

RECORD OF PROCEEDINGS  
PHYSICAL DISABILITY BOARD OF REVIEW

NAME: XXXXXXXXXX  
BRANCH OF SERVICE: ARMY

CASE: PD-2022-00008  
SEPARATION DATE: 20050919

**SUMMARY OF CASE:** Data extracted from the available evidence of record reflects this covered individual (CI) was an active duty E4, Signal Support Systems Specialist, medically separated for “chronic left ankle pain...” with a disability rating of 0%.

**CI CONTENTION:** “I was not able to perform my Job/duty/MOS. I didn’t get a chance to see the MEB doctor.” The complete submission is at Exhibit A.

**SCOPE OF REVIEW:** The panel’s scope of review is defined in DoDI 6040.44. It is limited to review of disability ratings assigned to those conditions determined by the Physical Evaluation Board (PEB) to be unfitting for continued military service, and when specifically requested by the CI, those conditions identified by the Medical Evaluation Board (MEB), but determined by the PEB to be not unfitting or non-compensable. Any conditions outside the panel’s defined scope of review, and any contention not requested in this application, may remain eligible for future consideration by the Board for Correction of Military Records. The panel’s authority is limited to assessing the fairness and accuracy of PEB rating determinations and recommending corrections when appropriate. The panel gives consideration to VA evidence, particularly within 12 months of separation, but only to the extent that it reasonably reflects the severity of disability at the time of separation.

**RATING COMPARISON:**

SERVICE PEB - 20050823			VARD - 20070412			
Condition	Code	Rating	Condition	Code	Rating	Exam
Chronic Left Ankle Pain	5099-5003	0%	Tendonitis, Left Ankle and Left Talar Osteochondral Lesion	5024-5271	20%	20070205
<b>COMBINED RATING: 0%</b>			<b>COMBINED RATING OF ALL VA CONDITIONS: 40%</b>			

**ANALYSIS SUMMARY:**

**Left Ankle Pain.** According to the service treatment record (STR) and MEB narrative summary (NARSUM), the CI’s left ankle pain began in February 2004, when he stepped in a hole, twisted his ankle, and sustained a closed left distal fibula fracture. He continued to have pain after the fracture healed and was diagnosed with a left talar osteochondral lesion by arthroscopy in December 2004. This was treated with microfracture and tibial debridement. An MRI in May 2005 confirmed a continued osteochondral lesion in the center of his talus; X-rays showed osteoarthritic changes to the distal fibula and medial talus, consistent with tibiotalar arthritis. During the 1 June 2005 MEB examination (recorded on DD Forms 2807-1 and 2808), 3 months before separation, the CI reported left ankle pain and swelling worsened by prolonged standing. The examiner noted severe left ankle tenderness. The 20 June 2005 MEB NARSUM examination revealed diffuse left ankle tenderness as well as clicking and pain during ankle inversion and eversion. The examiner recorded “good” range of motion (ROM) for both dorsiflexion, plantar flexion, inversion, and eversion. Left ankle ROM testing by physical

therapy on 5 August 2005 showed dorsiflexion to 0 degrees (normal 20) and plantar flexion to 40 degrees (normal 45).

At the 5 February 2007 VA Compensation and Pension (C&P) examination, 17 months after separation, the CI reported pain rated at 5-6/10 and aggravated by cold weather or ascending stairs. The examiner recorded normal posture and a mildly antalgic gait without any list, but favoring the left ankle. There was left ankle pain and tenderness, but no swelling. Measured ROM showed dorsiflexion from 0-20 degrees, with pain starting from 0-10 degrees. Plantar flexion was 0-45 degrees, without limitation of motion during repetition due to pain, fatigue, weakness, or lack of endurance. The examiner estimated the CI would have mild additional limitation of left ankle dorsiflexion from 0-10 degrees during a flare-up.

The panel directed attention to its rating recommendation based on the above evidence. The PEB rated the left ankle condition 0%, analogously coded 5099-5003 (degenerative arthritis), citing no significant loss of ankle range of motion or evidence of joint instability. The VA rated the left ankle condition 20%, dual coded 5024-5271 (tenosynovitis ankle-limited motion), based on the C&P examination, citing marked limitation of motion. Panel members agreed that the ROM examinations proximate to separation were consistent with the "moderate" limitation of motion required for the 10% rating under code 5271. The panel considered alternative VASRD ankle and analogous codes, but all were less applicable and/or not advantageous to rating. After due deliberation, considering all the evidence and mindful of VASRD §4.3 (reasonable doubt), the panel recommends a disability rating of 10% for the left ankle condition, coded 5271.

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**BOARD FINDINGS:** In the matter of the left ankle condition, the panel recommends a disability rating of 10%, coded 5271 IAW VASRD §4.71a. There are no other conditions within the panel's scope of review for consideration.

The panel recommends the CI's prior determination be modified as follows, effective the date of medical separation:

<b>CONDITION</b>	<b>VASRD CODE</b>	<b>PERMANENT RATING</b>
Chronic Left Ankle Pain	5271	10%

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The following documentary evidence was considered:

- Exhibit A. DD Form 294, dated 20220112, w/atchs
- Exhibit B. Service Treatment Record
- Exhibit C. Department of Veterans Affairs Record

AR20230003145,XXXXXXXXXX

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Dear XXXXXXXXXXXX:

The Department of Defense Physical Disability Board of Review (DoD PDDBR) reviewed your application and found that your disability rating should be modified but not to the degree that would justify changing your separation for disability with severance pay to a permanent retirement with disability. I have reviewed the Board's recommendation and record of proceedings (copy enclosed) and I accept its recommendation. This will not result in any change to your separation document or the amount of severance pay. A copy of this decision will be filed with your Physical Evaluation Board records. I regret that the facts of the case did not provide you with the outcome you may have desired.

This decision is final. Recourse within the Department of Defense or the Department of the Army is exhausted; however, you have the option to seek relief by filing suit in a court of appropriate jurisdiction.

A copy of this decision has also been provided to the Department of Veterans Affairs.