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 - Otitic Barotrauma

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 3 June 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 3 June 2025;
- A diving medical examination and audiogram by the medical officer, Naval base health centre, dated 22 November 2011;
- A diving incident report and resuscitation record by the clearance diving team, Middle East, dated 14 August 2012;
- A ship's medical record by the medical officer, dated 14 August 2012;
- CT temporal bones by the radiologist, dated 28 August 2012;
- An otolaryngology consultation and audiogram by the otolaryngologist, dated 29 August 2012;
- An operation report by the otolaryngologist, dated 18 October 2012;
- MRI internal auditory meatuses by the radiologist, dated 12 November 2013;
- A polysomnography report and sleep consultation by the sleep physician, dated 6 June 2015;
- A ship's medical record by the medical officer, dated 24 March 2016;
- An otolaryngology review and audiogram by the otolaryngologist, dated 26 July 2016;
- An operation report by the otolaryngologist, dated 2 November 2016.

Your service

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

16 February 2004 and 11 October 2019

Bilateral Ears - Otitic Barotrauma

You have stated that your condition was caused by:

- *experiencing a change in ambient barometric pressure as specified within the 24 hours before the clinical onset of otitic barotrauma*
- *being exposed to blast pressure from an explosion or lightning strike within the 24 hours before the clinical onset of otitic barotrauma*
- *receiving mechanical ventilation involving a face mask within the 24 hours before the clinical onset of otitic barotrauma*

Diagnosis: Otitic Barotrauma

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 3 June 2025, and is supported by an otolaryngology consultation and audiogram by the otolaryngologist, dated 29 August 2012.

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

Statement of Principles concerning Otitic Barotrauma (Reasonable Hypothesis) (No. 86 of 2020)

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

I am satisfied that you have met the following factor:

- *experiencing a change in ambient barometric pressure as specified within the 24 hours before the clinical onset of otitic barotrauma*
- *being exposed to blast pressure from an explosion or lightning strike within the 24 hours before the clinical onset of otitic barotrauma*
- *receiving mechanical ventilation involving a face mask within the 24 hours before the clinical onset of otitic barotrauma*

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 pain in both ears, a sensation of fullness and blocked ears, bleeding from the left ear, muffled hearing, loud tinnitus and spinning vertigo with nausea and unsteadiness on 14 August 2012.

The diagnosis was made clinically on 14 August 2012, when otoscopy showed a traumatic left tympanic membrane perforation and right haemotympanum immediately after a blast, a rapid ascent and forced ventilation, and was confirmed by an otolaryngologist on 29 August 2012. Audiometry showed a left mixed hearing loss and a right conductive loss, the left fistula test was positive and CT showed pneumolabyrinth, indicating rupture of the round window membrane. Injury to the middle and inner ear arising from inequalities in barometric pressure between the surrounding atmosphere and the middle ear meets the Statement of Principles definition.

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

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 14 August 2012.

Bilateral Ears - Otitic Barotrauma (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 3 June 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 3 June 2025;
- A diving medical examination and audiogram by the medical officer, Naval base health centre, dated 22 November 2011;
- A diving incident report and resuscitation record by the clearance diving team, Middle East, dated 14 August 2012;
- A ship's medical record by the medical officer, dated 14 August 2012;
- CT temporal bones by the radiologist, dated 28 August 2012;
- An otolaryngology consultation and audiogram by the otolaryngologist, dated 29 August 2012;
- An operation report by the otolaryngologist, dated 18 October 2012;
- MRI internal auditory meatuses by the radiologist, dated 12 November 2013;
- A polysomnography report and sleep consultation by the sleep physician, dated 6 June 2015;
- A ship's medical record by the medical officer, dated 24 March 2016;
- An otolaryngology review and audiogram by the otolaryngologist, dated 26 July 2016;
- An operation report by the otolaryngologist, dated 2 November 2016.

Your service

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

16 February 2004 and 11 October 2019

Bilateral Ears - Otitic Barotrauma (Worsening)

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

- *experiencing a change in ambient barometric pressure as specified within the 24 hours before the clinical worsening of otitic barotrauma*

- *being exposed to blast pressure from an explosion or lightning strike within the 24 hours before the clinical worsening of otitic barotrauma*
- *receiving mechanical ventilation involving a face mask within the 24 hours before the clinical worsening of otitic barotrauma*
- *inability to obtain appropriate clinical management for otitic barotrauma*

Diagnosis: Otitic Barotrauma (Worsening)

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 3 June 2025, and is supported by an otolaryngology consultation and audiogram by the otolaryngologist, dated 29 August 2012.

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

Statement of Principles concerning Otitic Barotrauma (Reasonable Hypothesis) (No. 86 of 2020)

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

I am satisfied that you have met the following factor:

- *experiencing a change in ambient barometric pressure as specified within the 24 hours before the clinical worsening of otitic barotrauma*
- *being exposed to blast pressure from an explosion or lightning strike within the 24 hours before the clinical worsening of otitic barotrauma*
- *receiving mechanical ventilation involving a face mask within the 24 hours before the clinical worsening of otitic barotrauma*
- *inability to obtain appropriate clinical management for otitic barotrauma*

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 pain in both ears, a sensation of fullness and blocked ears, bleeding from the left ear, muffled hearing, loud tinnitus and spinning vertigo with nausea and unsteadiness on 14 August 2012.

The diagnosis was made clinically on 14 August 2012, when otoscopy showed a traumatic left tympanic membrane perforation and right haemotympanum immediately after a blast, a rapid ascent and forced ventilation, and was confirmed by an otolaryngologist on 29 August 2012. Audiometry showed a left mixed hearing loss and a right conductive loss, the left fistula test was positive and CT showed pneumolabyrinth, indicating rupture of the round window membrane. Injury to the middle and inner ear arising from inequalities in barometric pressure between the surrounding atmosphere and the middle ear meets the Statement of Principles definition.

After the condition arose, it was worsened during your service. On non-warlike service in the Middle East on 23 March 2016, you made a rapid helicopter descent from about 1,500 metres

during insertion to a vessel, within 24 hours of the documented worsening on 24 March 2016. On non-warlike service in the Middle East you were about 80 metres from a surface demolition of found ordnance at 14:00 on 23 March 2016, about 16 hours before the worsening. On non-warlike service in the Middle East you used CPAP through a full face mask from 22:00 on 23 March 2016 to 06:00 on 24 March 2016, immediately before the worsening was found on waking. On warlike service in 2012 and non-warlike service in 2016 no audiometry or ENT assessment was available at sea, and the 2016 right perforation was not reviewed by a specialist for four months and failed to heal.

This has then led to further investigations and the diagnosis of your condition of *Otitic Barotrauma (Worsening)*. I have accepted your condition of *Otitic Barotrauma (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 23 March 2016.

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