

RECORD OF PROCEEDINGS
PHYSICAL DISABILITY BOARD OF REVIEW

NAME:
BRANCH OF SERVICE: NAVY

CASE: PD-2024-00011
SEPARATION DATE: 20040216

SUMMARY OF CASE: Data extracted from the available evidence of record reflects this covered individual (CI) was an active duty E5, Network Systems Maintenance Technician, medically separated for "open right knee dislocation," with a disability rating of 20%.

CI CONTENTION: "The rating was based only on one torn ligament in my right knee, but there were several other injuries including more torn ligaments and meniscus in my knee, torn ligaments on both thumbs and a broken ankle which have required around 20 surgeries to correct. All injuries continue to worsen and affect other parts of my body. I have now had to have a total knee replacement along with 3 additional surgeries on my left knee due to compensation." 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 - 20031202			VARO - NA			
Condition	Code	Rating	Condition	Code	Rating	Exam
Open Right Knee Dislocation	5299-5003	20%	No VA Examination Proximate to Separation in Evidence			
Right Knee, Medial Meniscus Tear		Cat II				
Single Varus Right Knee		Cat II				
Right Knee, Posterior Cruciate Ligament Tear		Cat II				
COMBINED RATING: 20%			COMBINED RATING OF ALL VA CONDITIONS: NA			

ANALYSIS SUMMARY:

Open Right Knee Dislocation. According to the service treatment record and MEB narrative summary (NARSUM), on 7 August 2001, the CI sustained an open right knee dislocation during a motorcycle accident. Between August 2001 and February 2003, he underwent right knee surgery multiple times for debridement, chondroplasties, lateral collateral ligament repairs, diagnostic arthroscopy with arthroscopic washout, posterior cruciate ligament reconstruction, and meniscectomies.

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

At the 1 June 2003 MEB NARSUM examination, 9 months before separation the CI complained of not being able to run or walk without right knee pain. Physical examination showed an antalgic gait with mild effusion and soft tissue swelling. The right lower extremity was “more varus than the left, with a positive thrust.” Right knee extension was to - 5 degrees (normal 0) and flexion to 125 degrees (normal 140). Lachman's testing was 3mm bilaterally, and there was a “posterior sag of approximately 1cm with a firm end point.” The examiner also noted symmetric valgus and varus opening and some mild joint line tenderness. External rotation testing of the knees at 30 and 90 degrees was symmetrical, and neurological findings showed bilateral intact sensation to light touch. There was no palpable dorsalis pedis. The examiner referenced an MRI (no date), which revealed “a posterior medial ligament tear, a lesion of the medial femoral condyle, a medial meniscus tear, and an intact cruciate ligament. The arteries were intact. The medial collateral ligament had healed.” Also, X-rays (no date) showed a “suture anchor implant device at the lateral aspect of proximal fibula” from the previous surgery.

During the 5 June 2003 MEB examination (recorded on DD Forms 2807-1 and 2808), the CI reported recurrent right knee pain. Physical examination showed right knee range of motion (ROM) from 0-130 degrees, and pain present with any position.

At a 30 December 2003 orthopedic visit, 2 months prior to separation, the CI reported falling on ice 4 days prior while on terminal leave and rated his pain rated at 3/10. The provider noted a non-antalgic gait, no swelling or effusion, and negative Lachman, McMurray and pivot tests; ROM was not recorded. There was no VA examination proximate to separation in evidence.

The CI underwent another right knee surgery on 3 February 2005 (12 months after separation), and at a post-surgery examination 2 weeks later, the provider noted well-healed arthroscopic portals, no effusion, and ROM as “full extension all the way back to 135 [degrees].”

The panel directed attention to its rating recommendation based on the above evidence. The PEB rated the right knee condition 20%, analogously coded 5299-5003 (degenerative arthritis), and listed “right knee, medial meniscus tear; single varus right knee; and right knee, posterior cruciate ligament tear” as related Category II conditions (contributed to the primary unfitting condition but not separately ratable). Panel members noted the impairment from these Category II diagnoses was properly subsumed under the overall rating for the primary unfitting condition IAW §4.14 (avoidance of pyramiding; more than one rating based on the same impairment is prohibited). The panel agreed there was no limitation of flexion or extension that supported a rating higher than adjudicated by the PEB. And while code 5259 (cartilage, semilunar, removal of, symptomatic) was alternately applicable in this case, the maximum 10% rating under that code provided no benefit to the CI. No additional functional limitation was evidenced by the examinations in evidence. The panel considered other VASRD knee and analogous codes, but all were less applicable and not advantageous for rating. There was therefore no higher rating than the 20% adjudicated by the PEB available under any applicable VASRD code. 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 knee condition.

BOARD FINDINGS: In the matter of the open right knee dislocation and IAW VASRD §4.71a, the panel recommends no change in the PEB adjudication. In the matter of the contended right knee, medial meniscus tear; single varus right knee; and right knee, posterior cruciate ligament tear, the panel agrees it cannot recommend it for additional disability rating. 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 20240229, w/atchs

Exhibit B. Service Treatment Record

Exhibit C. Department of Veterans Affairs Record



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

6040
Memo 00/01
OCT 02 2024

MEMORANDUM FOR COMMANDER, NAVY PERSONNEL COMMAND

Subj: PHYSICAL DISABILITY BOARD OF REVIEW RECOMMENDATIONS

Ref: (a) DODI 6040.44
(b) PDBR ltr dtd 16 Sep 24 ICO

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

a. former USN: No change.

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