

Slide 1 - Title



Review of DC 5003/DC 5010

Compensation Service


September 2020



The slide features a blue background with a subtle pattern of stars and stripes. At the top center is the official seal of the Department of Veterans Affairs, United States of America, which depicts an eagle with wings spread, holding an olive branch and arrows, with a shield on its chest. Below the seal, the title "Review of DC 5003/DC 5010" is centered in a dark blue font. Underneath the title, the words "Compensation Service" are on the left and "September 2020" are on the right, both in a dark blue font. At the bottom center, there are two navigation arrows: a grey arrow pointing left and a blue arrow pointing right.

Notes



Slide 2 - Content



Objectives

The RVSR will be able to:

- apply the given regulations, references, and tools to evaluate the disabilities associated with DC 5003 and DC 5010



Notes

Slide 3 - Content



References

- All M21-1 references are found in the [Live Manual Website](#).
- [38 CFR 4.41, History of injury](#)
- [38 CFR 4.71\(a\), Schedule of ratings - musculoskeletal system](#)
- [M21-1, Part III, Subpart iv,4.A, Musculoskeletal conditions](#)
- [M21-1, Part III, Subpart iv,4.B, Musculoskeletal Diseases and Muscle injuries](#)
- [M21-1, Part III, Subpart iv, 6.E Coded Conclusion](#)
- [Evaluation Builder](#)



Notes

Slide 4 - Content



Degenerative Arthritis

- the cause is unknown
- may be from a singular event or combination of events or causes
- risk factors associated with the condition are numerous
- osteoarthritis or hypertrophic arthritis are two different types of diagnoses that are identified with degenerative arthritis



Notes

Slide 5 - Content



Arthritis and DC 5003

- degenerative arthritis is a systemic process that can involve many joints
- diagnostic code 5003 uses limitation of motion by way of the 5200 series as its main evaluation criterion
- diagnostic code 5003 also provides compensable evaluations for early cases of degenerative arthritis shown by x-ray only with no LOM



Notes

Slide 6 - Content



Musculoskeletal System: Arthritis of the Spine

- The medical principle/policy - which is the basis for extending service connection to joints affected by the subsequent development of degenerative arthritis - is not dependent on the choice of diagnostic codes.
- If degenerative arthritis has been properly established as service-connected, the subsequent development of degenerative arthritis in other joints should also be service-connected.



Notes

Slide 7 - Content



Arthritis Degenerative DC 5003

5003 Arthritis, degenerative (hypertrophic or osteoarthritis):	
<p>Degenerative arthritis established by X-ray findings will be rated on the basis of limitation of motion under the appropriate diagnostic codes for the specific joint or joints involved (DC 5200 etc.). When however, the limitation of motion of the specific joint or joints involved is noncompensable under the appropriate diagnostic codes, a rating of 10 pct is for application for each such major joint or group of minor joints affected by limitation of motion, to be combined, not added under diagnostic code 5003. Limitation of motion must be objectively confirmed by findings such as swelling, muscle spasm, or satisfactory evidence of painful motion. In the absence of limitation of motion, rate as below:</p>	
<p>With X-ray evidence of involvement of 2 or more major joints or 2 or more minor joint groups, with occasional incapacitating exacerbations</p>	20
<p>With X-ray evidence of involvement of 2 or more major joints or 2 or more minor joint groups</p>	10
<p>NOTE (1): The 20 pct and 10 pct ratings based on X-ray findings, above, will not be combined with ratings based on limitation of motion.</p>	
<p>NOTE (2): The 20 pct and 10 pct ratings based on X-ray findings, above, will not be utilized in rating conditions listed under diagnostic codes 5013 to 5024, inclusive.</p>	



Notes

Slide 8 - Content



Traumatic Arthritis

Traumatic arthritis is a form of arthritis that is caused by blunt, penetrating, or repeated trauma or from forced inappropriate motion of a specific joint or ligament.



Notes

Slide 9 - Content



Traumatic Arthritis

When evaluating traumatic arthritis, VA considers the condition to be separate and distinct from degenerative arthritis. Degenerative arthritis is considered to be a systemic disease process.



TRAUMA = 5010



Notes

Slide 10 - Content



Traumatic Arthritis 5010

When there is evidence showing a history of in-service trauma to a joint that is subsequently diagnosed as degenerative arthritis or osteoarthritis, utilize 38 CFR 4.71a, DC 5010 for rating purposes, which indicates the etiology of the condition is trauma-based.


Consider 38 CFR 4.41 - History of Injury - when determining degenerative vs. traumatic. The examiners may not always use the term traumatic arthritis, therefore the RVSR will need to review all evidence of record before rendering a decision.

