

RECORD OF PROCEEDINGS
PHYSICAL DISABILITY BOARD OF REVIEW

NAM: XXXXXXXXXXXXXXXXXXXX
CASE NUMBER: PD1200870
BOARD DATE: 20130103

BRANCH OF SERVICE: ARMY
SEPARATION DATE: 20080129

SUMMARY OF CASE: Data extracted from the available evidence of record reflects that this covered individual (CI) was an active duty PV2/E-2 (25Q/Multichannel Transmission Systems Operator-Maintainer), medically separated for chronic pain, right hand and right supraspinatus tendinitis (shoulder) with chronic pain. The CI fractured his right hand in April 2007 during his Advanced Individual Training (AIT) at Fort Gordon, GA after falling on an outstretched hand. The CI underwent surgery and began a regimen of physical therapy (PT). He also reported injuring his right shoulder during physical training in December 2006. He was unable to improve adequately with treatment or meet the physical requirements of his AIT and his Military Occupational Specialty (MOS) or satisfy physical fitness standards. He was issued a permanent U3 profile and referred for a Medical Evaluation Board (MEB). The MEB forwarded no other conditions for Physical Evaluation Board (PEB) adjudication. The MEB submitted the conditions to the PEB as right shoulder pain (slight/intermittent) secondary to supraspinatus tendonitis and chronic right hand pain secondary to closed fracture of the second, third and fourth metacarpal bone, healed with residual pain (slight/intermittent). The PEB initially adjudicated the conditions as chronic pain, right hand and right supraspinatus tendinitis with chronic pain, unfitting, rated 10% and 0% with cited application of the US Army Physical Disability Agency (USAPDA) pain policy which was continued on the first USAPDA revised PEB prior to the CI's separation date. The CI made no appeals, and was medically separated with a 10% disability rating. The USAPDA issued a revised administratively corrected PEB in February 2009 with the final rating of the conditions at 10% and 10%, respectively, with application of the Veterans Affairs Schedule for Rating Disabilities (VASRD).

CI CONTENTION: The CI elaborated no specific contention in his application.

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 the unfitting chronic pain, right hand and right supraspinatus tendinitis with chronic pain conditions meet the criteria prescribed in DoDI 6040.44 for Board purview; and, are 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 Admin PEB – Dated 20090203			VA (15 Mos. Post-Separation) – All Effective Date 20080130			
Condition	Code	Rating	Condition	Code	Rating	Exam
Chronic Pain, Right Hand	5099-5003	10%	Degenerative Joint Disease, Right Second, Third and Forth Fingers, Residuals of Fractures	5010-5229	10%*	20090411
Right Supraspinatus Tendinitis with Chronic Pain	5024	10%	Status Post Acromioplasty, Right Shoulder	5201	10%	20090411
↓No Additional MEB/PEB Entries↓			0% X 1			20090411
Combined: 20%			Combined: 20%			

* VA Rating reduced to 0% effective 20090411; combined rating reduced to 10% effective 20090411.

ANALYSIS SUMMARY:

Chronic Right Hand Pain Condition. The CI fell on his right (dominant) outstretched hand while attending AIT in April 2007, fracturing the mid shaft of the second, third and fourth metacarpal bones. He underwent open reduction, internal fixation (ORIF), had pins removed and underwent PT. Five months later, despite improvement of the CI's fingers' range-of-motion (ROM) and a "reasonably good grip of the right hand," because of residual chronic hand pain that worsened with exertional activity and fine motor movements, he was referred to the MEB. At orthopedic physical exam of the MEB in September 2007, the CI reported hand pain with loading activities. Physical exam revealed well healed incisions, no tenderness, hands with full ROM and right hand with all fingers with full extension and composite flexion (ability to make a full fist and grasp objects) over 200 degrees (*200 is no disability IAW AMA Guide to Disabilities, 6th edition*). The orthopedist opined that the CI's right hand metacarpals had well healed fractures and that he showed no functional deficit. On MEB physical exam, a week after the above exam, the CI was noted to have well healed superficial surgical scars. The right hand had minimal tenderness and showed full ROM. Fingers had full extension and he had a full composite fist. There was no rotational deformity. X-rays revealed well-healed fractures of the metacarpals. The CI's injured right (dominant) finger ROMs were measured by goniometry 6 months postoperatively and were compared to those of his left (non-dominant) hand and were within 5 degrees of those of the left hand. Grip strengths on the injured dominant right hand averaged 83 (121 normal for age) and did not decrease over three assessments. This is in comparison to the uninjured non-dominant left hand with an average of 95 (104.5 normal for age).

At the VA Compensation and Pension (C&P) exam 15 months after separation, in April 2009, the CI reported that he had been seen at the Wilmington VA Medical Center in December 2009 with complaints of a few months of numbness and tingling in the 4th and 5th digits of his hand. On physical exam he was found to have mildly impaired sensation in the ulnar distribution. Electrodiagnostic evaluation revealed a mild right ulnar entrapment at the elbow, no ulnar compression and no peripheral neuropathy. Physical examination at the C&P of all hand joints bilaterally were 0 to 90 degrees flexion and to 0 degrees extension. There was no atrophy, weakness nor additional restriction of range-of-motion (ROM) due to pain, fatigue, weakness or lack of endurance following three repetitive ROM assessments. X-ray exam showed mild degenerative changes at the first metacarpal phalangeal joint (thumb).

