

RECORD OF PROCEEDINGS
PHYSICAL DISABILITY BOARD OF REVIEW

NAME:
BRANCH OF SERVICE: NAVY

CASE: PD-2023-00096
SEPARATION DATE: 20040827

SUMMARY OF CASE: Data extracted from the available evidence of record reflects this covered individual (CI) was an active duty E3, Disbursing Clerk Seaman, medically separated for “chronic bilateral hip pain status post (s/p) bilateral bursectomies,” rated 10% each, with a combined disability rating of 20%.

CI CONTENTION: She submitted a lengthy contention requesting the review of her unfitting conditions as well as 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 Physical Evaluation Board to be unfitting for continued military service, and when specifically requested by the CI, those conditions identified by the Medical Evaluation Board, 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 - 20040505			VARD - 20050412			
Condition	Code	Rating	Condition	Code	Rating	Exam
Chronic Bilateral Hip Pain, S/P Bilateral Bursectomies	5099-5003	20%	S/P Bursectomy, Right Hip	5019	0%	STR
			S/P Bursectomy, Left Hip	5019	0%	STR
Bilateral Greater Trochanteric Bursitis with Residual Pain after Surgical Treatment	Cat II		No VA Placement			
Bilateral Hip Pain Status Bursectomy Bilateral	Cat II		No VA Placement			
Pain Disorder Affecting Psychological Factors and General Medical Condition	Cat II		No VA Placement			
Adjustment Disorder with Anxiety and Depressed Mood	Cat III		No VA Placement			
COMBINED RATING: 20%			COMBINED RATING OF ALL VA CONDITIONS: 0%			

ANALYSIS SUMMARY:

Bilateral Hip Pain. According to the service treatment record (STR) and MEB narrative summary (NARSUM), the CI’s bilateral hip condition began in July 2000 after falling onto a hard gym floor

Controlled by: DAF
 Controlled by: SAF/MRBD
 CUI Categories: SP-MIL/SP-PRVCY
 Limited Dissemination Control: N/A
 POC: SAF.MRBD.Workflow@us.af.mil

during boot camp physical training. She underwent sequential greater trochanteric bursectomies on 8 March 2002 for the right hip, and on 6 May 2002 for the left hip, with good initial results. However, after returning to full duty, she experienced persistent pain that limited her ability to perform military specialty duties and physical activities.

The 26 January 2004 MEB NARSUM examination, 7 months prior to separation, noted CI complaints of bilateral hip pain worsened by prolonged sitting and standing, climbing stairs, and running. Physical examination showed an antalgic gait and the need to use both arms to raise and lower to a sitting position. There was bilateral trochanter tenderness, and lower extremity motor strength was decreased secondary to pain. Hip range of motion (ROM) was not recorded.

During the 6 February 2004 MEB examination (recorded on DD Forms 2807-1 and 2808), the CI reported low back pain due to an altered walk after surgery, and trouble sleeping as well as excessive worries and ongoing depression due to her chronic hip pain. Physical findings showed instability, bilateral hip pain, and difficulty with forward flexion bilateral hip (no measurements).

At the 19 February 2004 MEB orthopedic examination, 6 months before separation, the CI reported bilateral hip pain exacerbated by physical activity. The examiner documented goniometric bilateral hip ROM measurements, in degrees, with left hip flexion to 95 (normal 125), extension to 10 (normal 30), and external rotation to 40 (normal 60). Right hip flexion was to 95, extension to 15, and external rotation to 35. Both hips were moderately tender over the healed greater trochanter incisions. The CI was able to squat with her hips at approximately 30 degrees, and the remainder of the lower extremity examination was normal.

The 2 April 2004 pain psychology treatment summary, 4 months prior to separation, noted an Axis I diagnosis of "pain disorder affecting psychological factors and general medical condition." The CI had been engaged in a 6-week pain psychotherapy program with the goal of decreasing pain perception and related pain behaviors. Her prognosis was good for resolution of psychological associated symptoms related to pain. There was no VA examination proximate to separation in evidence.

The panel directed attention to its rating recommendation based on the above evidence. The PEB combined the right and left hip conditions under a single disability rating, analogously coded 5099-5003 (degenerative arthritis) and rated 20%, noting a bilateral factor of 10% applied to each hip. The PEB also listed "pain disorder affecting psychological factors and general medical condition," "bilateral greater trochanteric bursitis with residual pain after surgical treatment," "and bilateral hip pain status bursectomy bilateral hips" as related diagnoses (Category II) contributing to the disability in this case. Panel members concluded the Category II conditions could not reasonably justified as separately unfitting; nor would separate ratings be achievable without violation of VASRD §4.14 (avoidance of pyramiding). The VA rated the right and left hip conditions 0% each, coded 5019 (bursitis), citing the CI's failure to attend her scheduled examination. The panel agreed that while there no compensable limitation of motion under diagnostic code 5251 (flexion), 5252 (extension) or 5253 (thigh impairment), there was evidence of painful motion and functional loss to support a 10% rating for each hip, IAW VASRD §4.59, as adjudicated by the PEB. 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 hip condition.

Contended PEB Condition: Major Depressive Disorder. The panel's main charge is to assess the fairness of the PEB determination that the contended condition was not unfitting. Although the CI requested review of major depressive disorder (MDD), according to the STR, the CI was diagnosed with adjustment disorder with depressed mood. There was no evidence of an MDD diagnosis and no clinical findings to support a MDD diagnosis. Additionally, there was no mental health condition noted on limited duty forms or implicated in the non-medical assessment. There

was no performance-based evidence from the record that any mental health condition significantly interfered with satisfactory duty performance at separation.

BOARD FINDINGS: In the matter of the bilateral hip 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.

In the matter of the contended major depressive disorder, the panel majority agrees it cannot recommend it for additional disability rating.

The following documentary evidence was considered:

- Exhibit A. DD Form 294, dated 20231122, w/atchs
- Exhibit B. Service Treatment Record
- Exhibit C. Department of Veterans Affairs Record



DEPARTMENT OF THE NAVY
SECRETARY OF THE NAVY COUNCIL OF REVIEW BOARDS
720 KENNON STREET SE STE 309
WASHINGTON NAVY YARD, DC 20374-5023

IN REPLY REFER TO
6040
CORB: 001
6 Dec 2024

From: Director, Secretary of the Navy Council of Review Boards
To:

Subj: Physical Disability Board of Review Determination

Ref: (a) DODI 6040.44

1. The Physical Disability Board of Review (PBDR) reviewed your case in accordance with reference (a) and forwarded their recommendation for action.
2. On 6 December 2024, the Assistant Secretary of the Navy (Manpower and Reserve Affairs) accepted the PBDR's recommendation of no change to your characterization of separation or disability rating assigned.
3. The PBDR determination is final and not subject to appeal or review.



THE ASSISTANT SECRETARY OF THE NAVY
(MANPOWER AND RESERVE AFFAIRS)
1000 NAVY PENTAGON
WASHINGTON, D. C. 20350-1000

6040
Memo 00/01

MEMORANDUM FOR COMMANDER, NAVY PERSONNEL COMMAND

Subj: PHYSICAL DISABILITY BOARD OF REVIEW RECOMMENDATIONS

Ref: (a) DODI 6040.44
(b) PDBR ltr dtd 13 Aug 24 ICO

1. Pursuant to reference (a), the recommendation of the Physical Disability Board of Review set forth in reference (b) is approved.

a. : No change.

2. Please take action and provide notification to the above individual.