RECORD OF PROCEEDINGS
PHYSICAL DISABILITY BOARD OF REVIEW

NAME: XXXXXXXXXX
CASE: PD-2023-00073
BRANCH OF SERVICE: AIR FORCE
SEPARATION DATE: 20060619

SUMMARY OF CASE: Data extracted from the available evidence of record reflects this covered individual (CI) was an active duty E5, Satellite, Wideband, and Telemetry Systems Craftsman, medically separated for "seronegative rheumatoid arthritis [RA]" with a disability rating of 20%.

CI CONTENTION: Requested review of all conditions at the time of discharge and contended that he experienced severely incapacitating exacerbations over a long period of time and that the VA determinations and ratings for the unfitting condition were different from the PEB. The CI also 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 - 20060509		
Condition	**Code**	**Rating**
Seronegative RA	5099-5002	20%
COMBINED RATING: 20%		

VARD - 20070118			
Condition	**Code**	**Rating**	**Exam**
Seronegative RA Left Shoulder	5201-5002	10%	20061218
Seronegative RA Right Shoulder	5002-5014	10%	20061218
Seronegative RA Right Wrist	5002-5020	10%	20061218
Seronegative RA Left Wrist	5002-5020	10%	20061218
Seronegative RA Right Hand	5002-5020	0%	20061218
Seronegative RA Left Hand	5002-5020	0%	20061218
Seronegative RA Left Ankle	5002-5271	0%	20061218
Seronegative RA Right Ankle	5002-5014	0%	20061218
COMBINED RATING OF ALL VA CONDITIONS: 50%			

ANALYSIS SUMMARY:

Seronegative RA. According to the service treatment record (STR) and MEB narrative summary (NARSUM), the CI's condition began in January 2005 when he felt sharp finger, shin, and ankle pain without specific injury. After evaluations by occupational therapy, chiropractic, and rheumatology specialists, he was diagnosed with seronegative RA. On 1 November 2005, the CI's rheumatologist noted that due to his inflammatory arthritis and wrist ROM limitations, he was unable to perform his military specialty duties or be deployed to an overseas location.

At the 27 March 2006 MEB NARSUM examination, 3 months prior to separation, the CI complained that due to hand pain, he was unable to fully perform duties requiring hand dexterity. He reported that by the end of May 2005, the condition also affected his shoulders, and he had difficulty making a fist and opening jars. Medication provided some symptom relief, but not complete control, and he did not want to consider "any of the other disease modifying agents for care." The CI denied fever, weight loss, diarrhea, constipation, nausea, vomiting, abdominal pain, headaches, depression, or anxiety. He endorsed some fatigue, hand/finger pain when making a fist, and some difficulties on the job due to gripping problems. Physical examination showed decreased right hand grip strength compared to the left, increased bilateral knee pain with extension, and increased shoulder pain with resistance to flexion and abduction. Full range of motion (ROM) was recorded for the shoulders, hips, and knees, but there was decreased flexion in the right hand fifth digit joints and decreased extension/flexion at the wrist. The examiner noted laboratory findings from March 2005, which showed negative rheumatoid factor. However, rheumatology consultation in May and November 2005, and in February 2006 indicated inflammatory arthritis, right carpal tunnel syndrome, tenosynovitis of flexor and extensor tendon sheaths-improved, and right greater than left subacromial bursitis. A June 2005 hand MRI showed tenosynovitis in the common extensor and flexor tendon sheaths, with no erosion or synovitis; hand X-rays were normal. The examiner assessed seronegative RA and noted the condition "may respond to more extensive treatment with Methotrexate and TNF [tumor necrosis factor] inhibitors." While other listed diagnoses included right carpal tunnel syndrome, tenosynovitis, tobacco abuse, and bilateral subacromial bursitis, the examiner only assessed the seronegative RA as a final diagnosis; and it was the only condition listed on the MEB and referred to the PEB.

