Reference Determination Content

Example document — fictitious patient. A suggested draft determination prepared by the Veterans Health Centre from the matching example Diagnostic Assessment, to show how a DVA delegate could determine the claim. Names, dates, service details and clinicians are invented. It is not a decision of the Department of Veterans' Affairs.

Acute Sinusitis

Evidence

The evidence that I have considered in making this decision includes:

- Formal Claim with supporting statements;
- A Statement of your Service from the Department of Defence;
- Copies of your Service Medical Records.
- A Diagnostic Assessment by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 14 May 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 14 May 2025;
- CT facial bones and emergency department record by the radiologist, dated 9 September 2003;
- An outpatient health record and spirometry by the medical officer, Garrison health centre, dated 3 March 2004;
- A role 2 medical record (chlorine inhalation) by the medical officer, Iraq, dated 14 July 2005;
- A nasendoscopy report by the ENT surgeon, dated 30 August 2005;
- A histopathology report by the pathologist, dated 22 May 2006;
- A radiation oncology treatment summary by the radiation oncologist, dated 13 June 2006;
- A nasendoscopy report by the ENT surgeon, dated 12 November 2007;
- A pre-deployment medical by the medical officer, dated 14 January 2008;
- A dental record by the dental officer, Afghanistan, dated 18 April 2008;
- A patrol base medical record by the regimental medical officer, Afghanistan, dated 26 April 2008;
- CT paranasal sinuses and ENT consultation by Role 3 hospital, Afghanistan, dated 28 April 2008;
- CT sinuses and orbits by Role 3 hospital, Afghanistan, dated 2 July 2011;
- An operation report (functional endoscopic sinus surgery) by the ENT surgeon, dated 5 July 2011;
- An ENT follow-up and CT sinuses by the ENT surgeon, dated 18 October 2012.

Your service

I have identified that you have the following service:
Australian Defence Force service between :

15 January 2001 and 3 March 2016

Acute Sinusitis

You have stated that your condition was caused by:

- *having impaired drainage of the sinus at the time of the clinical onset of sinusitis*
- *having a viral, bacterial or fungal respiratory tract infection at the time of the clinical onset of sinusitis*
- *being in an immunocompromised state as specified at the time of the clinical onset of sinusitis*
- *having a specified medical condition at the time of the clinical onset of sinusitis*
- *undergoing a course of therapeutic radiation for cancer, where the nasal cavity and paranasal sinuses were in the field of radiation, before the clinical onset of sinusitis*
- *smoking at least one pack-year of cigarettes, or the equivalent thereof in other tobacco products, before the clinical onset of sinusitis, and: (a) smoking commenced at least one year before the clinical onset of sinusitis; and (b) where smoking has ceased, the clinical onset of sinusitis has occurred within three months of smoking cessation*
- *being exposed to second-hand smoke: (a) for at least 1 000 hours before the clinical onset of sinusitis; and (b) where the first exposure to second-hand smoke commenced at least one year before the clinical onset of sinusitis; and (c) where the last exposure to second-hand smoke occurred within the three months before the clinical onset of sinusitis*
- *inhaling a drug or irritant substance which results in: (a) acute nasal symptoms or signs within 48 hours of the inhalation; and (b) scarring or erosion of the nasal or sinus mucosa; before the clinical onset of sinusitis*
- *inhaling airborne dusts, smoke from fires, or fumes or vapours from fuel or a chemical agent within the 48 hours before the clinical onset of sinusitis*
- *for sinusitis affecting the maxillary sinus only, having a specified dental condition affecting the tissues adjacent to the affected maxillary sinus at the time of the clinical onset of sinusitis*

Diagnosis: Acute Sinusitis

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 14 May 2025, and is supported by CT paranasal sinuses and ENT consultation by Role 3 hospital, Afghanistan, dated 28 April 2008.

