DEPARTMENT OF THE NAVY
BOARD FOR CORRECTION OF NAVAL RECORDS
2 NAVY ANNEX
WASHINGTON DC 20370-5100

JRE
Docket No: 762-02
26 August 2002

[redacted]

[redacted]

This is in reference to your application for correction of your naval record pursuant to the provisions of title 10 of the United States Code, section 1552.

A three-member panel of the Board for Correction of Naval Records, sitting in executive session, considered your application on 15 August 2002. Your allegations of error and injustice were reviewed in accordance with administrative regulations and procedures applicable to the proceedings of this Board. Documentary material considered by the Board consisted of your application, together with all material submitted in support thereof, your naval record and applicable statutes, regulations and policies.

After careful and conscientious consideration of the entire record, the Board found that the evidence submitted was insufficient to establish the existence of probable material error or injustice. In this connection, the Board substantially concurred with the rationale of the hearing panel of the Physical Evaluation Board which considered your case on 14 March 2002, a copy of which is attached. Accordingly, your application has been denied. The names and votes of the members of the panel will be furnished upon request.

It is regretted that the circumstances of your case are such that favorable action cannot be taken. You are entitled to have the Board reconsider its decision upon submission of new and material evidence or other matter not previously considered by the Board. In this regard, it is important to keep in mind that a presumption of regularity attaches to all official records.

Consequently, when applying for a correction of an official naval record, the burden is on the applicant to demonstrate the existence of probable material error or injustice.

Sincerely,

W. DEAN PFEIFFER
Executive Director

Enclosure

SAN DIEGO FORMAL HEARING RATIONALE
IN THE CASE OF
[redacted]

A medical board was held at Wilford Hall Medical Center, Lackland AFB, TX on 07 November 2000, with the following diagnosis:

1. [redacted] PATELLOFEMORAL PAIN SYNDROME REFRACTORY (71946)

The Informal Physical Evaluation Board found the member fit for duty on 14 March 2001.

This member appeared before the Formal Physical Evaluation Board on 20 June 2001, requesting 40% disability rating and transfer to TDRL.

Accepted documentary evidence consisted of:

Exhibit A - PEB Case File.
Exhibit B - Additional Medical Evidence-Left Knee
Exhibit C - Additional Medical Evidence-Right Ankle
Exhibit D - Additional Medical Evidence-Irritable Bowel Syndrone
Exhibit E - Performance Evaluations
Exhibit F - List of Medications

The member's medical board of 07 November 2000 makes a diagnosis of patellofemoral pain syndrome. This evaluation was done by the Air Force. The medical board traces the patient's complaint of anterior knee pain on the left to 1997. The medical board indicates that the pain increases with any physical activity including running, cycle ergometry, and any type of aerobic activity. The pain is also worse with stair climbing.

The member underwent an OATS procedure for an osteochondral defect in 1997 at Wilford Hall Air Force Medical Center. The member reported that her symptoms dramatically improved afterward but did not resolve. In May of 2000 the member had an MRI which showed no evidence of meniscus pathology as well as a small amount of cartilage in the position of the previous osteochrondral defect. The MRI was considered to be consistent with grade IV chondromalacia of the medial femoral condyle.

The final diagnosis was that the member had patellofemoral syndrome in spite of her "successful OATS procedure". The member reported that her job routinely involves sitting and doing desk work, interpreting data at a desk position and did not involve heavy labor. Therefore, the evaluating physician found that the patient was retainable and world-wide qualified.

The patient appeared before the Formal Board asking for a rating not only for her knee but also for her left ankle, and for irritable bowel syndrome. These topics will be address seriatum.

With regard to her knee the member gave dramatic testimony about how her

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knee interfered with her ability to climb stairs. She also claimed that her job required her to walk long distances. This is in contradistinction to the medical board where she said that she basically did office work. The member also said that she couldn't sit or stand, but she sat apparently comfortably throughout the Formal Board which lasted approximately 40 minutes.

The member's performance evaluations are contained in Exhibit E, the most recent evaluation covers the period 16 March 2000 to 15 March 2001. The member received glowing comments in the narrative section and was overall rated as must promote. She was rated in each category at or above standards. It is important to note, that this is an improvement over the member's performance evaluation for the period March 1999 to March 2000. During that period the member was only rated promotable. Furthermore, in the most recent performance evaluation the member even received a grade of 3 in military bearing in spite of her weight.

