

RECORD OF PROCEEDINGS
PHYSICAL DISABILITY BOARD OF REVIEW

NAME:
BRANCH OF SERVICE: ARMY

CASE: PD-2024-00040
SEPARATION DATE: 20050624

SUMMARY OF CASE: Data extracted from the available evidence of record reflects this covered individual (CI) was an active duty E4, Signal Support Systems Specialist, medically separated for "chronic lower extremity pain Involving the hips, knees, ankles, and feet...", with a disability rating of 0%.

CI CONTENTION: "[I]ssues weren't rated properly. [A]ll issues weren't included in the rating." 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 - 20050421			VARD - 20060816			
Condition	Code	Rating	Condition	Code	Rating	Exam
Chronic Lower Extremity Pain Involving the Hips, Knees, Ankles, and Feet	5022	0%	Stress Fracture Right Hip	5010	0%	STR
			Plantar Fasciitis	5276	0%	STR
			Retro Patellar Pain Syndrome, Bilateral Leg	5099-5014	NSC	STR
			No VA Placement (Ankles)			
Spina Bifida Occulta, S1	Not Unfitting		No VA Placement			
Abnormal PAP	Not Unfitting		No VA Placement			
COMBINED RATING: 0%			COMBINED RATING OF ALL VA CONDITIONS: 0%			

ANALYSIS SUMMARY:

Chronic Lower Extremity Pain Involving the Hips, Knees, Ankles, and Feet. According to the service treatment record (STR) and MEB narrative summary (NARSUM), the CI's lower extremity pain began in March 2001 during the first weeks of basic training; surgery was not indicated.

At the 15 December 2004 MEB examination (recorded on DD Forms 2807-1 and 2808), 6 months before separation, the CI reported constant pain in her hips, knees, and both feet. Physical

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
--

examination showed tenderness in both patellas and anterior fibulas. Pes planus was noted, but the feet were non-tender at the heel and in the plantar fascia.

The 7 March 2005 MEB NARSUM examination, 4 months prior to separation, documented no muscle atrophy, weakness, instability, or edema of the lower extremities. Light touch and sensation were intact, and deep tendon reflexes (DTRs) were 2+ at the knees and Achilles tendons, with negative Babinski and clonus signs. Strength was 5/5 and equal bilaterally with normal motor findings. While gait was initially normal, the examiner noted it was mildly antalgic after joints were extended to maximum range of motion (ROM). Mild pain (non-specific) was recorded during joint manipulation and ROM measurements. For the ROM test results below, the examiner documented all measurements in degrees, following repetition, and using an average of three measurements with a goniometer:

The right and left hips each demonstrated flexion to 125 (normal), extension to 30 (normal), abduction to 45 (normal), and external rotation to 40 (normal 60). There was tenderness at the inner thighs and greater trochanters, right greater than left. Lymphadenopathy, hernia, Thompson and Trendelenburg tests were all negative.

Right knee ROM was from 0-130 (normal 0-140) and the left knee from 0-135. McMurray's, anterior/posterior drawer, valgus/varus, patellar compression, and Lachman's signs and tests were all negative.

The right and left ankles each showed dorsiflexion to 20 (normal) and plantar flexion to 45 (normal). There was no tenderness present, DTRs were 2+, and Homan and Thompson signs were negative. Pes planus was noted bilaterally. 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 bundled the hip, knee, ankle, and foot conditions and applied a single 0% rating, coded 5022 (periostitis), citing "current radiographs are normal, bone scan shows stress reactions in all symptomatic areas but no fractures. Exam shows full range of motion and strength of all joints in the lower extremities." The VA rated the right hip condition 0%, coded 5010 (arthritis, due to trauma, substantiated by X-ray findings) and the foot conditions 0%, coded 5276 (flatfoot, acquired). The VA determined the bilateral leg condition was not service connected.

Panel members first considered whether the bilateral hip, knee, ankle and foot conditions, having been de-coupled from the combined PEB adjudication, remained separately unfitting as established above. Duty limitations for all conditions were recommended on the profile dated 7 April 2005, and the MEB forwarded all conditions, noting they failed to meet retention standards. The commander's statement did not specifically mention the conditions but recommended the CI for retention and reclassification. The panel concluded there was not a preponderance of evidence in the service records which overcame its presumption that the bundled conditions were reasonably considered separately unfitting. Panel members then considered rating recommendations for each unfitting condition at the time of separation.

For the left hip condition, the panel first considered code 5022 (periostitis), noting normal radiographs and no documented limitation of motion warranted a 0% rating. Panel members also considered code 5255 (impairment of femur) but could not justify a rating without evidence of a fractured femur resulting in knee or hip disability. There was no limitation of flexion or extension to support a compensable rating under respective codes 5251 or 5252, and no objective evidence of painful motion to justify a 10% rating based on painful motion and functional loss (§4.59, §4.40 and §4.45). The panel agreed the same pathology existed for the right hip, with no documented limitation of motion supporting a compensable rating under any applicable code, and no objective evidence of painful motion. After due deliberation, considering

all the evidence and mindful of VASRD §4.3 (reasonable doubt), the panel recommends disability ratings of 0% each for the left and right hip conditions, both coded 5022.