I am satisfied this is the appropriate diagnosis.
In determining your claim for this condition, I have applied the SOP:

Statement of Principles concerning Sinusitis (Reasonable Hypothesis) (No. 73 of 2018)

which sets out the factors that can connect the condition with service.

I am satisfied that you have met the following factor:

- *having impaired drainage of the sinus at the time of the clinical onset of sinusitis*
- *having a viral, bacterial or fungal respiratory tract infection at the time of the clinical onset of sinusitis*
- *being in an immunocompromised state as specified at the time of the clinical onset of sinusitis*
- *having a specified medical condition at the time of the clinical onset of sinusitis*
- *undergoing a course of therapeutic radiation for cancer, where the nasal cavity and paranasal sinuses were in the field of radiation, before the clinical onset of sinusitis*
- *smoking at least one pack-year of cigarettes, or the equivalent thereof in other tobacco products, before the clinical onset of sinusitis, and: (a) smoking commenced at least one year before the clinical onset of sinusitis; and (b) where smoking has ceased, the clinical onset of sinusitis has occurred within three months of smoking cessation*
- *being exposed to second-hand smoke: (a) for at least 1 000 hours before the clinical onset of sinusitis; and (b) where the first exposure to second-hand smoke commenced at least one year before the clinical onset of sinusitis; and (c) where the last exposure to second-hand smoke occurred within the three months before the clinical onset of sinusitis*
- *inhaling a drug or irritant substance which results in: (a) acute nasal symptoms or signs within 48 hours of the inhalation; and (b) scarring or erosion of the nasal or sinus mucosa; before the clinical onset of sinusitis*
- *inhaling airborne dusts, smoke from fires, or fumes or vapours from fuel or a chemical agent within the 48 hours before the clinical onset of sinusitis*
- *for sinusitis affecting the maxillary sinus only, having a specified dental condition affecting the tissues adjacent to the affected maxillary sinus at the time of the clinical onset of sinusitis*

I have noted your contention as to the cause of this condition. The available evidence indicates, I have noted your contention to the cause of your condition. Your service medical records indicate that you presented to the health facility with severe left cheek and upper tooth pain, worse on bending forward, purulent left nasal discharge, left nasal obstruction, fever, headache and fatigue on 26 April 2008.

The diagnosis was made clinically on 26 April 2008 from purulent left nasal discharge, left maxillary facial pain worse on bending, nasal obstruction and fever of 38.6 degrees, lasting more than 48 hours after a viral upper respiratory infection, and confirmed on CT of the paranasal sinuses on 28 April 2008, which showed an air-fluid level and mucosal thickening in the left maxillary sinus. Streptococcus pneumoniae was grown from a nasal swab. This meets the Statement of Principles definition of sinusitis.

This has then led to further investigations and the diagnosis of your condition of *Acute Sinusitis*. I have accepted your condition of *Acute Sinusitis*.

Having considered your service records and the available medical evidence, I am satisfied the SOP is met and that this condition is related to your wartime service.

I have therefore accepted that this condition is related to your service with effect from 24 April 2008.

Acute Sinusitis (Worsening)

Evidence

The evidence that I have considered in making this decision includes:

- Formal Claim with supporting statements;
- A Statement of your Service from the Department of Defence;
- Copies of your Service Medical Records.
- A Diagnostic Assessment by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 14 May 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 14 May 2025;
- CT facial bones and emergency department record by the radiologist, dated 9 September 2003;
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- A nasendoscopy report by the ENT surgeon, dated 12 November 2007;
- A pre-deployment medical by the medical officer, dated 14 January 2008;
- A dental record by the dental officer, Afghanistan, dated 18 April 2008;
- A patrol base medical record by the regimental medical officer, Afghanistan, dated 26 April 2008;
- CT paranasal sinuses and ENT consultation by Role 3 hospital, Afghanistan, dated 28 April 2008;
- CT sinuses and orbits by Role 3 hospital, Afghanistan, dated 2 July 2011;
- An operation report (functional endoscopic sinus surgery) by the ENT surgeon, dated 5 July 2011;
- An ENT follow-up and CT sinuses by the ENT surgeon, dated 18 October 2012.

