



**UNITED STATES AIR FORCE
BOARD FOR CORRECTION OF MILITARY RECORDS**

RECORD OF PROCEEDINGS

IN THE MATTER OF:

DOCKET NUMBER: BC-2024-03261

COUNSEL: NONE

HEARING REQUESTED: NO

APPLICANT'S REQUEST

He be approved for Medical Continuation (MEDCON) orders from 28 Mar 24 through 4 Aug 24.

APPLICANT'S CONTENTIONS

Because of the delay in processing his line of duty (LOD) determination, he was denied MEDCON orders. He met all requirements for MEDCON orders and his LOD paperwork has been corrected.

The applicant's complete submission is at Exhibit A.

STATEMENT OF FACTS

The applicant is a currently serving Air Force Reserve (AFR) major (O-4).

On 25 Aug 23, DD Form 214, *Certificate of Release or Discharge from Active Duty*, reflects the applicant was honorably discharged in the grade of major (O-4) after serving 3 months and 20 days of active duty for this period. He was discharged, with a narrative reason for separation of "Completion of Required Active-Duty Training."

On 26 Mar 24, DD Form 214 reflects the applicant was honorably discharged in the grade of major (O-4) after serving 5 months and 25 days of active duty for this period. He was discharged, with a narrative reason for separation of "Completion of Required Active Service."

Dated 15 Mar 24, AF Form 348, *Line of Duty Determination*, provided by the applicant, indicates his injury, tear of the articular cartilage in his left knee, existed prior to service (EPTS) but was not service aggravated (SA). However, his immediate commander disagreed and recommended his injury be found in line of duty (ILOD). Due to this, a formal LOD investigation was conducted on this same date, which determined the applicant's injury was ILOD per DD Form 261, *Report of Investigation Line of Duty Misconduct Status*, with the final approving authority finding his injury EPTS SA on 1 Jul 24.

Dated 10 Jul 24, a LOD memorandum, provided by the applicant, indicates his LOD was approved as a result of the tear of the articular cartilage in his left knee.

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For more information, see the excerpt of the applicant's record at Exhibit B and the advisory at Exhibit C.

AIR FORCE EVALUATION

AFPC/DPFA (Air Force Reserve Component Case Management Division) recommends granting the applicant's request for MEDCON orders. The applicant had a long history of left knee problems dating back several years. Prior to the applicant's qualifying order on 21 Apr 23, he underwent a left knee arthroscopy with chondroplasty and articular cartilage biopsy. It is not clear whether this procedure was reported to the medical unit. He was not placed on profile which would have been appropriate. He was then seen in follow up on 28 Sep 23 where continued pain was reported. The orthopedic specialist offered a left knee open autologous chondrocyte implantation. He was counseled regarding the extensive post-operative rehabilitation protocol following the procedure and elected to proceed with the surgery. The preoperative visit was accomplished this same day. He then began the qualifying order on 2 Oct 23. He then reported an aggravation of his knee condition on 7 Oct 23 while exercising. He was seen by his primary care manager and a referral was placed back to P----- Orthopedics where he was ultimately scheduled for surgery. He underwent a Matrix-Induced Autologous Chondrocyte Implantation (MACI) on his left knee on 12 Jan 24. Following the procedure, he was placed on profile on 17 Jan 24. His LOD was initiated on 15 Mar 24, and he applied for MEDCON on 21 Mar 24.

Included in the initial MEDCON application was a memorandum from his civilian provider dated 22 Mar 24, stating although he was seen in follow up on 28 Sep 23 where surgery was discussed, no surgery was scheduled at that time as he had normal range of motion, normal strength, and the ability to perform his job without restrictions safely and was cleared to return to duty. His civilian provider then claimed the applicant reagravated his knee in Oct 23 and could not perform his duties without pain. The MACI procedure was then scheduled on 9 Nov 23 and performed on 12 Jan 24. This memorandum contradicts the primary documentation from the 28 Sep 23 visit where the applicant reported continued pain which is why the additional knee procedure was offered. After recommending the procedure and counseling regarding the risks and benefits, the provider stated, the patient clearly communicated these issues were understood and wished to proceed with the treatment course. The provider stated on this day, his plan was to see the patient next in the pre-operative holding area on the day of surgery. Based on this information, the plan of care was clearly established prior to the onset of the qualifying order. Then, following the onset of orders where there was no profile in place even in the face of further recommended surgery, the applicant reports his condition was aggravated on 7 Oct 23. He then proceeded with the already established plan for surgery which ultimately took place on 12 Jan 24.

