

RECORD OF PROCEEDINGS  
PHYSICAL DISABILITY BOARD OF REVIEW

NAME: XXXXXXXXX  
BRANCH OF SERVICE: AIR FORCE

CASE: PD-2023-00058  
SEPARATION DATE: 20020923

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**SUMMARY OF CASE:** Data extracted from the available evidence of record reflects this covered individual (CI) was an active duty E4, Information Management Apprentice, medically separated for “chondromalacia, bilateral” with a disability rating of 10%.

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**CI CONTENTION:** Review requested of additional conditions not identified by the Medical Evaluation Board (MEB) or Physical Evaluation Board (PEB): bilateral bunion surgery, back injury, allergic rhinitis, sinusitis, bilateral flat feet, and mental health disability). The complete submission is at Exhibit A.

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**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.

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**RATING COMPARISON:**

SERVICE PEB - 20020801			VARD - 20030122			
Condition	Code	Rating	Condition	Code	Rating	Exam
Bilateral Chondromalacia	5003-5299	10%	Patellofemoral Syndrome, Right	5299-5257	10%	20021122
			Patellofemoral Syndrome, Left	5299-5257	0%	20021122
<b>COMBINED RATING: 10%</b>			<b>COMBINED RATING OF ALL VA CONDITIONS: 20%</b>			

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**ANALYSIS SUMMARY:**

**Bilateral Chondromalacia.** According to the service treatment record (STR) and MEB narrative summary (NARSUM), the CI experienced bilateral knee pain in 1999 while in basic training. She was diagnosed with chondromalacia patella, right worse than left. An MRI in October 2001 showed an essentially normal right knee, but she had a right knee arthroscopy in March 2002, which revealed “marked chondromalacia of the lateral facet of the patella.”

At an orthopedic consult on 24 June 2002, the CI complained of bilateral knee pain. Examination revealed a mild knock-knee deformity bilaterally. The right knee had no genu recurvatum (backward bend) on extension, and flexion was to 130 degrees (normal 140). Some patellofemoral crepitus was noted with slight joint effusion, but there was no mediolateral instability, and anterior and posterior drawer signs were negative as were McMurray and Lachman's tests. The left knee demonstrated about 10 degrees of genu recurvatum, but no mediolateral instability or drawer test signs. While severe patellofemoral crepitus was noted

through left knee range of motion (ROM), there was no evidence of cruciate deficiency or meniscal problems. The CI was able to stand on her toes and heels without difficulty.

During the 3 July 2002 MEB NARSUM examination, 3 months before separation, the CI complained of intermittent knee swelling and giving out, but no locking or popping. She also reported that her knee condition significantly limited the activities she could perform. Physical examination showed no effusion or laxity and negative drawer testing. Bilateral knee ROM was "full," with a few degrees of hyperextension bilaterally. There was mild crepitus and pain with patellar grind, both right side greater than left.

At the 22 November 2002 VA Compensation and Pension (C&P) examination, 2 months after separation, the CI reported continued right knee pain post-surgery. Physical findings showed a normal gait, no knee swelling or tenderness, and normal ROM of all joints.

The panel directed attention to its rating recommendation based on the above evidence. The PEB rated the bilateral knee condition 10%, analogously coded 5003-5299 (degenerative arthritis), citing accordance with DoD and VASRD guidelines. The VA rated the right knee condition 10%, analogously coded 5299-5257 (knee, other impairment), based on the C&P examination, citing slight recurrent subluxation or lateral knee instability. The VA also rated the left knee condition 0%, coded 5299-5257, citing no decreased ROM, redness, swelling, or pain noted on examination.

The commander's statement and other STR evidence did not provide any information which would permit the panel to discriminate the performance limitations attributable to either knee over the other. Since undue speculation would be required to conclude that impairment from either knee would not have unacceptably interfered with the performance of military duties, panel members agreed that each knee was reasonably justified as separately unfitting.

The panel noted there was no compensable limitation of right knee flexion or extension which supported ratings under codes 5260 or 5261. However, there was evidence of painful motion with functional loss to warrant a 10% rating (based on §4.59, §4.40 and §4.45). Like the right knee, there was no left knee limitation of motion which attained a 10% rating under codes 5260 or 5261. Additionally, there was no evidence of painful motion with functional loss supporting a 10% rating for the left knee. Although the orthopedic examination recorded "about 10 degrees of genu recurvatum" on the left knee, the CI's gait was normal. The panel considered other VASRD knee and analogous codes, but all were less applicable and not advantageous for rating for either knee. There was therefore no higher rating than the combined 10% rating adjudicated by the PEB available under any applicable VASRD code for the bilateral knee condition. 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 bilateral knee condition.

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**BOARD FINDINGS:** In the matter of the bilateral chondromalacia, 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.

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The following documentary evidence was considered:

Exhibit A. DD Form 294, dated 20230713, w/atchs

Exhibit B. Service Treatment Record  
Exhibit C. Department of Veterans Affairs Record

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

Dear XXXXXX:

Reference your application submitted under the provisions of DoDI 6040.44 (Section 1554, 10 USC), PDBR Case Number PD-2023-00058.

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