Your service

I have identified that you have the following service:
Australian Defence Force service between :

15 January 2001 and 3 March 2016

Acute Sinusitis (Worsening)

You have stated that the worsening of your condition was caused by:

- *having impaired drainage of the sinus at the time of the clinical worsening of sinusitis*
- *having a viral, bacterial or fungal respiratory tract infection at the time of the clinical worsening of sinusitis*
- *being in an immunocompromised state as specified at the time of the clinical worsening of sinusitis*
- *having a specified medical condition at the time of the clinical worsening of sinusitis*
- *undergoing a course of therapeutic radiation for cancer, where the nasal cavity and paranasal sinuses were in the field of radiation, before the clinical worsening of sinusitis*
- *smoking at least one pack-year of cigarettes, or the equivalent thereof in other tobacco products, before the clinical worsening of sinusitis, and: (a) smoking commenced at least one year before the clinical worsening of sinusitis; and (b) where smoking has ceased, the clinical worsening of sinusitis has occurred within three months of smoking cessation*
- *being exposed to second-hand smoke: (a) for at least 1 000 hours before the clinical worsening of sinusitis; and (b) where the first exposure to second-hand smoke commenced at least one year before the clinical worsening of sinusitis; and (c) where the last exposure to second-hand smoke occurred within the three months before the clinical worsening of sinusitis*
- *inhaling a drug or irritant substance which results in: (a) acute nasal symptoms or signs within 48 hours of the inhalation; and (b) scarring or erosion of the nasal or sinus mucosa; before the clinical worsening of sinusitis*
- *inhaling airborne dusts, smoke from fires, or fumes or vapours from fuel or a chemical agent within the 48 hours before the clinical worsening of sinusitis*
- *for sinusitis affecting the maxillary sinus only, having a specified dental condition affecting the tissues adjacent to the affected maxillary sinus at the time of the clinical worsening of sinusitis*
- *for sinusitis with nasal polyps only, using a drug belonging to the nonselective (COX-1 and COX-2 inhibitors) nonsteroidal anti-inflammatory class of drugs, at the time of the clinical worsening of sinusitis*
- *inability to obtain appropriate clinical management for sinusitis*

Diagnosis: Acute Sinusitis (Worsening)

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 14 May 2025, and is supported by CT paranasal sinuses and ENT consultation by Role 3 hospital, Afghanistan, dated 28 April 2008.

I am satisfied this is the appropriate diagnosis.
In determining your claim for this condition, I have applied the SOP:

Statement of Principles concerning Sinusitis (Reasonable Hypothesis) (No. 73 of 2018)

which sets out the factors that can connect the condition with service.

I am satisfied that you have met the following factor:

- *having impaired drainage of the sinus at the time of the clinical worsening of sinusitis*
- *having a viral, bacterial or fungal respiratory tract infection at the time of the clinical worsening of sinusitis*
- *being in an immunocompromised state as specified at the time of the clinical worsening of sinusitis*
- *having a specified medical condition at the time of the clinical worsening of sinusitis*
- *undergoing a course of therapeutic radiation for cancer, where the nasal cavity and paranasal sinuses were in the field of radiation, before the clinical worsening of sinusitis*
- *smoking at least one pack-year of cigarettes, or the equivalent thereof in other tobacco products, before the clinical worsening of sinusitis, and: (a) smoking commenced at least one year before the clinical worsening of sinusitis; and (b) where smoking has ceased, the clinical worsening of sinusitis has occurred within three months of smoking cessation*
- *being exposed to second-hand smoke: (a) for at least 1 000 hours before the clinical worsening of sinusitis; and (b) where the first exposure to second-hand smoke commenced at least one year before the clinical worsening of sinusitis; and (c) where the last exposure to second-hand smoke occurred within the three months before the clinical worsening of sinusitis*
- *inhaling a drug or irritant substance which results in: (a) acute nasal symptoms or signs within 48 hours of the inhalation; and (b) scarring or erosion of the nasal or sinus mucosa; before the clinical worsening of sinusitis*
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- *for sinusitis affecting the maxillary sinus only, having a specified dental condition affecting the tissues adjacent to the affected maxillary sinus at the time of the clinical worsening of sinusitis*
- *for sinusitis with nasal polyps only, using a drug belonging to the nonselective (COX-1 and COX-2 inhibitors) nonsteroidal anti-inflammatory class of drugs, at the time of the clinical worsening of sinusitis*
- *inability to obtain appropriate clinical management for sinusitis*

