

RECORD OF PROCEEDINGS  
PHYSICAL DISABILITY BOARD OF REVIEW

NAME: XXXXXXXXXXXXXXXX  
BRANCH OF SERVICE: MARINE CORPS

CASE: PD-2022-00058  
SEPARATION DATE: 20070831

**SUMMARY OF CASE:** Data extracted from the available evidence of record reflects this covered individual (CI) was an active duty E5, Aviation Electronic Microminiature/Instrument and Cable Repair Technician, medically separated for “right hip early degenerative joint disease [DJD] status post right hip trochanteric osteotomy, surgical hip dislocation and osteoplasty of the femoral neck with acetabular labral debridement and acetabular rim microfracture” with a disability rating of 10%.

**CI CONTENTION:** Review all conditions. 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 - 20070626			VARD - 20080331		
Condition	Code	Rating	Condition	Rating	Exam
Right Hip DJD	5299-5003	10%	DJD Right Hip with Scars...	10%	20071115
Right Subjective Ankle Instability with Marginal Medial Malleoli Osteophytes		Cat III	Right Ankle Condition	NSC	20071115
Left Subjective Ankle Instability		Cat III	Left Ankle Condition	NSC	20071115
Left Hip Degenerative Arthritis		Cat III	Left Hip Condition	NSC	20071115
<b>COMBINED RATING: 10%</b>			<b>COMBINED RATING OF ALL VA CONDITIONS: 20%</b>		

**ANALYSIS SUMMARY:**

**Right Hip DJD.** According to the service treatment record (STR) and MEB narrative summary (NARSUM), the CI complained of right groin pain starting in December 2004. In May 2006, he underwent a right hip trochanter osteotomy with surgical hip dislocation and osteoplasty of the right femoral neck. The procedure also included labral debridement and acetabular rim microfracture due to significant damage to the chondral surface of the acetabulum.

Controlled by: DAF  
Controlled by: SAF/MRBD  
CUI Categories: SP-MIL/SP-PRVCY  
Limited Dissemination Control: N/A  
POC: SAF.MRBD.Workflow@us.af.mil

In August 2006, 12 months prior to separation, the CI reported improved right hip pain after surgery, but worsening over the previous few weeks. Pelvis X-rays in September 2006 revealed a healed trochanteric osteotomy with two anchors within the substance of the acetabulum. There was a subtle and mild increase in subchondral sclerosis (degenerative change), however no joint space narrowing. On 16 November 2006, the CI had a second surgery to remove the hardware, however, he continued to experience persistent right hip pain.

The 1 December 2006 MEB NARSUM examination, 9 months before separation, noted complaints of persistent right groin pain and difficulty ambulating. Physical findings from 13 September 2006, prior to the hardware removal, showed a mildly antalgic gait. Hip range of motion (ROM) revealed flexion to 90 degrees (normal 125), external rotation to 45 degrees (normal 60), and internal rotation to 0 degrees (normal 40). Internal rotation attempts, log rolling with the leg extended, and resisted straight leg raising all elicited pain. During the MEB examination (recorded on DD Forms 2807-1 and 2808), 5 days later, the examiner noted "hip-good ROM."

At physical therapy visit on 21 May 2007, 3 months prior to separation, the CI complained of constant right hip pain rated at 3/10 while at rest. He was able to walk, but hip pain was aggravated by pivoting, stairs, and moving from sitting to standing; he was unable to run. On examination, right hip flexion was to 95 degrees, extension to 10 degrees, adduction to 10 degrees (normal 25), abduction to 30 degrees (normal 45), external rotation to 20 degrees, and internal rotation to 15 degrees. Flexion, abduction, and internal rotation elicited painful motion.

At the 15 November 2007 VA Compensation and Pension (C&P) examination, 3 months after separation, the CI reported constant right hip pain, rated at 4/10, and daily flare ups with incapacitating pain. Physical findings revealed normal posture and gait, and no swelling, heat, or redness in the right hip area. There was a 23-centimeter scar with loss of subcutaneous tissue in the middle third of the scar, but no adhesion, contracture, or tenderness over the rest of the scar. The right trochanter was not palpable due to the osteotomy surgery, but the provider noted mild right groin tenderness. Right hip ROM tests showed flexion to 120 degrees, extension to 20 degrees, adduction to 20 degrees, abduction to 40 degrees, external rotation to 45 degrees, and internal rotation to 40 degrees. After three repetitions, there was painful motion in all planes with mild lateral hip tenderness. Lower extremity strength, sensation, and reflexes were normal.

The panel directed attention to its rating recommendation based on the above evidence. The PEB rated the right hip condition 10%, analogously coded 5299-5003 (degenerative arthritis). The VA also rated the right hip condition 10%, based on the C&P examination, citing malunion of the femur with slight knee or hip disability. Although the CI did not present with a femur fracture, the surgical procedure to reduce his impingement involved bony recontouring of the femoral head with surgical microfracture of the acetabular rim to promote chondral repair. Panel members agreed this was analogous in location and symptoms to a femur fracture with repair and determined that 5255 (femur impairment) was an appropriate analogous code IAW VASRD §4.20 (analogous ratings). There was evidence of femur impairment that supported a 20% rating, analogously coded 5299-5255, for moderate hip impairment based on the presence of constant hip pain with daily exacerbations. The panel agreed a higher rating for marked hip disability was not supported based on the absence of ratable hip ROM limitations proximate to separation, and the presence of a normal gait at the VA examination. Panel members considered other VASRD hip and analogous codes, but all were less applicable and not advantageous for rating. After due deliberation, considering all the evidence and mindful of VASRD §4.3 (reasonable doubt), the panel recommends a disability rating of 20% for the right hip condition, coded 5299-5255.

Contended PEB Conditions: Right Ankle, Left Ankle, and Left Hip. The panel's main charge is to assess the fairness of the PEB determination that the contended conditions were not unfitting. None of the conditions were noted on limited duty forms, implicated in the non-medical assessment, and none failed retention standards. There was no performance-based evidence

from the record that any of the conditions significantly interfered with satisfactory duty performance at separation. After due deliberation, the panel concluded there was insufficient cause to recommend a change in the PEB fitness determination for any of the contended conditions, so no additional disability ratings are recommended.

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**BOARD FINDINGS:** In the matter of the right hip condition, the panel recommends a disability rating of 20%, coded 5299-5255 IAW VASRD §4.71a. In the matter of the contended right ankle, left ankle, and left hip conditions, the panel recommends no change from the PEB determinations as not unfitting. 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>
Right Hip DJD	5299-5255	20%

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The following documentary evidence was considered:

- Exhibit A. DD Form 294, dated 20220523, w/atchs
- Exhibit B. Service Treatment Record
- Exhibit C. Department of Veterans Affairs Record



**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: 003  
16 May 2023

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

Subj: Physical Disability Board of Review Determination

Ref: (a) DoDI 6040.44

1. The Physical Disability Board of Review (PBDR) reviewed your case in accordance with reference (a) and forwarded their recommendation for action.
2. On 10 May 2023, the Assistant Secretary of the Navy (Manpower and Reserve Affairs) accepted the PBDR's recommendation modification of the disability rating previously assigned to reflect a combined rating of 20% (increased from 10 Percent), effective date of medical separation.
3. The PDBR determination is final and not subject to appeal or review.