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 Sinuses - 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 2 July 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 2 July 2025;
- An outpatient health record by the medical officer, Naval base health centre, dated 14 June 2001;
- A respiratory medicine consultation and skin prick testing by the respiratory physician, dated 20 March 2003;
- A diving medical assessment by the underwater medicine physician, dated 22 September 2004;
- A radiotherapy treatment summary by the radiation oncologist, dated 29 October 2004;
- A pre-deployment medical examination by the medical officer, dated 15 December 2004;
- A ship's medical record by the medical officer, Persian Gulf, dated 3 March 2005;
- A ship's medical record and microbiology by the medical officer, Persian Gulf, dated 18 April 2005;
- An ENT consultation by the CT sinuses and orthopantomogram, ENT surgeon, Radiologist and Dental Officer, dated 15 August 2005;
- A nasal endoscopy by the ENT surgeon, dated 11 November 2010;
- A ship's medical record by the medical officer, Middle East, dated 12 June 2013;
- CT sinuses and orthopantomogram reports by the radiologist, dated 30 September 2013;
- An operation report and histopathology by the ENT surgeon and pathologist, dated 18 February 2014.

Your service

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

15 February 1998 and 27 November 2017

Bilateral Sinuses - 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: Sinusitis

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 2 July 2025, and is supported by an ENT consultation by the CT sinuses and orthopantomogram, ENT surgeon, Radiologist and Dental Officer, dated 15 August 2005.

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 bilateral facial pain and pressure over the cheeks and between the eyes, nasal blockage, thick discoloured nasal discharge and postnasal drip, reduced sense of smell, headache and pain in the left upper teeth, following a cold.The symptoms persisted beyond 12 weeks and have been continuous since, with flares several times a year on 18 April 2005.

The acute illness was diagnosed clinically on 18 April 2005 by the ship's medical officer, with bilateral facial pain, purulent nasal discharge, nasal obstruction and hyposmia following a viral illness, and a positive bacterial culture. Chronic rhinosinusitis was confirmed on 15 August 2005 by an ENT surgeon on the basis of symptoms persisting beyond 12 weeks, endoscopic findings

and CT showing bilateral maxillary and ethmoid mucosal disease (Lund-Mackay 10) with structural narrowing.

This has then led to further investigations and the diagnosis of your condition of *Sinusitis*. I have accepted your condition of *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 18 April 2005.

Bilateral Sinuses - 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 2 July 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 2 July 2025;
- An outpatient health record by the medical officer, Naval base health centre, dated 14 June 2001;
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- A diving medical assessment by the underwater medicine physician, dated 22 September 2004;
- A radiotherapy treatment summary by the radiation oncologist, dated 29 October 2004;
- A pre-deployment medical examination by the medical officer, dated 15 December 2004;
- A ship's medical record by the medical officer, Persian Gulf, dated 3 March 2005;
- A ship's medical record and microbiology by the medical officer, Persian Gulf, dated 18 April 2005;
- An ENT consultation by the CT sinuses and orthopantomogram, ENT surgeon, Radiologist and Dental Officer, dated 15 August 2005;
- A nasal endoscopy by the ENT surgeon, dated 11 November 2010;
- A ship's medical record by the medical officer, Middle East, dated 12 June 2013;
- CT sinuses and orthopantomogram reports by the radiologist, dated 30 September 2013;
- An operation report and histopathology by the ENT surgeon and pathologist, dated 18 February 2014.

Your service

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

15 February 1998 and 27 November 2017

Bilateral Sinuses - 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: Sinusitis (Worsening)

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 2 July 2025, and is supported by an ENT consultation by the CT sinuses and orthopantomogram, ENT surgeon, Radiologist and Dental Officer, dated 15 August 2005.

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*
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- *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*

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 bilateral facial pain and pressure over the cheeks and between the eyes, nasal blockage, thick discoloured nasal discharge and postnasal drip, reduced sense of smell, headache and pain in the left upper teeth, following a cold.The symptoms persisted beyond 12 weeks and have been continuous since, with flares several times a year on 18 April 2005.

The acute illness was diagnosed clinically on 18 April 2005 by the ship's medical officer, with bilateral facial pain, purulent nasal discharge, nasal obstruction and hyposmia following a viral

illness, and a positive bacterial culture. Chronic rhinosinusitis was confirmed on 15 August 2005 by an ENT surgeon on the basis of symptoms persisting beyond 12 weeks, endoscopic findings and CT showing bilateral maxillary and ethmoid mucosal disease (Lund-Mackay 10) with structural narrowing.

After the condition arose, it was worsened during your service. Impaired drainage from the septal deviation, turbinate hypertrophy and bilateral nasal polyps was present at the worsening on warlike service in the Middle East on 12 June 2013. A viral respiratory infection spread through the ship's company on warlike service from 8 June 2013, with pneumococcal infection at the worsening on 12 June 2013. Prednisolone 40 mg daily, prescribed on warlike service for asthma, was being taken at the worsening on 12 June 2013. Asthma, allergic rhinitis and sinus barotrauma were active at the worsening on warlike service in June 2013. The 2004 radiotherapy with the nasal cavity and maxillary sinus in the field, for a skin cancer linked to sun exposure on warlike service, preceded the worsening. You had smoked about 13 pack-years by the worsening on warlike service, without cessation, smoking 20 a day in theatre. Your enclosed second-hand smoke exposure exceeded 1,000 hours from 1998, with the last exposure on 8 June 2013 at a forward logistics base during warlike service. The chlorine inhalation on warlike service on 3 March 2005, with acute nasal symptoms and mucosal scarring, preceded the worsening. On 10 and 11 June 2013, within the 48 hours before the worsening, you worked on the upper deck during a shamal dust storm and inhaled fuel vapours during a replenishment at sea, on warlike service in the Middle East. The periapical granuloma of the left upper second molar adjacent to the left maxillary sinus was present at the worsening on warlike service; no dentist was embarked. Ibuprofen 400 mg three times a day, issued on warlike service from 20 May 2013 for back pain from machinery-space lifting, was being taken at the worsening, in the presence of nasal polyps. On warlike service in the Persian Gulf in 2005, and again in the Middle East from June to August 2013, the ship carried no ENT surgeon, dentist or CT scanner, and you were managed with repeated courses of oral antibiotics until you returned to Australia, three and a half months later in 2005 and eleven weeks later in 2013.

This has then led to further investigations and the diagnosis of your condition of *Sinusitis (Worsening)*. I have accepted your condition of *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 12 June 2013.

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