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.

Ankylosis of Left and Right MCP Joints

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 22 May 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 22 May 2025;
- An operation note and X-ray report by the field surgical team, Somalia, dated 17 March 1993;
- An emergency and operation records by the orthopaedic surgeon, dated 8 August 1996;
- A burns unit discharge summary by the plastic surgeon, dated 3 November 1999;
- A rheumatology consultation by the rheumatologist, dated 14 March 2000;
- A hand surgery consultation and X-ray report by the hand surgeon and radiologist, dated 10 September 2001;
- An operation report by the hand surgeon, dated 20 November 2001;
- A hand surgery review and X-ray report by the hand surgeon and radiologist, dated 4 March 2002;
- A deployed health record by the medical officer, Iraq, dated 14 August 2005;
- An X-ray and CT report by the radiologist, dated 5 December 2005;
- An operation report and review by the hand surgeon, dated 10 January 2006.

Your service

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

6 February 1990 and 15 December 2006

Ankylosis of Left and Right MCP Joints

You have stated that your condition was caused by:

- *having a penetrating injury, including a human bite, into the affected metacarpophalangeal joint before the clinical onset of ankylosis*
- *having septic arthritis of the affected joint before the clinical onset of ankylosis*
- *having a crush injury of the hand involving the affected joint before the clinical onset of ankylosis*
- *having an intra-articular fracture of the affected joint before the clinical onset of ankylosis*
- *having a haemarthrosis of the affected joint before the clinical onset of ankylosis*
- *having a deep partial thickness or full thickness burn of the skin overlying the affected joint before the clinical onset of ankylosis*
- *having an inflammatory arthritis, including reactive arthritis, involving the affected joint before the clinical onset of ankylosis*
- *having post-traumatic or post-infective osteoarthritis of the affected joint before the clinical onset of ankylosis*
- *having the affected joint immobilised for a continuous period of at least 6 weeks within the 1 year before the clinical onset of ankylosis*
- *undergoing surgical arthrodesis of the affected joint before the clinical onset of ankylosis*

Diagnosis: Ankylosis of Left and Right MCP Joints

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 22 May 2025, and is supported by a hand surgery review and X-ray report by the hand surgeon and radiologist, dated 4 March 2002.

I am satisfied this is the appropriate diagnosis.
There is no Statement of Principles (SOP) for this condition. In determining your claim for this condition, I have therefore considered the available evidence, applying the standard of proof:

Balance of Probabilities (reasonable satisfaction) - no Statement of Principles determined for this condition

which requires the evidence to connect the condition with service.

I am satisfied that the evidence establishes the following link to your service:

- *having a penetrating injury, including a human bite, into the affected metacarpophalangeal joint before the clinical onset of ankylosis*
- *having septic arthritis of the affected joint before the clinical onset of ankylosis*
- *having a crush injury of the hand involving the affected joint before the clinical onset of ankylosis*
- *having an intra-articular fracture of the affected joint before the clinical onset of ankylosis*

- *having a haemarthrosis of the affected joint before the clinical onset of ankylosis*
- *having a deep partial thickness or full thickness burn of the skin overlying the affected joint before the clinical onset of ankylosis*
- *having an inflammatory arthritis, including reactive arthritis, involving the affected joint before the clinical onset of ankylosis*
- *having post-traumatic or post-infective osteoarthritis of the affected joint before the clinical onset of ankylosis*
- *having the affected joint immobilised for a continuous period of at least 6 weeks within the 1 year before the clinical onset of ankylosis*
- *undergoing surgical arthrodesis of the affected joint before the clinical onset of ankylosis*

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 complete loss of movement at the right middle finger and left index finger metacarpophalangeal joints, with reduced grip, difficulty holding tools and weapons, aching in cold weather and tight scars over the knuckles.Since the worsening in 2005 you have further reduced grip, rotation of the right middle finger that catches on the adjacent fingers, stiffness of the neighbouring finger joints and pain with gripping on 4 March 2002.

The diagnosis was confirmed by a hand surgeon on 4 March 2002, on examination showing no active or passive movement at the right middle finger and left index finger metacarpophalangeal joints, and on X-ray showing bony ankylosis of the right joint and solid bony union of the left arthrodesis.

This has then led to further investigations and the diagnosis of your condition of *Ankylosis of Left and Right MCP Joints*. I have accepted your condition of *Ankylosis of Left and Right MCP Joints*.

