

SAF/MRB
3351 Celmers Lane
JBA NAF Washington, MD 20762-6435

Dear XXXXXXXX:

Reference your application submitted under the provisions of DoDI 6040.44 (Section 1554, 10 USC), PDBR Case Number PD-2023-00024.

After careful consideration of your application and treatment records, the Physical Disability Board of Review determined that the rating assigned at the time of final disposition of your disability evaluation system processing was appropriate. Accordingly, the Board recommended no rating modification or re-characterization of your separation.

I have carefully reviewed the evidence of record and the recommendation of the Board. I concur with that finding and their conclusion that modification of your disability rating or characterization of your separation is not warranted. Accordingly, I accept the recommendation that your application be denied.

Sincerely,

Attachment:
Record of Proceedings

RECORD OF PROCEEDINGS
PHYSICAL DISABILITY BOARD OF REVIEW

NAME: XXXXXXXX
BRANCH OF SERVICE: AIR FORCE

CASE: PD-2023-00024
SEPARATION DATE: 20060905

SUMMARY OF CASE: Data extracted from the available evidence of record reflects this covered individual (CI) was an active duty E5, Tactical Air Command and Control Journeyman, medically separated for “symptomatic accessory navicular” with a disability rating of 10%.

CI CONTENTION: The CI requested review of additional conditions not identified by the Medical Evaluation Board (MEB) and 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 PEB to be unfitting for continued military service, and when specifically requested by the CI, those conditions identified by the 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 – 20060714			VARD - 20071226			
Condition	Code	Rating	Condition	Code	Rating	Exam
Symptomatic Accessory Navicular	5399-5311	10%	Tear Posterior Tibial Tendon, Right Foot with Residuals	5283	0%	20060925
COMBINED RATING: 10%			COMBINED RATING OF ALL VA CONDITIONS: 20%			

ANALYSIS SUMMARY:

Symptomatic Accessory Navicular. According to the service treatment record (STR) and MEB narrative summary (NARSUM), the CI underwent a Kidner procedure in September 2004 where they excised the accessory navicular and advanced the posterior tibial tendon (PTT) of his right foot. Due to continued pain and balance difficulties, he underwent a repeat repair of his posterior tibial tendon in January 2006, but the CI did not think his balance and overall function were improved.

The 5 May 2006 MEB NARSUM examination, 4 months prior to separation, noted complaints of pain in his foot. The CI was wearing a boot because things were worse when he did not. The physical examination did not note any right ankle related findings. The NARSUM referred to podiatry examinations of 8 December and 12 July 2004, which showed tenderness of the PTT insertion, no scarring, normal muscle strength, neurovascularly intact, and pain with ankle inversion. At the time of the orthopedic examination on 2 June 2006 the CI reported discomfort

of the lateral foot and numbness and tingling into his toes. His medial foot pain had essentially resolved. On examination manual muscle testing of the PTT was graded 4/5. He was able to do a single toe raise, and clinically appeared "to be doing quite well." He was ambulating with normal shoe wear for community distances. The examiner's prognosis was that the CI would continue to improve. During the 25 September 2006 VA Compensation and Pension (C&P) examination, 1 month after separation, the CI reported residual pain in the right ankle while at rest at an intensity level of 2-3/10, and intensity level was 6-7/10 with weightbearing. He wore flip-flops because he could not tolerate military footwear but did not use an ankle brace. Physical examination showed tenderness, but posture and gait were normal. There was a well-healed, tender scar of the right ankle. The CI was able to walk on his heels or his toes, although with moderate discomfort. Range of motion (ROM) of the right ankle was dorsiflexion (DF) from 20 degrees (normal), and plantar flexion (PF) was from 45 degrees (normal). There was discomfort with ankle inversion and eversion. Right foot X-rays revealed small metallic anchors and associated 7 mm rounded radiolucent structure (from previous surgery).

The panel directed attention to its rating recommendation based on the above evidence. The PEB rated the right ankle condition 10%, analogously coded 5399-5311 (Group XI. Function: propulsion, PF of foot). The VA rated the right ankle condition 0%, coded 5283 (tarsal, or metatarsal bones, malunion of, or nonunion of), based on the C&P examination, citing a non-compensable evaluation based on evidence of normal ROM without pain. The CI did not have limitation of DF or PF that supported a rating under the VASRD diagnostic code for limitation of ankle motion (5271). However there was evidence of painful motion causing functional loss supporting a 10% rating (based on §4.59, §4.40 and §4.45). The panel concurred that a 10% rating was appropriate for functional loss due to instability and pain. There was no evidence to support characterizing the CI's ankle condition as analogous to moderately severe muscle injury for a higher rating under the 5311 code. 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 concluded there was insufficient cause to recommend a change in the PEB adjudication for the right ankle condition.

BOARD FINDINGS: In the matter of the right ankle condition and IAW VASRD §4.73, 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 20230306, w/atchs
- Exhibit B. Service Treatment Record
- Exhibit C. Department of Veterans Affairs Record