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.

Bilateral Ears - Eustachian Tube Dysfunction

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 2 April 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 2 April 2025;
- An outpatient health record by the medical officer, RAAF base health centre, dated 11 June 2002;
- A skin prick test report by the immunologist, dated 6 October 2004;
- CT facial bones and emergency department record by the emergency physician, dated 23 May 2005;
- An outpatient health record by the medical officer, RAAF base health centre, dated 14 September 2006;
- An outpatient health record by the medical officer, RAAF base health centre, dated 2 April 2008;
- A CT sinuses (laryngoscopy and specialist consultation) by the ear, nose and throat surgeon, dated 19 August 2008;
- An annual aircrew medical examination by the medical officer, dated 15 August 2009;
- A deployed health record by the medical officer, Middle East Area of Operations, dated 20 February 2010;
- A deployed health record by the medical officer, Middle East Area of Operations, dated 15 March 2010;
- A tympanometry and specialist consultation by the ear, nose and throat surgeon, dated 22 July 2010;
- A deployed health record (tympanometry and audiogram) by the medical officer, dated 18 November 2016;
- A CT temporal bones report by the radiologist, dated 3 January 2017;

- An operation report (bilateral ventilation tubes) by the ear, nose and throat surgeon, dated 9 February 2017;
- An operation report by the eustachian tube balloon dilation and septoplasty, Ear, nose and throat surgeon, dated 12 March 2019.

Your service

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

2 February 1998 and 14 July 2021

Bilateral Ears - Eustachian Tube Dysfunction

You have stated that your condition was caused by:

- *experiencing repeated rapid changes in ambient pressure from flying or diving, with at least two episodes of otic barotrauma, before the clinical onset of Eustachian tube dysfunction*
- *having an upper respiratory tract infection within the 2 weeks before the clinical onset of Eustachian tube dysfunction*
- *having allergic rhinitis at the time of the clinical onset of Eustachian tube dysfunction*
- *having chronic rhinosinusitis at the time of the clinical onset of Eustachian tube dysfunction*
- *having gastro-oesophageal reflux disease with laryngopharyngeal reflux at the time of the clinical onset of Eustachian tube dysfunction*
- *smoking an average of at least 10 cigarettes per day for at least the 5 years before the clinical onset of Eustachian tube dysfunction*
- *being exposed to airborne irritants, such as smoke from burning waste, fuel combustion products or fine dust, for at least 500 hours within the 2 years before the clinical onset of Eustachian tube dysfunction*
- *having a fracture of the nasal bones or nasal septum resulting in chronic nasal obstruction before the clinical onset of Eustachian tube dysfunction*
- *being exposed to blast overpressure within the 30 days before the clinical onset of Eustachian tube dysfunction*

Diagnosis: Eustachian Tube Dysfunction

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 2 April 2025, and is supported by a tympanometry and specialist consultation by the ear, nose and throat surgeon, dated 22 July 2010.

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:

- *experiencing repeated rapid changes in ambient pressure from flying or diving, with at least two episodes of otic barotrauma, before the clinical onset of Eustachian tube dysfunction*
- *having an upper respiratory tract infection within the 2 weeks before the clinical onset of Eustachian tube dysfunction*
- *having allergic rhinitis at the time of the clinical onset of Eustachian tube dysfunction*
- *having chronic rhinosinusitis at the time of the clinical onset of Eustachian tube dysfunction*
- *having gastro-oesophageal reflux disease with laryngopharyngeal reflux at the time of the clinical onset of Eustachian tube dysfunction*
- *smoking an average of at least 10 cigarettes per day for at least the 5 years before the clinical onset of Eustachian tube dysfunction*
- *being exposed to airborne irritants, such as smoke from burning waste, fuel combustion products or fine dust, for at least 500 hours within the 2 years before the clinical onset of Eustachian tube dysfunction*
- *having a fracture of the nasal bones or nasal septum resulting in chronic nasal obstruction before the clinical onset of Eustachian tube dysfunction*
- *being exposed to blast overpressure within the 30 days before the clinical onset of Eustachian tube dysfunction*

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 blocked ears on both sides that would not clear with swallowing, yawning or the Valsalva manoeuvre, muffled hearing, a sensation of pressure, crackling and popping, and pain on every descent on 15 March 2010.

