

RECORD OF PROCEEDINGS
PHYSICAL DISABILITY BOARD OF REVIEW

NAME: XXXXXXXXXXXX
BRANCH OF SERVICE: ARMY

CASE: PD-2024-00002
SEPARATION DATE: 20080124

SUMMARY OF CASE: Data extracted from the available evidence of record reflects this covered individual (CI) was an active duty E5, Health Care Specialist, medically separated for “right knee pain secondary to chondromalacia, status post arthroscopic debridement” with a disability rating of 0%.

CI CONTENTION: He should have been discharged under a diagnostic code for rheumatoid arthritis. 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 - 20071019			VARD - 20080222			
Condition	Code	Rating	Condition	Code	Rating	Exam
Chronic Right Knee Pain Secondary to Chondromalacia, Status Post (S/P) Arthroscopic Debridement	5099-5003	0%	S/P Right Knee Arthroscopy	5260-5024	10%	20071210
COMBINED RATING: 0%			COMBINED RATING OF ALL VA CONDITIONS: 50%			

ANALYSIS SUMMARY:

Chronic Right Knee Pain. According to the service treatment record and MEB narrative summary (NARSUM), the CI injured his right knee after a fall while running in November 2005. He underwent a right knee arthroscopy for lateral meniscus debridement and medial femoral condyle chondroplasty in May 2006 to repair a right knee lateral meniscus tear. An MRI in March 2007 revealed marked synovial proliferation in the suprapatellar area with effusion. The CI underwent subsequent right knee proliferative synovium surgery with grade II chondral changes on the medial facet of the patella and medial femoral condyle in April 2007.

During the 3 August 2007 MEB examination (recorded on DD Forms 2807-1 and 2808), 6 months prior to separation, the CI reported right knee pain since November 2005. Physical findings showed goniometrically measured right knee flexion to 110, 110, and 112 degrees (normal 140) with painful motion, and extension to 0 degrees (normal).

The 2 October 2007 MEB NARSUM examination, 4 months before separation, noted CI complaints of achy right knee pain with frequent episodes of sharp pain, rated from 2-6/10 and worsened by navigating stairs, prolonged walking, running, and lifting heavy objects. The examiner noted mild right knee effusion, but no warmth or erythema. There was no varus or valgus laxity, and Lachmans, and anterior/posterior drawer tests were normal. There was some pain with patella compression and medial/lateral patellar facet palpation, as well as some tenderness along the patellar tendon. Repetitive active right knee range of motion (ROM) tests showed flexion to 125 degrees, limited by complaint of fullness in the knee.

At the 10 December 2007 VA Compensation and Pension (C&P) examination, 2 months prior to separation, physical examination showed a normal gait and tenderness throughout the right knee. There was no evidence of instability, incoordination, swelling, weakness, flare-ups, edema, effusion, weakness, redness, heat, subluxation, dislocation or guarding of movement. Active ROM was from 0-135 degrees with endpoint pain. During repetition, the joint function was additionally limited by pain with no reduction in ROM, fatigability, weakness, lack of endurance or incoordination.

The panel directed attention to its rating recommendation based on the above evidence. The PEB rated the right knee condition 0%, analogously coded 5099-5003 (degenerative arthritis), citing no compensable loss of joint motion. The VA rated the right knee condition 10%, dual-coded 5260-5024 (limitation of flexion-tenosynovitis), based on the C&P examination, citing findings of status post right knee arthroscopy with residual limited and painful flexion to 135 degrees. While there was no compensable limitation of flexion or extension under diagnostic codes 5260 or 5261, there was evidence of painful motion with functional loss to warrant a 10% rating (based on §4.59, §4.40 and §4.45. Panel members noted that code 5259 (cartilage, semilunar, removal of, symptomatic) was alternatively applicable for a 10% rating in this case, but provided the CI no advantage. The panel considered other VASRD knee and analogous codes, but all were less applicable and not advantageous for rating. After due deliberation, considering all the evidence and mindful of VASRD §4.3 (reasonable doubt), the panel recommends a disability rating of 10% for the right knee condition, coded 5099-5003.

BOARD FINDINGS: In the matter of the right knee condition, the panel recommends a disability rating of 10%, coded 5099-5003 IAW VASRD §4.71a. There are no other conditions within the panel's scope of review for consideration.

The panel recommends the CI's prior determination be modified as follows, effective the date of medical separation:

CONDITION	VASRD CODE	PERMANENT RATING
Chronic Right Knee Pain Secondary to Chondromalacia, S/P Arthroscopic Debridement	5099-5003	10%

The following documentary evidence was considered:

- Exhibit A. DD Form 294, dated 20240124, w/atchs
- Exhibit B. Service Treatment Record
- Exhibit C. Department of Veterans Affairs Record

AR20240006231

Dear XXXXXXXXXXXX:

The Department of Defense Physical Disability Board of Review (DoD PD BR) reviewed your application and found that your disability rating should be modified but not to the degree that would justify changing your separation for disability with severance pay to a permanent retirement with disability. I have reviewed the Board's recommendation and record of proceedings (copy enclosed) and I accept its recommendation. This will not result in any change to your separation document or the amount of severance pay. A copy of this decision will be filed with your Physical Evaluation Board records. I regret that the facts of the case did not provide you with the outcome you may have desired.

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.

A copy of this decision has also been provided to the Department of Veterans Affairs.