At the 18 December 2006 VA Compensation and Pension (C&P) examination, 6 months after separation, the CI reported the arthritis in his hands and fingers had no effect on his usual occupation except that he avoided writing with a pen for long periods. He complained of redness and swelling in his hands and fingers, which occurred about every 2 months and lasted about 5-7 days but denied incapacitating episodes in the previous 12 months. He noted that while his wrist pain did not affect his usual occupation, he avoided repeatedly using a hammer. He also reported a 10-pound weight loss since the diagnosis. Physical examination showed no tenderness of the shoulders, spine, elbows, right wrist, hands, knees, ankles, or hips. There was no redness or swelling of the hands (except for the proximal interphalangeal joints of both hands), feet, shoulder, or ankles. Grip strength was recorded as 5/5 bilaterally, and there was normal motor strength with flexion in the shoulders, elbows, wrists, hips, knees, ankles, and great toes. The examiner recorded full bilateral hip, ankle, and knee ROM, without pain, and no additional ROM loss due to pain, fatigue, weakness, lack of endurance, or incoordination following repetition. Right shoulder flexion was to 165 degrees (normal 180) and abduction to 140 degrees (normal 180), with painful motion. Left shoulder flexion was to 160 degrees and abduction to 130 degrees, also with painful motion. There was decreased bilateral wrist ROM, with pain on dorsiflexion. Radiograph images of both feet, ankles, hands, wrists, and shoulders were negative. The examiner diagnosed seronegative RA of both hands, wrists, shoulders, and ankles. Additional diagnoses included left carpal tunnel syndrome and bilateral plantar fasciitis.

The panel directed attention to its rating recommendation based on the above evidence. The PEB rated the seronegative RA 20%, analogously coded 5099-5002 (arthritis rheumatoid (atrophic) as an active process). The VA rated 8 separate conditions under chronic residuals, dual-coded 5002, with 4 conditions rated 10% and 4 other conditions rated 0% (see Rating Comparison chart above). Panel members acknowledged the VA use of code 5002 to analogize to other conditions not identified by the MEB or PEB, to grant: 10% for the right shoulder, coded 5002-5014 (bursitis); 10% for the left shoulder limitation of motion code (5201); and both wrists rated for synovitis (5020). The VASRD allows granting a rating under chronic residuals when the disease *is not in the active process*. For chronic residuals such as limitation of motion, the VASRD allows for ratings under the appropriate diagnostic codes for specific joints involved. "Where,

however, the limitation of motion of the specific joint or joints involved is noncompensable under the codes a rating of 10% is for application for each such major joint or group of minor joints affected by limitation of motion, to be combined, not added under diagnostic code 5002. Limitation of motion must be objectively confirmed by findings such as swelling, muscle spasm or satisfactory evidence of painful motion." At the time of the C&P examination, 6 months after separation, significant evidence of an active disease process was not present (except for swelling of the fingers). The CI had no complaints of fatigue, and grip strength was normal with no reported difficulties with gripping. There was no evidence that any residual symptoms interfered with his occupation.

However, panel members noted that at 3 months before separation and based on the STR evidence, the CI's RA was evaluated as an inflammatory active process and therefore appropriately rated under code 5002. The MEB examiner documented that the CI's condition was somewhat responsive to medication and that more extensive treatment might lead to greater improvement. However, the CI was reluctant to consider pursuing further treatment. There was no mention of chronic residual symptoms, and thus rating the condition on such was not warranted. Under code 5002, the overall health impairment produced by RA is rated not solely by the presence of pain or limitation of ROM, but rather the limitations or pain that cause definite impairment of health or severely incapacitating exacerbations. Panel members agreed that a 20% rating, but no higher, was justified for 1-2 exacerbations a year in a well-established diagnosis under code 5002. There was no evidence symptom combinations were productive of definite impairment of health or incapacitating exacerbation occurring 3 or more times a year to justify a higher rating of 40%. 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 seronegative RA.

BOARD FINDINGS: In the matter of the seronegative rheumatoid arthritis 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 20230907, 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-2023-00073.

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