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.

Anterior Chest Wall - Costochondritis

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 28 May 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 28 May 2025;
- A pre-deployment health assessment by the medical officer, Garrison health centre, dated 18 January 2011;
- A deployed health record and stool culture by the medical officer, Afghanistan, dated 21 June 2011;
- A role 2 trauma record and chest X-ray report by the afghanistan, dated 12 July 2011;
- A deployed health record by the medical officer, Afghanistan, dated 22 August 2011;
- A deployed health record by the ECG and troponin, Medical Officer, Afghanistan, dated 10 September 2011;
- A sports medicine consultation and bone scan report by the sports physician and nuclear medicine physician, dated 5 December 2011;
- A medic treatment record by the middle east area of operations, dated 14 May 2015;
- A deployed health record by the medical officer, Middle East Area of Operations, dated 26 June 2015;
- A sports medicine review by the MRI chest wall report and injection record, Sports physician and Radiologist, dated 8 October 2015.

Your service

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

22 January 2005 and 11 October 2018

Anterior Chest Wall - Costochondritis

You have stated that your condition was caused by:

- *having blunt trauma to the anterior chest wall within the 6 months before the clinical onset of costochondritis*
- *having a fracture of a rib or of the sternum within the 1 year before the clinical onset of costochondritis*
- *having an intercostal catheter, thoracotomy or sternotomy through the anterior chest wall within the 1 year before the clinical onset of costochondritis*
- *undertaking repetitive heavy lifting, carrying or pushing that loads the chest wall, for at least 10 hours per week for at least the 3 months before the clinical onset of costochondritis*
- *wearing body armour or a load-bearing harness with a rigid front plate or chest strapping for at least 8 hours per day on most days for at least the 3 months before the clinical onset of costochondritis*
- *having severe or paroxysmal coughing on most days for at least 2 weeks within the 1 month before the clinical onset of costochondritis*
- *having reactive arthritis, ankylosing spondylitis, psoriatic arthritis or another spondyloarthropathy at the time of the clinical onset of costochondritis*
- *having repeated direct pressure or impact on the anterior chest wall from equipment, weapon recoil or vehicle restraints for at least the 3 months before the clinical onset of costochondritis*

Diagnosis: Costochondritis

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 28 May 2025, and is supported by a sports medicine consultation and bone scan report by the sports physician and nuclear medicine physician, dated 5 December 2011.

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:

Reasonable Hypothesis - 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 blunt trauma to the anterior chest wall within the 6 months before the clinical onset of costochondritis*
- *having a fracture of a rib or of the sternum within the 1 year before the clinical onset of costochondritis*

- *having an intercostal catheter, thoracotomy or sternotomy through the anterior chest wall within the 1 year before the clinical onset of costochondritis*
- *undertaking repetitive heavy lifting, carrying or pushing that loads the chest wall, for at least 10 hours per week for at least the 3 months before the clinical onset of costochondritis*
- *wearing body armour or a load-bearing harness with a rigid front plate or chest strapping for at least 8 hours per day on most days for at least the 3 months before the clinical onset of costochondritis*
- *having severe or paroxysmal coughing on most days for at least 2 weeks within the 1 month before the clinical onset of costochondritis*
- *having reactive arthritis, ankylosing spondylitis, psoriatic arthritis or another spondyloarthropathy at the time of the clinical onset of costochondritis*
- *having repeated direct pressure or impact on the anterior chest wall from equipment, weapon recoil or vehicle restraints for at least the 3 months before the clinical onset of costochondritis*

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 sharp, well-localised left parasternal chest pain over the second to fourth costal cartilages, brought on by loading projectiles, pushing, deep breathing, coughing and lying face down, with tenderness to touch and no swelling on 10 September 2011.

