

RECORD OF PROCEEDINGS
PHYSICAL DISABILITY BOARD OF REVIEW

NAME: XXXXXXXXXXXXXXXX
BRANCH OF SERVICE: ARMY

CASE: PD-2022-00119
SEPARATION DATE: 20011023

SUMMARY OF CASE: Data extracted from the available evidence of record reflects this covered individual (CI) was an active duty E5, Military Policeman, medically separated for “retropatellar pain syndrome, right knee” with a disability rating of 10%.

CI CONTENTION: “No specific contention was made. 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 - 20010904			VARD - 20020131			
Condition	Code	Rating	Condition	Code	Rating	Exam
Retropatellar Pain Syndrome, Right Knee	5099-5003	10%	Retropatellar Pain Syndrome, Right Knee	5299-5257	0%	20020114
COMBINED RATING: 10%			COMBINED RATING OF ALL VA CONDITIONS: 0%			

ANALYSIS SUMMARY:

Right Knee Retropatellar Pain Syndrome. According to the service treatment record and MEB narrative summary (NARSUM), the CI initially hyperextended and twisted his right knee while on a ruck march in August 1999. Knee X-rays were normal, and surgery not indicated. At an orthopedic visit on 26 September 2000, he reported continued right knee pain, and the provider noted swelling and giving way, but no effusion. There was a positive patellar apprehension test and pain with patellar compression, but Lachman and McMurray tests were negative for ligament and meniscal issues. Right knee range of motion (ROM) was from 0-140 degrees (normal).

The 26 April 2001 MEB NARSUM orthopedic addendum, 6 months before separation, noted that since his initial injury, the CI had “subjective feelings of instability and retropatellar pain.” He denied numbness and tingling and had tried multiple modalities of rehabilitation, to include aquatic and physical therapy, with no improvement. Physical examination revealed tender retropatellar facets but no joint line tenderness or effusion. Lachman, anterior/posterior drawer, and pivot shift testing were all negative for instability. Knee ROM was full and X-rays,

bone scan, and MRI results were normal. The examiner noted the American Medical Association pain rating as “constant” and “slight.”

During the 9 May 2001 MEB examination, 5 months before separation, the CI complained of his right knee giving out and the need to wear a knee brace when running. He also reported difficulty sleeping due to knee pain. The examiner recorded right knee pain with decreased extension and a diagnosis of retropatellar pain syndrome. At the 24 July 2001 MEB NARSUM examination, 3 months before separation, the CI reported right knee pain aggravated by climbing, squatting, sitting more than 15 minutes, running, walking more than 1/4 mile, jumping, and carrying a ruck sack. Physical findings revealed posterior, but no joint line, tenderness, and no deformity or ligamentous instability. Right knee ROM was from 0-130 degrees.

At the 14 January 2002 VA Compensation and Pension (C&P) examination, 3 months after separation, the CI reported right knee pain particularly when leaving the knee in any one position for a long time. Physical examination showed right knee ROM from 0-140 degrees and no swelling, effusion, or quadriceps atrophy. There was no patellar instability, retropatellar crepitus, or tenderness, and collateral ligaments were stable. Knee X-rays were normal.

The panel directed attention to its rating recommendation based on the above evidence. The PEB rated the right knee condition 10%, coded analogously 5099-5003 (degenerative arthritis), citing the US Army Physical Disability Agency pain policy (AR 635-40). The VA rated the right knee condition 0%, analogously coded 5299-5257 (knee, other impairment of), citing a non-compensable rating due to recurrent subluxation or slight lateral instability. Panel members agreed there was no compensable limitation of flexion or extension to support ratings under diagnostic codes 5260 or 5261. However, there was evidence of painful motion with functional loss to support 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. There was therefore no higher rating than the 10% adjudicated by the PEB available under any applicable VASRD code. After due deliberation, considering all the evidence and mindful of VASRD §4.3 (reasonable doubt), the panel concluded that there was insufficient cause to recommend a change in the PEB adjudication for the right knee condition.

BOARD FINDINGS: In the matter of the right knee condition 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 20221117, w/atchs
Exhibit B. Service Treatment Record

Exhibit C. Department of Veterans Affairs Record

AR20230009438,. XXXXXXXXXXX

XXXXXXXXXX

Dear XXXXXXXXXXX:

The Department of Defense Physical Disability Board of Review (DoD PDBR) reviewed your application and found your separation disability rating and your separation from the Army for disability with severance pay to be accurate. I have reviewed the Board's recommendation and record of proceedings (copy enclosed), and I accept its recommendation. I regret to inform you that your application to the DoD PDBR is denied.

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.