The LOD for this condition was not initiated until 15 Mar 24. The medical recommendation on the LOD was EPTS-not SA. Despite the medical finding and acknowledging the proximate cause of the applicant's injury was due to off duty recreational activities, the immediate commander recommended a finding of ILOD. The wing judge advocate (JAG) then non-concurred with the finding which later led to the appointing authority recommending an official investigation. Ultimately, the decision was made to disapprove the MEDCON application as the plan of care

appeared to be in place prior to the qualifying order and was directed at a condition that predated the qualifying order. The applicant then reapplied for MEDCON which was also disapproved for similar reasons. He then began the appeal process. It was during this appeal process the final LOD adjudication was reviewed. The investigation was completed and the LOD was finalized on 1 Jul 24 as ILOD (EPTS-SA). The Air Reserve Component Case Management Division medical reviewer, at the time, counseled the applicant to immediately reapply to MEDCON utilizing the now finalized ILOD. He also recommended the applicant submit an application for correction of military record directly, as the appeal would not provide the relief the applicant was seeking but would only serve to delay the overall process further. Despite the issues raised above with the LOD, the applicant's condition was ultimately found ILOD based on service aggravation of a condition that existed prior to service. At the time of the initial MEDCON application on 27 Mar 24, the applicant possessed a valid interim ILOD, an active treatment plan and was on a mobility restricting profile meeting all MEDCON eligibility criteria.

The complete advisory opinion is at Exhibit C.

APPLICANT'S REVIEW OF AIR FORCE EVALUATION

The Board sent a copy of the advisory opinion to the applicant on 21 Oct 24 for comment (Exhibit D) but has received no response.

FINDINGS AND CONCLUSION

1. The application was timely filed.
2. The applicant exhausted all available non-judicial relief before applying to the Board.
3. After reviewing all Exhibits, the Board concludes the applicant is the victim of an error or injustice. The Board concurs with the rationale and recommendation of AFPC/DPEFA and finds a preponderance of the evidence substantiates the applicant's contentions. Specifically, the Board finds the applicant was eligible for MEDCON orders meeting all of the eligibility criteria but since the appeal process would not grant him the relief sought, it was recommended he apply to the AFBCMR for relief. Given the extreme delays in processing the LOD, which appear to be due to no fault of the applicant, and the fact that his medical condition was ultimately found ILOD and warranted MEDCON orders, the Board finds that the preponderance of the evidence supports his request for backdated MEDCON orders from 28 Mar 24 through 4 Aug 24. Therefore, the Board recommends correcting the applicant's records as indicated below.

RECOMMENDATION

The pertinent military records of the Department of the Air Force relating to APPLICANT be corrected to show he was placed on Medical Continuation (MEDCON) orders for the period of 28 March 2024 through 4 August 2024.

CERTIFICATION

The following quorum of the Board, as defined in Department of the Air Force Instruction (DAFI) 36-2603, *Air Force Board for Correction of Military Records (AFBCMR)*, paragraph 2.1, considered Docket Number BC-2024-03261 in Executive Session on 18 Jun 25:

[Redacted] Panel Chair
[Redacted], Panel Member
[Redacted], Panel Member

All members voted to correct the record. The panel considered the following:

- Exhibit A: Application, DD Form 149, w/atchs, dated 4 Sep 24.
- Exhibit B: Documentary evidence, including relevant excerpts from official records.
- Exhibit C: Advisory opinion, AFPC/DPFA, dated 15 Oct 24.
- Exhibit D: Notification of advisory, SAF/MRBC to applicant, dated 21 Oct 24.

Taken together with all Exhibits, this document constitutes the true and complete Record of Proceedings, as required by DAFI 36-2603, paragraph 4.12.9.

7/11/2025

[Redacted Signature]

Board Operations Manager, AFBCMR
Signed by: USAF