at 10% with application of the US Army Physical Disability Agency (USAPDA) pain policy.

CI CONTENTION: “The Army Medical Board would not increase my physical disability rating because I had not been prescribed pain narcotics while in the Army. At that point all of the doctors I saw refused to prescribe me anything more than over-the-counter pain medication because I was young, in my early 20's, with a life-long injury and they did not want to run the risk of me becoming addicted to the pain medications. After I was separated from the Army, I was re-evaluated at the Denver VAMC and my physical disability rating was increased even though I still had not been prescribed a narcotic pain medication. A little over one year ago I was evaluated once again and my physical disability rating increased again. I have now been prescribed Tramadol, a pain medication; started going to Physical Therapy at the Cheyenne VAMC to straighten out my pelvis in an attempt to reduce my pain; and have been given permanent handicap license plates to use when needed.”

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 condition multifactorial left hip pain as requested for consideration meets the criteria prescribed in DoDI 6040.44 for Board purview; and, is addressed below. 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 FPEB – Dated 20020715			VA (4 Mos. Pre-Separation) – All Effective Date 20021128			
Condition	Code	Rating	Condition	Code	Rating	Exam
Left Hip Pain	5099-5003	10%	Left Hip Pain...	5099-5024	10%	20020607

ANALYSIS SUMMARY:

Multifactorial Left Hip Pain Condition. Multifactorial left hip pain refers to pubic ramus stress fracture, chronic tendinosis in the thigh adductors and inguinal and sacroiliac ligaments. The CI had onset of left hip pain with running in August 2000 during basic training. X-rays demonstrated evidence of a healing stress fracture of the left inferior pubic ramus of the pelvis. She experienced recurrent pain with strenuous training activities during 2001 without evidence of new stress fracture on X-rays. An X-ray 11 December 2001 was interpreted as showing evidence consistent with an adductor muscle insertion avulsion injury (of the hip adductor muscles that attach to the inferior pubic ramus). At the time of the MEB narrative summary, on 20 January 2002, the CI reported dull constant pain depending on activity level which increased with walking, lifting, and wear of all forms of force protection gear. The pain was transiently decreased while jogging or stretching. There were no limitations with normal daily activities, could sit and stand up to 45 minutes, lift up to 15 pounds and run a maximum of one mile at her own pace. On examination, there was tenderness left inferior pubic ramus and adductor muscle attachments as well as the left anterior and posterior superior iliac spine, and left inguinal ligament. Examination test maneuvers that stressed the hip joint and sacroiliac joint were reported as positive. The range-of-motion (ROM) of the left hip was flexion 120 degrees, extension 20 degrees, abduction 45 degrees of abduction, and adduction 20 degrees. At the time of an orthopedic evaluation on 20 May 2002, the CI indicated the pain was located at the left groin/inferior pubic ramus. On examination, there was full active ROM of the hip with pain at extremes of motion. There was mild pain with examination test maneuver that stressed the hip joint and sacroiliac joint. The orthopedic surgeon concluded with diagnosis of chronic left pelvic pain, healed left inferior pelvic ramus stress fracture, adductor strain with no significant avulsion. At the VA Compensation and Pension examination, performed 6 July 2002, 5 months prior to separation, the CI reported constant pain and weakness in the left hip. Gait was normal (non-antalgic) but the CI was reported to be unable to stand on the left leg and leg strength was decreased compared to the left. There was generalized tenderness about the hip and examination maneuvers that stressed the hip joint and sacroiliac joint were reported as positive. ROM of the left hip after five repetitions was flexion 100 degrees, extension 25 degrees, abduction 45 degrees, adduction 20 degrees, external rotation 40 degrees, and internal rotation 40 degrees. 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 rated the multifactorial left hip pain 10% with application of the USAPDA pain policy (5099-5003). The VA assigned a 10% rating analogous to 5024, tenosynovitis, limitation of motion of affected part. There was not limitation of motion all examinations warranting a minimum rating under the respective codes for hip/thigh limitation of motion (5251, 5252, and 5253). All members agreed there was evidence of painful motion and decreased function warranting a rating of 10% with application of §4.59 and §4.40. Although there was evidence of multiple tendons about the left hip affecting hip function, the contributions of all are subsumed under the single rating for hip disability in accordance with §4.14 (Avoidance of pyramiding). After due deliberation, considering all of the evidence and mindful of VASRD §4.3 (Resolution of reasonable doubt), the Board concluded that there was insufficient cause to recommend a change in the PEB adjudication for the multifactorial left hip pain condition.

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 multifactorial left hip pain condition was operant in this case and the condition was adjudicated independently of that policy by the Board. In the matter of the multifactorial left hip pain 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
Multifactorial Left Hip Pain	5099-5003	10%
	COMBINED	10%

The following documentary evidence was considered:

- Exhibit A. DD Form 294, dated 20120611, 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 / XXXXXXXX), 2900 Crystal Drive, Suite 300, Arlington, VA 22202-3557

SUBJECT: Department of Defense Physical Disability Board of Review Recommendation
for XXXXXXXXXXXXXXXXXXXX, AR20130003087 (PD201200886)

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

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Deputy Assistant Secretary
(Army Review Boards)