5010 Arthritis, due to trauma, substantiated by X-ray findings:
Rate as arthritis, degenerative.

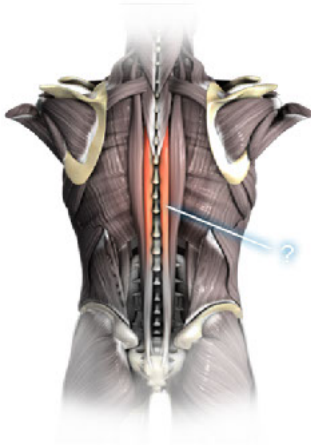


Notes



Slide 11 - Content



Arthritis of the Spine

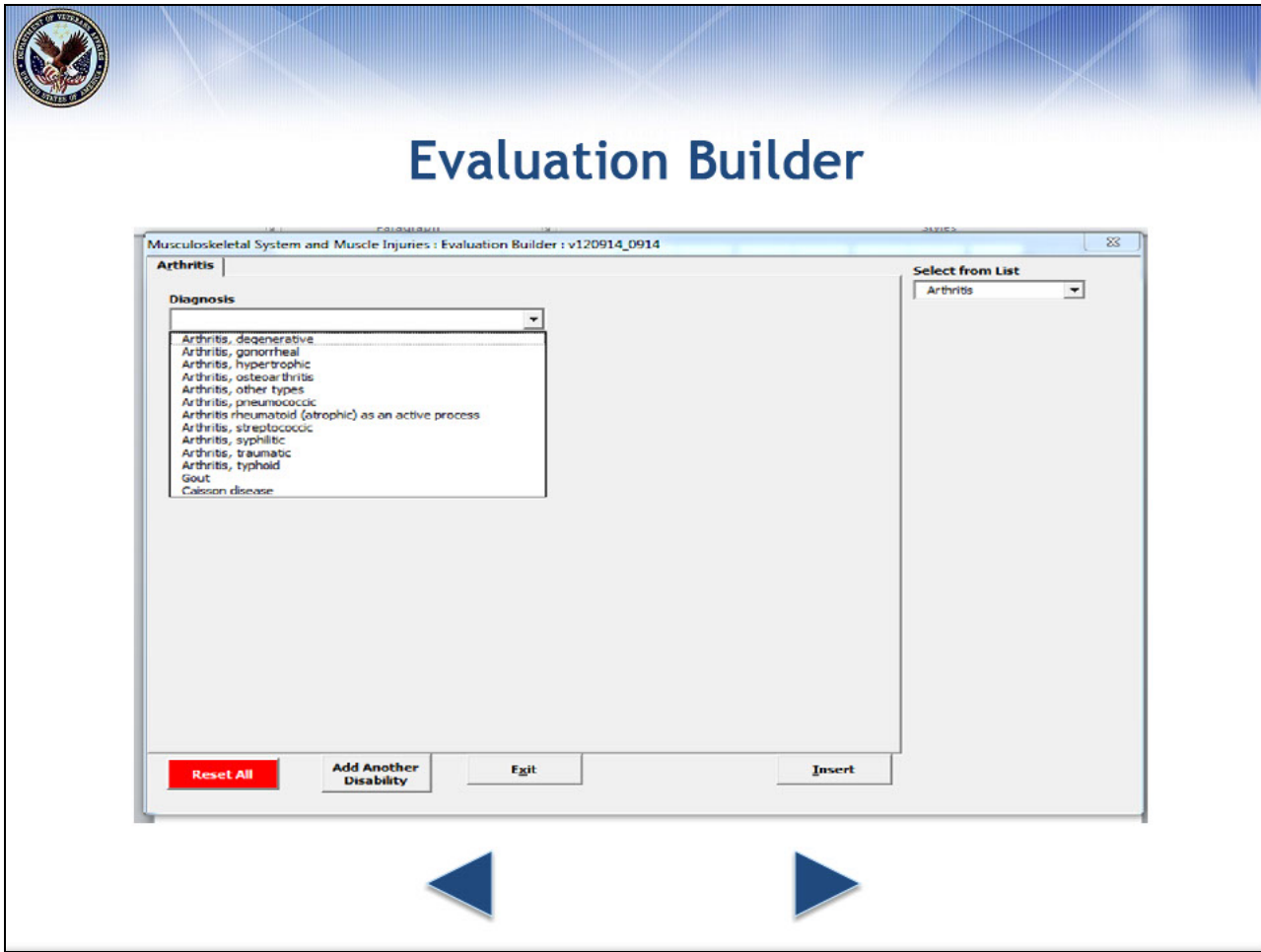


- Arthritis of the spine is sometimes associated with repetitive trauma, or minor trauma to a joint that is weakened by normal wear and tear.
- Where the arthritis is clearly of traumatic origin, use of the hyphenated diagnostic code, 5010-5242, would be appropriate.