The member gave dramatic testimony about how tired she was at the end of the day and that she had "no life and can't do anything". However, her performance evaluations indicate that the member spends many hours doing volunteer activities besides her routine duties. Moreover, the member's rebuttal contained in the PEB case file indicates that the member did a vigorous physical therapy program at home using a stationary bicycle. This is important because the medical board indicated that the stationary bicycle was one of the things that exacerbated the member's knee pain. Thus, there are significant discrepancies between the documentary record and the member's testimony.

Additionally, the member testified that the building in which she works is only one story high and that there is only one building on the base that is two stories high. Given that, the member's job is essentially an office job and the base is virtually entirely one story high, it is difficult to understand how the patient has such dramatic complaints about climbing stairs or even walking long distances. The member also testified that she has a cart for going from building to building, though why that is necessary is not substantiated in the medical record.

Finally it must be noted that a review of additional medical evidence contained in Exhibit D covers the member's medical care from July 1997 to March 2001. There is not a single indication in this record that the member has sought any treatment for her knee or her ankle. The only indication of a complaint regarding her knee is contained in Exhibit B which is a 11 June 2001 knee evaluation. This was done in preparation for the Formal Board.

With regard to the member's ankle, her fracture occurred in April of 1993. She underwent internal fixation, but the hardware was removed in May of 1996. The member, as noted supra, has sought no medical treatment for her ankle at least dating back to 1997. Further, the member offered no additional medical evidence of even a recent evaluation of her ankle. Finally, the member has not had a medical board that specifically

addressed any way in which her ankle might be unfitting. When asked how her ankle interfered with her ability to carryout the duties of her rank and rate, the member simply said it was the same as her knee. Thus, all the comments about the member's performance evaluations are incorporated by reference as also pertaining to her knee. Currently there is no indication the member is receiving any treatment for her ankle.

With regard to the member's request for a rating for irritable bowel syndrome several comments are germane. First, the member has never seen a gastroenterologist and has never received a clear and unequivocal diagnosis of irritable bowel syndrome. Exhibit D, the additional medical evidence covering the period from July 1997 to March 2001, does contain documentation of several visits for various complaints of abdominal pain, nausea, or vomiting. The member testified that she misses one week per month from work because of her irritable bowel syndrome. However, the only indication that she missed any time from work was from 13th and 19th of March this year. On 13 March there is a Standard Form 600 entry which indicates "probable IBS". On 19 March 2001 there is a Standard Form 600 entry that indicated the member wanted a continued time SIQ, but no diagnosis was offered. A 04 December 2000 note indicates the possibility of a rule out irritable bowel syndrome and recommended that the patient return for evaluation. However, the patient was not seen again until March of 2001 as noted supra.

The history of the member's abdominal complaints before December of 2000 can be traced to an original surgical consultation ordered in January of 1997. This is contained in the PEB case file and indicates that the member was being evaluated after "vigorous anal intercourse with subsequent abdominal pain". The next entry was from 09 January 1998 also contained in the PEB case file and indicating that the member was evaluated for presumed anal fissure. Then in March of 1998 there is a note in Exhibit B indicating that the member was complaining of cramping abdominal pain which was also thought to be possibly due to post-traumatic anal fissures. Exhibit B contains a 15 January 2000 note indicating a possible diagnosis of GERD. Finally, there is a 18 October 2000 note contained in Exhibit B indicating that the member was complaining of nausea, vomiting and diarrhea but there is no diagnosis made.

Thus, the member has never had an adequate evaluation or been given an established diagnosis of irritable bowel syndrome. Moreover, the member has never had a medical board for irritable bowel syndrome. Finally, the member's performance evaluations indicate that she has been doing an adequate job right up to March 2001, which was the date of her last visit for her abdominal complaint. The member's testimony of losing a week of work per month is simply not documented in the record.

In sum, the member has dramatic reports of how her knee and ankle somehow interfere with her duties, which by definition are in the form of a sedentary desk job. However, this has not been substantiated by the documentary medical record. Moreover, the member wishes a rating for

irritable bowel syndrome, which diagnosis has never actually been established in her case. Finally, the member's performance evaluations indicate quite clearly in an official format that she has been carrying out the duties of her rank and rate adequately.

Therefore after careful consideration of all relevant medical evidence the Formal Board finds that the member is fit for continued Naval service.

Reviewed and Authenticated:

[redacted] USMC, PRESIDING OFFICER — 26 Jan 01 DATE

[redacted] MEDICAL OFFICER — 26 Jan 01 DATE

[redacted] USMC, LINE OFFICER — 28 JAN 01 DATE

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