

RECORD OF PROCEEDINGS
PHYSICAL DISABILITY BOARD OF REVIEW

NAME: XXXXXXXXXX.
BRANCH OF SERVICE: ARMY

CASE: PD-2024-00037
SEPARATION DATE: 20030831

SUMMARY OF CASE: Data extracted from the available evidence of record reflects this covered individual (CI) was a Reserve E5, Orthopedic Specialist, medically separated for “chronic myofascial pain syndrome” [left shoulder] with a disability rating of 0%.

CI CONTENTION: “I was submitted to the PEB [Physical Evaluation Board] in March 2003. In May 2003, I underwent surgery for the unfitting condition, spending several days in the hospital with a chest drainage tube. The PEB was not made aware of the surgery or hospitalization. The results of surgery would have affected DoD rating. Last day of service was 31 AUG 2003. VA rated unfitting conditions at 20% and 10%, with overall combined rating of 28% rounded up to 30%, effective 1 SEP 2003. With knowledge of surgery, DoD rating would have been affected. DoD rating should be corrected to 30% with change from Medical Separation to Medical Retirement.” The CI requested review of additional conditions not identified by the Medical Evaluation Board (MEB) and 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 - 20030521			VARD - 20040107			
Condition	Code	Rating	Condition	Code	Rating	Exam
Chronic Myofascial Pain Syndrome [Left Shoulder]	5099-5021	0%	Residuals Left Shoulder Injury with Bicipital and Rotator Cuff Tendinitis and Scapenectomy	5201	20%	20010529
Rotator Cuff Tendinitis	Not Unfitting					
COMBINED RATING: 0%			COMBINED RATING OF ALL VA CONDITIONS: 70%			

ANALYSIS SUMMARY:

Chronic Myofascial Pain Syndrome [Left Shoulder]. According to the service treatment record (STR) and MEB narrative summary (NARSUM), the CI’s left (non-dominant) shoulder condition began in August 2000 after a motor vehicle accident. Upon active-duty activation in January 2003, her left shoulder pain was aggravated by shooting on the rifle range the same month. At an orthopedic consult in March 2003, she was diagnosed with chronic shoulder pain. Radiographic studies were unremarkable for fracture or dislocation.

During the 24 March 2003 MEB examination (recorded on DD Forms 2807-1 and 2808), 5 months prior to separation, the CI reported left shoulder pain since 2000. Physical examination showed left shoulder flexion and abduction both to 120 degrees (normal 180), after repetition. Internal and external rotation were both to 90 degrees (normal).

The 24 April 2003 MEB NARSUM examination, 4 months before separation, was accomplished by the same provider who performed the MEB examination and referred to the same left shoulder range of motion (ROM) measurements and physical examination findings. The CI reported constant left shoulder pain aggravated by overhead lifting, reaching out, carrying items, running more than a quarter of a mile, and using a computer more than 5-10 minutes at a time. At a 22 August 2003 physical therapy examination (9 days prior to separation), ROM measurements revealed active left shoulder flexion to 120 degrees and abduction to 129 degrees, with no mention of painful motion. The examiner noted the CI was not able to reach into a cupboard or lay on the left side to sleep. 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 rated the left shoulder condition 0%, analogously coded 5099-5021 (myositis), citing mild (unratable) loss of shoulder motion. The VA rated the left shoulder condition 20%, coded 5201 (arm, limitation of motion of), based on a de novo review, citing resumption of a previous 20% rating prior to the CI being activated from the Reserves. The VASRD §4.71a threshold for rating ROM impairment under code 5201 is "at shoulder level" (approximately 90 degrees from the side), and the examinations in evidence demonstrated motion above this level. Panel members noted the MEB NARSUM and physical therapy examinations as well as STR entries revealed functional loss of the left shoulder due to reduced ability in normal movement involving lifting, reaching, and carrying as well using a computer. Therefore, the panel agreed §4.40 (functional loss) was supported by the evidence to justify a 10% rating. The panel considered other VASRD shoulder 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 left shoulder condition, coded 5099-5021.

Contended PEB Condition: Rotator Cuff Tendinitis. The PEB listed left rotator cuff tendinitis as not unfitting, and panel members concluded a separate rating for this diagnosis is not achievable without violation of VASRD §4.14 (avoidance of pyramiding). After due deliberation, the panel concluded there was insufficient cause to recommend a change in the PEB fitness determination for the contended condition, so no additional disability rating is recommended.

BOARD FINDINGS: In the matter of the left shoulder myofascial pain syndrome, the panel recommends a disability rating of 10%, coded 5099-5021 IAW VASRD §4.71a. In the matter of the contended rotator cuff tendinitis, the panel recommends no change from the PEB determinations as not unfitting. 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 Myofascial Pain Syndrome [Left Shoulder]	5099-5021	10%

The following documentary evidence was considered:
Exhibit A. DD Form 294, dated 20240717, w/atchs
Exhibit B. Service Treatment Record
Exhibit C. Department of Veterans Affairs Record

AR20240010263, XXXXXXXXXXX

XXXXXXXXXXXX

Dear XXXXXXXXXXX:

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.