

RECORD OF PROCEEDINGS  
PHYSICAL DISABILITY BOARD OF REVIEW

NAME: XX  
CASE NUMBER: PD1200892  
BOARD DATE: 20130215

BRANCH OF SERVICE: USMC  
SEPARATION DATE: 20030515

**SUMMARY OF CASE:** Data extracted from the available evidence of record reflects that this covered individual (CI) was an active duty PFC/E-2 (9900/Basic Marine) medically separated for bilateral median neuropathies. The CI presented with neuropathic conditions during recruit training and was referred to a Medical Evaluation Board (MEB) since he could not complete basic training. The nerve condition, characterized by the MEB as “bilateral median neuropathies”, was forwarded to the Physical Evaluation Board (PEB) as medically unacceptable. No other conditions were submitted by the MEB. The PEB adjudicated “bilateral median neuropathies” as unfitting and rated 20% disability. The CI made no appeals and was medically separated with that service disability rating.

**CI CONTENTION:** The application states “Even though I had the surgery I have still been in a lot of discomfort resulting in lack of sleep which effects my daily life and work. Sometimes hard to function with little sleep. I wake up every morning tired and in pain in my shoulder and neck. I also can’t lift heavy objects above my head due to lack of strength and instability which causes problems at work. I am an electrician so most of my work is above my head and is difficult to perform tasks at times. Also due to years of overcompensating for my left arm, my right arm is now giving me a lot of trouble. I have pain in my right shoulder and neck it seems like the same thing is happening all over again but to the right shoulder now.”[sic]. He does not elaborate further or specify a request for Board consideration of any additional conditions.

**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 bilateral median neuropathies is the only condition within the 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 PEB – Dated 20040403			VA (12 Mo. Post-Separation) – Effective 20030516			
Condition	Code	Rating	Condition	Code	Rating	Exam
Bilateral median neuropathies	8615	20%*	Median neuropathy, right hand	8615	0%	20040511
			Median neuropathy, left hand	8615	0%	20040511
↓No Additional MEB/PEB Entries↓			S/P L shoulder surgery...	5099-5024	10%	20040813
<b>Combined: 20%</b>			<b>Combined: 10%</b>			

\* Two ratings of 10% with bilateral factor applied; PEB described as one unfitting condition at 20%

## ANALYSIS SUMMARY:

Bilateral Median Neuropathies Condition. The CI developed left greater than right numbness while doing pull-ups in October 2002 and was thought to have a neuropathy of the radial and ulnar nerves. He had been engaged in intensive physical training to increase his ability to perform "pull-ups". He was removed from training and an evaluation begun. Magnetic resonance imaging (MRI) of the left brachial plexus was within normal limits. An electrodiagnostic (EDX) examination, done in December 2002, showed evidence of an upper and lower extremity motor and sensory demyelinating polyneuropathy. CI was subsequently evaluated by a neurologist and found to have bilateral sensory changes in the hands and left biceps weakness. Laboratory values and a brain MRI were unremarkable. At a follow up neurology evaluation that same month, he reported improvement in his symptoms. Examination was remarkable only for persistent sensory changes in the left hand along a median nerve distribution; the right had sensory changes and left motor loss had resolved. Repeat EDX studies that day were thought to be consistent with carpal tunnel syndrome, median neuropathies at the wrist, left greater than right. Despite treatment which included medications and splints, the CI's symptoms did not resolve. CI underwent another neurology evaluation on 27 January 2003 (4 months prior to separation) at which time a nerve conduction study (NCS) showed mild bilateral motor and sensory median neuropathy at wrist, left greater than right. At a physical medicine evaluation on 11 February 2003 (3 months prior to separation), the CI reported sensation decreased 60% at left index finger and left thumb, good motor function, no tenderness or atrophy, full range-of-motion (ROM), and normal reflexes. The MEB examination was accomplished on 21 January 2003, 4 months prior to separation. The CI reported numbness in the fingertips of the left hand and inability to lift heavy objects. The examiner documented full ROM of the hands and upper extremities with equal sensation bilaterally. A provocative test for carpal tunnel syndrome (Phalens) was positive on the left. The MEB narrative summary (NARSUM) dated 28 February 2003 (2 months prior to separation) noted that the CI continued to report numbness in his left and right fingertips. On examination, he had no atrophy or tenderness. He had full ROM of neck, elbow, and wrist. Upper extremity strength was normal bilaterally. Reflexes were symmetric. The CI had a patchy, non-dermatological decrease in sensation along his palmar finger tips, affecting the thumb, index and ring finger on his left and right hand. The examination was thought to be consistent with bilateral median nerve neuropathies. At a neurological VA Compensation and Pension (C&P) exam on 11 May 2004, (12 months post-separation), the CI denied the persistence of any numbness or weakness in either hand. His neurologic exam was normal, there was no atrophy and provocative testing was negative bilaterally. The neurologist concluded that the left hand median nerve neuropathy had completely resolved and that the neurological examination was normal.

The Board directs attention to its rating recommendation based on the above evidence. The PEB used a single diagnosis (bilateral median neuropathy), but rated each at 10% using code 8615. The VA gave separate non-compensable ratings of 0%, also coded 8615, for each arm. The Board noted the steady improvement in the examinations after the CI was removed from basic training and the resolution of findings at the C&P examination. The Board unanimously concluded that the minimal sensory deficit on examination, with normal strength and ROM, would rate no more than "mild median neuropathy" for each arm and thus rate no more than the 10% coded 8615 for each arm. 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 fitness determination for the bilateral median neuropathies 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. 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 bilateral median neuropathies 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:

<b>UNFITTING CONDITION</b>	<b>VASRD CODE</b>	<b>RATING</b>
Bilateral Median Neuropathies	8615	10%
	8615	10%
<b>COMBINED (w/ BLF)</b>		<b>20%</b>

---

The following documentary evidence was considered:

- Exhibit A. DD Form 294, dated 20120612, w/atchs.
- Exhibit B. Service Treatment Record.
- Exhibit C. Department of Veterans' Affairs Treatment Record.

xx  
Acting 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 22 Mar 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 USN
- former USMC
- former USMC
- former USN
- former USMC
- former USMC

xx  
Assistant General Counsel  
(Manpower & Reserve Affairs)