Notes

Slide 12 - Content



Notes

Slide 13 - Content

Evaluation Builder

Musculoskeletal System and Muscle Injuries : Evaluation Builder : v120914_0914

Thoracolumbar Spine

DCs: 5235-5243	Thoracolumbar Spine Actual	Deluca Mitchel
Flexion: (90)		
Extension: (30)		
Right Lateral flexion: (30)		
Left Lateral flexion: (30)		
Right Rotation: (30)		
Left Rotation: (30)		
Total:	240	240

Predominant Thoracolumbar Disability Name

Diagnosis: Lumbosacral strain (S237)

Unfavorable ankylosis of the entire thoracolumbar spine

Unfavorable ankylosis of the entire thoracolumbar spine

Favorable ankylosis of the entire thoracolumbar spine

Muscle Spasm not resulting in abnormal gait or abnormal spinal contour

Guarding not resulting in abnormal gait or abnormal spinal contour

Localized Tenderness not resulting in abnormal gait or abnormal spinal contour

Vertebral body fracture with loss of 50 percent or more of the height

Muscle Spasm severe enough to result in an abnormal gait or abnormal spinal contour such as scoliosis, reversed lordosis, or abnormal kyphosis

Guarding severe enough to result in an abnormal gait or abnormal spinal contour such as scoliosis, reversed lordosis, or abnormal kyphosis

There is a confirmed diagnosis of Intervertebral Disc Syndrome (IVDS)

Intervertebral Disc Syndrome (IVDS) (DC 5243)

Select from List

Thoracolumbar Spine

There is objective evidence of:

Pain

Fatigue

Weakness

Lack of endurance

Incoordination

Flare ups

Arthritis (Select one)

- (None)
- Arthritis, degenerative
- Arthritis, gonorrheal
- Arthritis, other types
- Arthritis, pneumococcal
- Arthritis, rheumatoid
- Arthritis, streptococcal
- Arthritis, syphilitic
- Arthritis, traumatic
- Arthritis, typhoid
- Osteoporosis, with joint manifestations
- Osteomalacia
- Bones, new growths of, benign
- Osteitis deformans
- Gout
- Hydrarthrosis, intermittent
- Bursitis
- Synovitis
- Myositis
- Periostitis
- Myositis ossificans
- Tenosynovitis
- Caisson disease

Reset All Add Another Disability Exit Insert

Notes

Slide 14 - Content

Evaluation Builder

Musculoskeletal System and Muscle Injuries : Evaluation Builder : v120914_0914

Knee

Date of Hospital Admission for Knee Replacement (Prosthesis - DC 5055)
 Prosthetic Replacement

Predominant Knee Disability Name
knee condition

Ankylosis (DC 5256)
 Ankylosis present

Range Of Motion (DC 5260 & 5261)

	Actual	DeLuca Mitchell	Painful
Flexion	135		<input checked="" type="checkbox"/>
Extension (0)	0		<input checked="" type="checkbox"/>

Semilunar Cartilage (DC 5258 & 5259)
 Dislocated, with frequent episodes of "locking," pain, and effusion into the joint
 Symptomatic residuals following
 Asymptomatic residuals following
 None

Genu Recurvatum (DC 5263)
 Acquired, traumatic, with weakness and insecurity in weight-bearing objectively demonstrated
 Other than above
 None

Other Impairment of the Knee (DC 5257)

Recurrent Subluxation	Instability
<input checked="" type="radio"/> None	<input checked="" type="radio"/> None
<input type="radio"/> Severe	<input type="radio"/> Severe
<input type="radio"/> Moderate	<input type="radio"/> Moderate
<input type="radio"/> Slight	<input type="radio"/> Slight

Laxity

Tibia and Fibula (DC 5262)
 Nonunion with loose motion and requiring brace

Malunion:
 With Marked Knee or Ankle Disability
 With Moderate Knee or Ankle Disability
 With Slight Knee or Ankle Disability
 None

Select from List
Knee

There is objective evidence of:
 Fatigue
 Weakness
 Lack of endurance
 Incoordination
 Flare ups

Arthritis, degenerative
 None of the above

Reset All Add Another Disability Exit Insert

Notes

Slide 15 - Content



Evaluation Builder

Veteran: VETERAN

CSS: 123 45 6789

[Run Evaluation Builder](#)

[Print Document](#)

How We Decided the Percentage of Disability

DC: 5003-5260: Limitation of Flexion of the Leg (Knee)

We have assigned a 10 percent evaluation for your knee condition based on:

- Painful motion of the knee. (38 CFR §4.59 allows consideration of functional loss due to painful motion to be rated to at least the minimum compensable rating for a particular joint. Since you demonstrate painful motion of the leg at the knee, the minimum compensable evaluation of 10 percent is assigned.)
- X-ray evidence of degenerative arthritis along with any limitation of motion of the joint

The provisions of 38 CFR §§4.40 and 4.45 concerning functional loss due to pain, fatigue, weakness, or lack of endurance, incoordination, and flare-ups, as cited in *DeLuca v. Brown* and *Mitchell v. Shinsaki* have been considered and applied under 38 CFR §4.59.

A higher evaluation of 20 percent is not warranted for limitation of flexion of the knee unless there is flexion limited to 16-30 degrees.

A higher evaluation of 20 percent is not warranted for degenerative arthritis unless there is X-ray evidence of involvement of two or more major joints or two or more minor joint groups, with occasional incapacitating exacerbations.



Notes

Slide 16 - Questions



Double click to add title

QUESTIONS?



Notes