The diagnosis was made clinically by a medical officer on 10 September 2011 and confirmed by a sports physician on 5 December 2011 on the basis of sharp left anterior chest wall pain localised to the second, third and fourth costochondral junctions, reproduced by palpation and by the crowing rooster and horizontal arm traction manoeuvres, and aggravated by breathing, coughing and pushing. A normal ECG and troponin, a normal chest examination and chest X-ray excluded cardiac and pulmonary causes, and the bone scan showed focal increased uptake at the affected junctions.

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

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

I have therefore accepted that this condition is related to your service with effect from 9 September 2011.

Anterior Chest Wall - Costochondritis (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 28 May 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 28 May 2025;
- A pre-deployment health assessment by the medical officer, Garrison health centre, dated 18 January 2011;
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- A deployed health record by the medical officer, Middle East Area of Operations, dated 26 June 2015;
- A sports medicine review by the MRI chest wall report and injection record, Sports physician and Radiologist, dated 8 October 2015.

Your service

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

22 January 2005 and 11 October 2018

Anterior Chest Wall - Costochondritis (Worsening)

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

- *having blunt trauma to the anterior chest wall within the 6 months before the clinical worsening of costochondritis*

- *undertaking repetitive heavy lifting, carrying or pushing that loads the chest wall, for at least 10 hours per week for at least the 3 months before the clinical worsening of costochondritis*
- *having severe or paroxysmal coughing on most days for at least 2 weeks within the 1 month before the clinical worsening of costochondritis*
- *inability to obtain appropriate clinical management for costochondritis*

Diagnosis: Costochondritis (Worsening)

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 28 May 2025, and is supported by a sports medicine consultation and bone scan report by the sports physician and nuclear medicine physician, dated 5 December 2011.

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:

Reasonable Hypothesis - 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 blunt trauma to the anterior chest wall within the 6 months before the clinical worsening of costochondritis*
- *undertaking repetitive heavy lifting, carrying or pushing that loads the chest wall, for at least 10 hours per week for at least the 3 months before the clinical worsening of costochondritis*
- *having severe or paroxysmal coughing on most days for at least 2 weeks within the 1 month before the clinical worsening of costochondritis*
- *inability to obtain appropriate clinical management for costochondritis*

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 sharp, well-localised left parasternal chest pain over the second to fourth costal cartilages, brought on by loading projectiles, pushing, deep breathing, coughing and lying face down, with tenderness to touch and no swelling on 10 September 2011.

The diagnosis was made clinically by a medical officer on 10 September 2011 and confirmed by a sports physician on 5 December 2011 on the basis of sharp left anterior chest wall pain localised to the second, third and fourth costochondral junctions, reproduced by palpation and by the crowing rooster and horizontal arm traction manoeuvres, and aggravated by breathing, coughing and pushing. A normal ECG and troponin, a normal chest examination and chest X-ray excluded cardiac and pulmonary causes, and the bone scan showed focal increased uptake at the affected junctions.

After the condition arose, it was worsened during your service. On 14 May 2015, during warlike service in the Middle East, you were struck on the left anterior chest by a swinging ammunition pallet while training partner-force gunners, with bruising over the second and third costal cartilages recorded by the medic. Throughout the 3 months before the worsening, from 26 March 2015 to 26 June 2015, you lifted 155 millimetre projectiles and demonstrated loading drills for 15 or more hours a week while training partner forces on warlike service in the Middle East, as no alternative duties were available in the training team. You had laboratory-confirmed influenza A in an outbreak in shared accommodation in the Middle East from 2 June 2015, with paroxysmal coughing day and night for three weeks, within the 1 month before the worsening, from 26 May 2015 to 26 June 2015. On warlike service in the Middle East in 2015 there was no physiotherapist, no musculoskeletal injection service and no alternative duty that removed you from loading, so your known costochondritis could not be managed by load modification, physiotherapy or injection, and you continued lifting through the pallet injury and influenza.

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

I have therefore accepted that the worsening of this condition is related to your service with effect from 26 June 2015.

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