I have noted your contention as to the cause of this condition. The available evidence indicates, I have noted your contention to the cause of your condition. Your service medical records indicate that you presented to the health facility with severe left cheek and upper tooth pain, worse on bending forward, purulent left nasal discharge, left nasal obstruction, fever, headache and fatigue on 26 April 2008.

The diagnosis was made clinically on 26 April 2008 from purulent left nasal discharge, left maxillary facial pain worse on bending, nasal obstruction and fever of 38.6 degrees, lasting more than 48 hours after a viral upper respiratory infection, and confirmed on CT of the paranasal sinuses on 28 April 2008, which showed an air-fluid level and mucosal thickening in the left maxillary sinus. Streptococcus pneumoniae was grown from a nasal swab. This meets the Statement of Principles definition of sinusitis.

After the condition arose, it was worsened during your service. At the worsening on 2 July 2011, during warlike service in Afghanistan, CT showed the left ostiomeatal complex completely obstructed by the deviated septum, polyps and scarring that followed the chlorine injury on warlike service in Iraq. Influenza A, confirmed on 27 June 2011, and secondary Haemophilus influenzae infection were acquired in crowded accommodation on warlike service in Afghanistan and were present at the worsening on 2 July 2011. Prednisolone 40 mg daily from 25 June 2011, for an asthma exacerbation from dust on warlike service in Afghanistan, was being taken at the worsening on 2 July 2011. Allergic rhinitis and asthma were active at the worsening on 2 July 2011 and had been aggravated by dust and smoke on warlike service in Afghanistan. Radiotherapy to the nasal cavity and left maxillary sinus was completed on 11 July 2006, before the worsening on warlike service in Afghanistan on 2 July 2011. By 2 July 2011 you had smoked about 11 pack-years, with heavier smoking on each warlike deployment, and you had not ceased. In Afghanistan from March 2011, on warlike service, you again shared enclosed accommodation with smokers. The chlorine gas inhaled on warlike service in Iraq on 14 July 2005 produced acute nasal symptoms within two hours and scarring and erosion of the nasal mucosa, which persisted to the worsening on 2 July 2011. On 1 July 2011 you spent most of the day clearing a vehicle laager beside a burning fuel and rubbish pit in a dust storm on warlike service in Afghanistan. The left upper first molar had been root-filled in Australia in October 2008 but became non-vital, and a dental officer recorded a periapical granuloma abutting the left maxillary sinus floor on 20 June 2011 on warlike service in Afghanistan. You have nasal polyps. On warlike service in Afghanistan in April 2008 and again in June 2011, you had no access to ENT assessment, imaging, dental treatment or sinus drainage at your patrol base.

This has then led to further investigations and the diagnosis of your condition of *Acute Sinusitis (Worsening)*. I have accepted your condition of *Acute Sinusitis (Worsening)*.

Having considered your service records and the available medical evidence, I am satisfied the SOP is met and that the worsening of this condition is related to your wartime service.

I have therefore accepted that the worsening of this condition is related to your service with effect from 2 July 2011.

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