For the left knee condition, the panel noted that while there was no compensable limitation of flexion or extension to support a rating under respective codes 5260 or 5261, there was evidence of painful motion with functional loss supporting a 10% rating (based on §4.59, §4.40 and §4.45). There was no history or evidence of dislocated meniscus or loose body causing frequent locking with recurrent effusions (5258) or history of surgery to remove a meniscus (5259) to support a rating under those codes. There was no fracture, nonunion or malunion of the femur or tibia to support consideration under the respective codes for knee impairment related to long bone conditions (5255, 5262). Panel members agreed the same pathology existed for the right knee, and thus the rating recommendation should be the same. After due deliberation, considering all the evidence and mindful of VASRD §4.3 (reasonable doubt), the panel recommends disability ratings of 10% each for the left and right knee conditions, both coded 5260.

For the left ankle condition, there was no limitation of dorsiflexion or plantar flexion to warrant a rating under code 5271 (ankle, limited motion of), and no radiographic evidence to support a higher rating under code 5022. There was also no evidence of painful motion causing functional loss to justify a rating based on §4.40, §4.45 and §4.59. Panel members agreed the same pathology existed for the right ankle, and hence the rating recommendation should be the same, with no limitation of dorsiflexion or plantar flexion and no evidence of painful motion causing functional loss. After due deliberation, considering all the evidence and mindful of VASRD §4.3 (reasonable doubt), the panel recommends disability ratings of 0% each for the left and right ankle conditions, both coded 5022.

For the bilateral foot condition, panel members noted the NARSUM examination revealed pes planus with no tenderness, and mild symptoms in both feet to justify a 0% rating under code 5276 (flatfoot, acquired). There was no evidence of “weight-bearing line over or medial to the great toe, inward bowing of the tendo Achillis, pain on manipulation and use of feet, bilateral or unilateral” to justify a higher 10% rating under that code. There was no radiographic evidence to support a compensable rating under code 5022, and no limitation of motion confirmed by findings such as swelling or satisfactory evidence of painful motion to justify a rating based on §4.40, §4.45 and §4.59. After due deliberation, considering all the evidence and mindful of VASRD §4.3 (reasonable doubt), the panel recommends a disability rating of 0% for the bilateral foot condition, coded 5276.

Contended PEB Conditions: Spina Bifida Occulta, S1; and Abnormal PAP [Papanicolaou test]. The panel’s main charge is to assess the fairness of the PEB determination that the contended conditions were not unfitting. None of the conditions were profiled or implicated in the commander’s statement, and did not fail retention standards. There was no performance-based evidence from the record that any of the conditions significantly interfered with satisfactory duty performance at separation. After due deliberation, the panel concluded there was insufficient cause to recommend a change in the PEB fitness determination for any of the contended conditions, so no additional disability ratings are recommended.

BOARD FINDINGS: In the matter of the left and right hip conditions, the panel recommends disability ratings of 0% each, coded 5022 IAW VASRD §4.71a. In the matter of the left and right knee conditions, the panel recommends disability ratings of 10% each, coded 5260 IAW VASRD §4.71a. In the matter of the left and right ankle conditions, the panel recommends disability ratings of 0% each, coded 5022 IAW VASRD §4.71a. In the matter of the bilateral foot condition, the panel recommends a disability rating of 0%, coded 5276 IAW VASRD §4.71a. In the matter of the contended spina bifida occulta and abnormal PAP conditions, 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 Lower Extremity Pain Involving the Left Hip	5022	0%
Chronic Lower Extremity Pain Involving the Right Hip	5022	0%
Chronic Lower Extremity Pain Involving the Left Knee	5260	10%
Chronic Lower Extremity Pain Involving the Right Knee	5260	10%
Chronic Lower Extremity Pain Involving the Left Ankle	5022	0%
Chronic Lower Extremity Pain Involving the Right Ankle	5022	0%
Chronic Lower Extremity Pain Involving the Feet (Bilateral)	5276	0%
	COMBINED	20%

The following documentary evidence was considered:

- Exhibit A. DD Form 294, dated 20240720, w/atchs
- Exhibit B. Service Treatment Record
- Exhibit C. Department of Veterans Affairs Record



DEPARTMENT OF THE ARMY
ARMY REVIEW BOARDS AGENCY
251 18TH STREET SOUTH, SUITE 385
ARLINGTON, VA 22202-3531

AR20240011892,

Dear

The Department of Defense Physical Disability Board of Review (DoD PDBR) 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.

Sincerely,

Enclosure