

October 1980 to August 1992

- Treatment records from Cascade Orthopedics received on November 20, 2003, for the period of October 2002 to March 2003
- VA letter concerning your claim, dated January 9, 2018
- VA letter, dated January 31, 2018
- VA letter concerning your claim requesting VA Form 21-4142 for Cascade Orthopedic and White River, dated February 1, 2018
- VA letter, dated February 1, 2018
- VA Form 21-4192, Request For Employment Information in Connection With Claim For Disability Benefits, received February 12, 2018
- VA letters concerning your claim, February 20, 2018
- Portland VA Examinations, February 24, 2018 and March 26, 2018
- Section (§) 5103 Notice, dated March 8, 2018
- Treatment records from North Coast CBOC received on March 13, 2018 and March 15, 2018, for the period of December 2017
- Copy of Social Security Administration award letter received on March 13, 2018 and March 15, 2018
- Section (§) 5103 Notice Responses, March 13, 2018
- VA Form 21-0820 Report of General Information, dated July 11, 2018
- Copy of previous American Lake VAMC examination received on August 27, 2018, dated April 9, 1993
- Social Security Administration records received on September 4, 2018
- VA letter concerning your claim, dated November 19, 2018
- Section (§) 5103 Notice Responses, November 20, 2018 and November 23, 2018
- VA letter concerning your claim, dated November 26, 2018
- No VA Healthcare records from the Seattle (American Lake) VAMC available, from January 1, 1992 through September 14, 1992
- Seattle (American Lake) and Portland VA Medical Center, multiple entries, September 15, 1992 to December 12, 2018

#### REASONS FOR DECISION

##### 1. Whether the evaluation assigned for status-post right hand surgery, loss of use was clearly and unmistakably erroneous.

Clear and unmistakable errors are errors that are undebatable, so that it can be said that reasonable minds could only conclude that the previous decision was fatally flawed at the time it was made. A determination that there was a clear and unmistakable error must be based on the record and the law that existed at the time of the prior decision. Once a determination is made that there was a clear and unmistakable error in a prior decision that would change the outcome, then that decision must be revised to conform to what the decision should have been. In this case, the previous disability evaluation is continued as no clear and unmistakable error is shown.

We received your claim requesting a review of the evaluation of your loss of use of your right extremity. We granted loss of use of a non-dominant extremity at the maximum evaluation of 60 percent effective August 16, 1992. Your STRs show on your entrance examination that your

dominant extremity was the right extremity. However, the VA examination dated September 15, 1992 reported that you relied more on your left extremity. Subsequent exams have also reported that you use your left hand for everything; therefore, we are evaluating the left extremity as your dominant extremity. In addition, there is no evidence showing that your evaluation changed from 70 percent to 60 percent evaluation. As there is no evidence showing a clear and unmistakable error occurred then we are continuing the previous decision.

The evaluation of status-post right (R) hand surgery, loss of use is continued as 60 percent disabling.

We have assigned a 60 percent evaluation for your status-post right hand surgery, loss of use (nondominant) based on:

- Loss of use of the minor hand

A higher evaluation of 70 percent is not warranted for loss of use of one hand unless the evidence shows amputation of the arm above insertion of pronator teres.

Additionally, a higher evaluation of 100 percent is not warranted for loss of use of one hand unless the evidence shows amputation or loss of use of another extremity at any level.

The VA examination notated that your dominant extremity used to be the right hand; however, since the event during service your dominant hand has now become the left hand. Therefore, we are evaluating your right hand as your minor extremity.

We reviewed the evidence received and determined your service-connected condition hasn't increased in severity sufficiently to warrant a higher evaluation.

**2. Evaluation of total right knee replacement (previously rated as with arthroscopic chondroplasty with partial medial meniscectomy and degenerative joint disease of the right knee (previously rated as DC 5010-5260)) currently evaluated as 20 percent disabling.**

The evaluation of total right knee replacement (previously rated as with arthroscopic chondroplasty with partial medial meniscectomy and degenerative joint disease of the right knee (previously rated as DC 5010-5260)) is increased to 30 percent disabling effective September 7, 2017.

The effective date of this grant is September 7, 2017, the day we received your intent to file claim.

We have assigned a 30 percent evaluation for your arthroscopic chondroplasty with partial medial meniscectomy and degenerative joint disease (DJD) of the right knee (previously rated as DC 5010-5260) based on:

- Minimum evaluation following prosthetic replacement

A higher evaluation of 40 percent is not warranted for ankylosis of the knee unless the evidence