RECORD OF PROCEEDINGS
PHYSICAL DISABILITY BOARD OF REVIEW

NAME: XXXXXXXXXX CASE: PD-2022-00018
BRANCH OF SERVICE: NAVY SEPARATION DATE: 20070723

SUMMARY OF CASE: Data extracted from the available evidence of record reflects this covered individual (CI) was an active duty, E5, Aviation Electronics Technician, medically separated for "rheumatoid arthritis" with a disability rating of 20%.

CI CONTENTION: "Requesting a review of the conditions that rendered the member unfit along with other conditions that were present at the time of the rating that should have been considered (i.e. Osteoporosis, depressive disorder, tinnitus)." 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 – 20070411			VARD – 20071106			
Condition	**Code**	**Rating**	**Condition**	**Code**	**Rating**	**Exam**
Rheumatoid Arthritis, [Left Wrist]	5002-5215	10%	Rheumatoid Arthritis with Bilateral Wrist Involvement	5002	20%	20070828
Rheumatoid Arthritis, [Right Wrist]	5002-5215	10%				
COMBINED RATING: 20%			**COMBINED RATING OF ALL VA CONDITIONS: 20%**			

ANALYSIS SUMMARY:

Rheumatoid Arthritis. According to the service treatment record (STR) and MEB narrative summary (NARSUM), the CI began experiencing pain and swelling in his wrists and the top of his right foot in 2002. He continued to have intermittent pain and was diagnosed with rheumatoid arthritis in 2004 by a civilian rheumatologist. At a rheumatology visit on 3 August 2006, the provider recorded mild, aching, constant bilateral wrist pain, which worsened with activity, improved with heat, and had been ongoing for several years. An STR entry on 26 October 2006 noted complaints of moderate bilateral wrist pain over several weeks, but some improvement. A left wrist MRI in November 2006 showed extensive erosions throughout the proximal and distal carpal row, with associated bone marrow edema/osteitis and synovitis. A right wrist MRI

revealed interval development of erosions in the scaphoid and lunate bones along with extensive erosive changes throughout the distal radius and carpal row. Wrist X-rays in February 2007 revealed large lucent lesions in the distal radius, and severe, bilateral intercarpal and carpometacarpal joint sclerosis. All findings suggested early rheumatoid arthritis in both wrists. At a rheumatology visit in December 2006, the CI reported no joint pain or morning stiffness after a medication change.

The 13 February 2007 MEB NARSUM examination, 5 months prior to separation, noted CI complaints of intermittent bilateral wrist pain and swelling several times a week. His medication regimen at the time improved stiffness, but the intermittent pain limited heavy lifting and use of his hands. Physical examination showed limitation of motion in both wrists with mild swelling and tenderness. Actual range of motion (ROM) was not recorded.

At a civilian outpatient treatment center on the same day, the CI reported moderate pain in both wrists for the previous 3 weeks. His pain increased with activities but was improving with medication. All joints were examined for deformities, swelling, redness, warmth, tenderness, and ROM with a single positive finding of mild synovitis in both wrists.

The 14 February 2007 non-medical assessment (NMA) noted the CI's medical condition did not require him to be away from duties for treatment and did not impact work performance. The NMA noted that since his arrival at command in December 2006, the CI had proved to "be a great asset to the maintenance department and the avionics/armament division. Member has good potential and is motivated for continued service."

During the 20 February 2007 MEB examination (recorded on DD Forms 2807-1 and 2808), the CI reported intermittent wrist pain several times a week and listed a new medication (Remicade infusion therapy). Physical findings were unremarkable except for rheumatoid arthritis and skin vitiligo of the scrotum.

At a civilian clinic follow-up on 27 March 2007, the CI reported feeling much better on the Remicade with no joint pain or morning stiffness. The provider noted he was started on Remicade (not in STR evidence) at his previous visit and was doing better overall with no adverse effects. Physical examination revealed no swelling, deformities, tenderness, or ROM limitation. Both wrists were positive for synovial changes. During a rheumatology visit on 28 June 2007, 3 weeks before separation, the examiner documented mild to moderate intermittent pain.

At the 28 August 2007 VA Compensation and Pension (C&P) examination, 1 month after separation, the CI reported intermittent episodes of bilateral wrist pain at least weekly. He was unable to use his wrists until the pain subsided and received Remicade infusion therapy every 6 weeks. The examiner noted no medical history of incapacitating events or constitutional symptoms related to the CI's arthritis. Left and right wrist ROM testing after repetition showed, in degrees: dorsiflexion to 60 (normal 70), palmar flexion to 70 (normal 80), ulnar deviation to 40 (normal 45), and radial deviation to 15 (normal 20). Pain was recorded throughout all planes, but no additional limitation of motion with was noted with repetitive use.

The panel directed attention to its rating recommendation based on the above evidence. The PEB rated the left and right wrist rheumatoid arthritis 10% each (20% combined), analogously coded 5002-5215 (arthritis rheumatoid-wrist, limitation of motion). The VA also rated the rheumatoid arthritis 20%, coded 5002, based on the C&P examination, citing one or two exacerbations a year in a well-established diagnosis. Panel members agreed there was no compensable ROM for a 10% rating under code 5215. For consideration under code 5002, the VASRD states "where however, the limitation of motion of the specific joint or joints involved is noncompensable under the code(s), a rating of 10% is for application for each such major joint or group of minor joints affected by limitation of motion, to be combined, not added under

diagnostic code 5002." The Oxford dictionary defines an exacerbation as an acute increase in the severity of a problem, illness, or bad situation. The STR showed the rheumatoid arthritis remained stable without any acute changes in the condition in the 12 months prior to separation. While there were medication adjustments, complaints of pain, swelling and stiffness continued to decrease. Panel members agreed there was no evidence of exacerbation that would provide a rating under 5002 without linking to code 5215. After due deliberation, considering all the evidence and mindful of VASRD §4.3 (reasonable doubt), the panel concluded there was insufficient cause to recommend a change in the PEB adjudication for the rheumatoid arthritis.

BOARD FINDINGS: In the matter of the rheumatoid arthritis and IAW VASRD §4.71a, the panel recommends no change in the PEB adjudication. There are no other conditions within the panel's scope of review for consideration. Therefore, the panel recommends no modification or re-characterization of the CI's disability and separation determination.

The following documentary evidence was considered:

Exhibit A. DD Form 294, dated 20220222, w/atchs
Exhibit B. Service Treatment Record
Exhibit C. Department of Veterans Affairs Record

2/8/2023

DEPARTMENT OF THE NAVY
SECRETARY OF THE NAVY COUNCIL OF REVIEW BOARDS
720 KENNON STREET SE STE 309
WASHINGTON NAVY YARD, DC 20374-5023

IN REPLY REFER TO
6040
CORB: 001
24 May 23

From: Director, Secretary of the Navy Council of Review Boards

Subj: Physical Disability Board of Review Determination

Ref: (a) DODI 6040.44(Series)

1. The Physical Disability Board of Review (PDBR) reviewed your case in accordance with reference (a) and forwarded their recommendation for action.

2. On 23 May 2023, the Assistant Secretary of the Navy (Manpower and Reserve Affairs) accepted the PDBR's recommendation of no change to your characterization of separation or disability rating assigned.

3. The PDBR determination is final and not subject to appeal or review.