The diagnosis was made by an ear, nose and throat surgeon on 22 July 2010 on a history of more than three months of bilateral aural fullness, muffled hearing and inability to equalise pressure, with retracted tympanic membranes that did not move on Valsalva or pneumatic otoscopy, bilateral type C tympanograms with middle ear pressures of -220 and -245 daPa, and a Eustachian Tube Dysfunction Questionnaire score of 5.1. These findings meet the consensus clinical criteria for obstructive Eustachian tube dysfunction, which require symptoms of pressure dysregulation together with objective evidence of negative middle ear pressure.

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

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 14 March 2010.

Bilateral Ears - Eustachian Tube Dysfunction (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 2 April 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 2 April 2025;
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- An outpatient health record by the medical officer, RAAF base health centre, dated 2 April 2008;
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- An annual aircrew medical examination by the medical officer, dated 15 August 2009;
- A deployed health record by the medical officer, Middle East Area of Operations, dated 20 February 2010;
- A deployed health record by the medical officer, Middle East Area of Operations, dated 15 March 2010;
- A tympanometry and specialist consultation by the ear, nose and throat surgeon, dated 22 July 2010;
- A deployed health record (tympanometry and audiogram) by the medical officer, dated 18 November 2016;
- A CT temporal bones report by the radiologist, dated 3 January 2017;
- An operation report (bilateral ventilation tubes) by the ear, nose and throat surgeon, dated 9 February 2017;
- An operation report by the eustachian tube balloon dilation and septoplasty, Ear, nose and throat surgeon, dated 12 March 2019.

Your service

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

2 February 1998 and 14 July 2021

Bilateral Ears - Eustachian Tube Dysfunction (Worsening)

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

- *experiencing further rapid changes in ambient pressure from flying or diving, with an episode of otic barotrauma, before the clinical worsening of Eustachian tube dysfunction*
- *having an upper respiratory tract infection within the 2 weeks before the clinical worsening of Eustachian tube dysfunction*
- *being exposed to airborne irritants, such as smoke from burning waste, fuel combustion products or fine dust, for at least 500 hours within the 2 years before the clinical worsening of Eustachian tube dysfunction*
- *inability to obtain appropriate clinical management for Eustachian tube dysfunction*

Diagnosis: Eustachian Tube Dysfunction (Worsening)

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 2 April 2025, and is supported by a tympanometry and specialist consultation by the ear, nose and throat surgeon, dated 22 July 2010.

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:

- *experiencing further rapid changes in ambient pressure from flying or diving, with an episode of otic barotrauma, before the clinical worsening of Eustachian tube dysfunction*
- *having an upper respiratory tract infection within the 2 weeks before the clinical worsening of Eustachian tube dysfunction*
- *being exposed to airborne irritants, such as smoke from burning waste, fuel combustion products or fine dust, for at least 500 hours within the 2 years before the clinical worsening of Eustachian tube dysfunction*
- *inability to obtain appropriate clinical management for Eustachian tube dysfunction*

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 blocked ears on both sides that would not clear with swallowing, yawning or the Valsalva manoeuvre, muffled hearing, a sensation of pressure, crackling and popping, and pain on every descent on 15 March 2010.

The diagnosis was made by an ear, nose and throat surgeon on 22 July 2010 on a history of more than three months of bilateral aural fullness, muffled hearing and inability to equalise pressure, with retracted tympanic membranes that did not move on Valsalva or pneumatic otoscopy, bilateral type C tympanograms with middle ear pressures of -220 and -245 daPa, and a Eustachian Tube Dysfunction Questionnaire score of 5.1. These findings meet the consensus clinical criteria for obstructive Eustachian tube dysfunction, which require symptoms of pressure dysregulation together with objective evidence of negative middle ear pressure.

After the condition arose, it was worsened during your service. On warlike service in the Middle East in 2016 you flew repeated tactical descents with your Eustachian tube dysfunction, and on 18 November 2016 you had severe bilateral otic barotrauma. An upper respiratory tract infection began on 10 November 2016, recorded at the deployed health facility, during your warlike service in the Middle East, eight days before the worsening on 18 November 2016. From 2 June 2016 you again worked 10 to 12 hours a day on deployed airfields among exhaust fumes and dust, with burn-pit smoke over your accommodation, more than 1,500 hours of exposure within the 2 years before the worsening on 18 November 2016, on warlike service. When the condition worsened on deployment on 18 November 2016 no ear, nose and throat surgeon was available in theatre, and you were kept on flying duties with decongestant until your return on 10 December 2016.

This has then led to further investigations and the diagnosis of your condition of *Eustachian Tube Dysfunction (Worsening)*. I have accepted your condition of *Eustachian Tube Dysfunction (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 18 November 2016.

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.