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

I have therefore accepted that this condition is related to your service with effect from 4 March 2002.

Ankylosis of Left and Right MCP Joints (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 22 May 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 22 May 2025;
- An operation note and X-ray report by the field surgical team, Somalia, dated 17 March 1993;
- An emergency and operation records by the orthopaedic surgeon, dated 8 August 1996;
- A burns unit discharge summary by the plastic surgeon, dated 3 November 1999;
- A rheumatology consultation by the rheumatologist, dated 14 March 2000;
- A hand surgery consultation and X-ray report by the hand surgeon and radiologist, dated 10 September 2001;
- An operation report by the hand surgeon, dated 20 November 2001;
- A hand surgery review and X-ray report by the hand surgeon and radiologist, dated 4 March 2002;
- A deployed health record by the medical officer, Iraq, dated 14 August 2005;
- An X-ray and CT report by the radiologist, dated 5 December 2005;
- An operation report and review by the hand surgeon, dated 10 January 2006.

Your service

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

6 February 1990 and 15 December 2006

Ankylosis of Left and Right MCP Joints (Worsening)

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

- *having a further injury to the hand involving the affected joint or adjacent bone after the clinical onset of ankylosis and before the clinical worsening of ankylosis*
- *having an infection of the affected joint, adjacent bone or implanted fixation after the clinical onset of ankylosis and before the clinical worsening of ankylosis*

- *having a flare of inflammatory arthritis involving the hand at the time of the clinical worsening of ankylosis*
- *inability to obtain appropriate clinical management for ankylosis of the metacarpophalangeal joints*

Diagnosis: Ankylosis of Left and Right MCP Joints (Worsening)

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 22 May 2025, and is supported by a hand surgery review and X-ray report by the hand surgeon and radiologist, dated 4 March 2002.

I am satisfied this is the appropriate diagnosis.
There is no Statement of Principles (SOP) for this condition. In determining your claim for this condition, I have therefore considered the available evidence, applying the standard of proof:

Balance of Probabilities (reasonable satisfaction) - no Statement of Principles determined for this condition

which requires the evidence to connect the condition with service.

I am satisfied that the evidence establishes the following link to your service:

- *having a further injury to the hand involving the affected joint or adjacent bone after the clinical onset of ankylosis and before the clinical worsening of ankylosis*
- *having an infection of the affected joint, adjacent bone or implanted fixation after the clinical onset of ankylosis and before the clinical worsening of ankylosis*
- *having a flare of inflammatory arthritis involving the hand at the time of the clinical worsening of ankylosis*
- *inability to obtain appropriate clinical management for ankylosis of the metacarpophalangeal joints*

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 complete loss of movement at the right middle finger and left index finger metacarpophalangeal joints, with reduced grip, difficulty holding tools and weapons, aching in cold weather and tight scars over the knuckles.Since the worsening in 2005 you have further reduced grip, rotation of the right middle finger that catches on the adjacent fingers, stiffness of the neighbouring finger joints and pain with gripping on 4 March 2002.

The diagnosis was confirmed by a hand surgeon on 4 March 2002, on examination showing no active or passive movement at the right middle finger and left index finger metacarpophalangeal joints, and on X-ray showing bony ankylosis of the right joint and solid bony union of the left arthrodesis.

After the condition arose, it was worsened during your service. On 14 August 2005, on warlike service in Iraq, a falling armoured vehicle hatch fractured the right middle metacarpal neck beside the fused joint. From September 2005, on warlike service in Iraq, a discharging sinus developed over the left arthrodesis plate, and CT on 5 December 2005 showed infection around the implant. The reactive arthritis that began after your service in East Timor flared in September 2005 after gastroenteritis in camp in Iraq, with synovitis of the joints adjacent to both ankylosed joints, and the stiffness of those neighbouring joints was recorded at the worsening on 10 January 2006. From August to November 2005, on warlike service in Iraq, no hand surgeon was available in theatre to reduce the metacarpal fracture or treat the infected plate, and you were managed for ten weeks with oral antibiotics alone.

This has then led to further investigations and the diagnosis of your condition of *Ankylosis of Left and Right MCP Joints (Worsening)*. I have accepted your condition of *Ankylosis of Left and Right MCP Joints (Worsening)*.

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

I have therefore accepted that the worsening of this condition is related to your service with effect from 10 January 2006.

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