

RECORD OF PROCEEDINGS
PHYSICAL DISABILITY BOARD OF REVIEW

NAME: XXXXXXXXXXXX
BRANCH OF SERVICE: ARMY

CASE: PD-2022-00112
SEPARATION DATE: 20021218

SUMMARY OF CASE: Data extracted from the available evidence of record reflects this covered individual (CI) was an active duty E4, Multichannel Transmission Systems Operator, medically separated for "right shoulder and right knee pain," with a disability rating of 0%.

CI CONTENTION: "Injuries incurred during military service include...Hills Sachs lesion to the right shoulder...retro patellar pain syndrome on the right knee..." He also requested review of additional conditions not identified by the Medical Evaluation Board (MEB) and/or Physical Evaluation Board (PEB). 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 - 20020829			VARD - 20030124			
Condition	Code	Rating	Condition	Code	Rating	Exam
Right Shoulder and Right Knee Pain	5099-5003	0%	Right Shoulder Pain, Hill Sachs Lesion, History of Rotator Cuff Strain/Tear	5099-5024	10%	20021017
			Retropatellar Pain Syndrome, Right Knee	5099-5019	10%	20021017
COMBINED RATING: 0%			COMBINED RATING OF ALL VA CONDITIONS: 30%			

ANALYSIS SUMMARY:

Right Shoulder Pain. According to the service treatment record (STR) and MEB narrative summary (NARSUM), the right-hand dominant CI injured his right shoulder in October 2000 after falling while playing basketball. At the time X-rays were negative, and he received conservative treatment with an intensive course of physiotherapy that brought the shoulder to full range of motion (ROM). An MRI on 12 February 2002 showed evidence of a Hills-Sachs deformity but no Bankart lesions or labral tear. An orthopedic specialist suspected impingement syndrome.

At the 29 May 2002 MEB examination (recorded on DD Forms 2807-1 and 2808), 7 months before separation, the CI reported a painful right shoulder with a Hills-Sachs deformity.

Physical examination noted reduced right shoulder ROM but did not provide specific measurements.

During the 18 July 2002 MEB NARSUM examination, 5 months prior to separation, physical findings showed full right shoulder ROM with “180 degrees extension, 180 degrees abduction to the overhead position with minimal discomfort.” The examiner noted some crepitus as well as subscapular pain, especially during impingement testing, but no sulcus reaction or positive apprehension. Right shoulder X-rays were essentially normal except for the presence of the Hills-Sachs lesion. Surgical intervention was not recommended.

According to the CI’s physical profile dated 29 May 2002, the right shoulder was listed separately from the right knee condition, and the NARSUM listed duty restrictions as no wearing load bearing equipment, rucksack, or flak jacket and no carrying weapons. The CI was also limited to 10 minutes of overhead work, no lifting more than 40 pounds, and no push-ups. The 12 June 2002 commander’s statement noted the CI’s upper and lower body conditions severely limited him from performing his military duties.

While there was no VA Compensation and Pension (C&P) examination in evidence, a VA physical therapy (PT) examination on 17 October 2002, 2 months before separation, documented right shoulder ROM with flexion to 157 degrees (normal 180) and abduction to 145 degrees (normal 180), with pain in all planes and reduced ROM after 5 repetitions.

The panel first considered whether the right shoulder condition, when considered separately from the right knee condition, was unfitting for continued military service. Panel members agreed the evidence reasonably justified that the right shoulder functional limitations contributed to the CI’s inability to perform his military duties, and accordingly a separate disability rating is recommended.

The panel directed attention to its rating recommendation based on the above evidence. The PEB bundled the right shoulder and right knee conditions and applied a single 0% rating, analogously coded 5099-5003 (degenerative arthritis), citing normal ROMs, no joint laxity or focal neurological deficits, and “slight and occasional” pain. The VA rated the right shoulder condition 10%, analogously coded 5099-5024 code (tenosynovitis), for “painful or limited motion of a major joint.” The VASRD §4.71a threshold for rating for ROM impairment under code 5201 (arm limitation of motion) is “at shoulder level” (approximately 90 degrees from the side), and the examinations in evidence demonstrated motion above this level. However, panel members agreed that a 10% rating was justified with application of VASRD §4.59 (painful motion). The panel considered other VASRD shoulder and analogous codes, but all were less applicable and not advantageous for rating. After due deliberation, considering all the evidence, the panel recommends a disability rating of 10% for the right shoulder condition.

Right Knee Pain. According to the STR and MEB NARSUM, the CI’s right knee condition began in 1997 after a fall during a physical fitness run. Despite conservative treatment, he continued to have right knee pain and increased difficulty with running, climbing stairs, squatting, crawling, and prolonged sitting and standing. An MRI on 30 January 2002 revealed no evidence of joint effusion or Baker’s cyst, and normal ligaments, menisci and patellar tendons.

At the MEB examination, the CI reported a painful right knee that occasionally gave out after prolonged walking. The examiner noted right knee patellar tenderness and diagnosed retropatellar pain syndrome. At the MEB NARSUM examination, physical findings revealed positive right patellar apprehension, tenderness at the distal pole of the right patella, and bilateral retropatellar crepitus. There was no atrophy, effusion, or ligament laxity, and Lachman and McMurray tests were normal. Right knee ROM was from 0-130 degrees (normal 0-140); X-rays were normal.

There was no VA C&P examination in evidence, but the October 2002 VA PT examination documented right knee ROM from 0-140 degrees.

Panel members agreed that the evidence (physical profile and commander's statement) that warranted a separate right shoulder condition, as discussed above, also reasonably justified that the right knee functional limitations contributed to the CI's inability to perform his military duties, and accordingly a separate disability rating is recommended.

The panel directed attention to its rating recommendation based on the above evidence. The PEB bundled the right shoulder and right knee conditions and applied a single 0% rating, analogously coded 5099-5003 (degenerative arthritis), citing normal ROMs, no joint laxity or focal neurological deficits, and "slight and occasional" pain. The VA rated the right knee condition 10%, analogously coded 5099-5019 (bursitis), based on the STR and VA PT ROM examinations, citing painful motion. Panel members agreed there was no compensable limitation of flexion or extension that supported a rating under codes 5260 or 5261. However, there was evidence of painful motion with functional loss supporting a 10% rating (based on §4.59, §4.40 and §4.45). The panel considered other VASRD knee and analogous codes, but all were less applicable and not advantageous for rating. After due deliberation, considering all the evidence, the panel recommends a disability rating of 10% for the right knee condition, coded 5099-5003.

BOARD FINDINGS: In the matter of the right shoulder condition, the panel recommends a disability rating of 10%, coded 5099-5003 IAW VASRD §4.71a. In the matter of the right knee condition, the panel recommends a disability rating of 10%, coded 5099-5003 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:

CONDITION	VASRD CODE	PERMANENT RATING
Right Shoulder Pain	5099-5003	10%
Right Knee Pain	5099-5003	10%
	COMBINED	20%

The following documentary evidence was considered:

- Exhibit A. DD Form 294, dated 20221104, w/atchs
- Exhibit B. Service Treatment Record
- Exhibit C. Department of Veterans Affairs Record

AR20230008094, XXXXXXXXXXX

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Dear XXXXXXXXXXX:

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.