The Board first considered the chronic right hand pain condition. The PEB and VA chose different coding options for the right hand condition and arrived at the same rating recommendation. The VA rated this condition 5010-5229 for arthritis on X-ray with likely

noncompensable limitation of motion of the index or long finger. The PEB, based upon VASRD §4.71a, rated the CI's right hand condition code 5099-5003 at 10% for pain on movement, in accordance with §4.45. The PEB was unable to establish degenerative arthritis by X-ray with the limitation of motion of the specific minor joints/grip noncompensable. The only higher rating for the fingers requires ankylosis (5222). There was no evidence of ratable peripheral nerve impairment and thus codes 8715 and 8716 would not be applicable in this case. 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 chronic right hand pain condition. The Board concluded therefore that this condition could not be recommended for additional disability rating.

Right Supraspinatus Tendonitis with Chronic Pain Condition. The CI's initial injury was during basic training in September 2006 when he fell on his left elbow. After that he began to have "toothache-like" right (dominant) shoulder pain. Five months later, in March 2007 he was seen in clinic complaining of aching right shoulder pain and an occasional feeling of its being unstable, with a vague history of dislocation years before without medical attention for this. After completing physical therapy, he was able to attend AIT physical training for the next 5 months, until he injured his hand at which time he was referred to the MEB. At the time of his MEB exam, the CI reported aching in his right shoulder and on the magnetic resonance imaging (MRI) exam he reported "popping and pain with overhead activities" as well as pushups. He was diagnosed at the time of MEB with supraspinatus tendonitis, which was confirmed by MRI. The CI did not have arthritis on MRI. The goniometric 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.

Shoulder ROM (Degrees)	OT for MEB ~3 Mo. Pre-Sep Right (Dominant)	VA C&P ~14 Mo. Post-Sep Right (Dominant)
Flexion (0-180°)	(160) 165/160/160	180
Abduction (0-180°)	(180) 180/180/180	180
Comments: Surgery 10 Mo. after sep	'Pain limits ROM' and 'FROM'; no atrophy; nontender at joints; neg apprehension tests;	Pain decreased from 10/10 to 4/10 4 Mo. post-op
§4.71a Rating	10%	0%

*Initially rated 0%; administrative correction to 10% application Army USAPDA

At time of MEB the occupational therapist opined "pain limits range of motion," with documented normal extension with a decrease in flexion 160 degrees (normal 180 degrees) and decreased internal and external rotations. The orthopedist at MEB did not mention weakness, fatigue, nor instability but did note that "pain limits range of motion" and internal rotation decreased to 45 degrees (normal 90 degrees) after repetition. The CI had negative apprehension tests and had no atrophy of his shoulder. Seven months after separation, in October 2008, the CI was seen in consultation at the Wilmington VA Medical Center and reported right shoulder pain and weakness, with particular symptoms on overhead reaching. Physical examination at that time revealed tenderness in the anterior subacromial space and a positive impingement sign. It was noted that the CI had "FROM." Eleven months after his date of separation, in December 2008, the CI underwent shoulder surgery (acromioplasty and labral debridement) for impingement syndrome with two labral tears.

At the (C&P) exam 4 months after surgery (14 months after separation), in April 2009, the CI reported a reduction of pain from 10/10 to 5/10 after surgery. Physical examination revealed no keloid, tenderness nor deep adherence of scar to underlying tissues. The examiner opined, "DeLuca Criteria: No additional restriction of the range of motion due to pain, fatigue,

weakness or lack of endurance during flare-ups or following three repetitive range of motion assessments.” The final diagnosis was “right shoulder acromioplasty and labral debridement, restricted. No residuals.”

The Board directs attention to its rating recommendation for the right (dominant) shoulder condition based on the above evidence. The final (corrected) rating was for 10% coded 5024 (Tenosynovitis). The VA coded the shoulder as 5201 (Arm, limitation of motion) at 10% from the day after separation with a decrease to 0% effective April 2009 based on VA exam demonstrating post-surgical improvement. The PEB administratively corrected the code 5024 (tenosynovitis) rating from 0% to 10%. All evidence and exams proximate to separation were ratable at the 10% level for painful or pain-limited motion. 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 right supraspinatus tendonitis with chronic pain condition. The Board concluded therefore that this condition could not be recommended for additional disability rating.

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 final rating ruling in this case that any prerogatives outside the VASRD were exercised. In the matter of the chronic right hand pain condition and IAW VASRD §4.71a, coded 5099-5003 at 10%, the Board unanimously recommends no change in the PEB adjudication. In the matter of the right supraspinatus tendonitis with chronic pain condition and IAW VASRD §4.71a, coded 5024 at 10%, 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 right hand pain condition	5099-5003	10%
right supraspinatus tendonitis with chronic pain condition	5024	10%
	COMBINED	20%

The following documentary evidence was considered:

Exhibit A. DD Form 294, dated 20120607, w/atchs
Exhibit B. Service Treatment Record
Exhibit C. Department of Veterans’ Affairs Treatment Record

XXXXXXXXXXXXXXXXXXXX, DAF
Acting 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
XXXXXXXXXXXXXXXXXX, AR20130003024 (PD201200870)

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)