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 Skin - Lichen Nitidus

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 14 August 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 14 August 2025;
- A dermatology consultation by the dermatologist, dated 12 March 2005;
- A deployed health facility record and needle-stick incident report by the medical officer, Timor-Leste, dated 14 September 2006;
- An infectious diseases consultation and serology by the infectious diseases physician, dated 20 November 2006;
- A colonoscopy and histopathology by the gastroenterologist and pathologist, dated 18 March 2008;
- An oral medicine consultation and biopsy by the oral medicine specialist, dated 22 October 2008;
- A hepatitis C treatment plan by the infectious diseases physician, dated 15 July 2009;
- A periodic health examination by the medical officer, RAAF base health centre, dated 4 August 2009;
- An immunisation record by the base health centre, dated 28 December 2009;
- An outpatient health record by the medical officer, dated 19 January 2010;
- A dermatology consultation and histopathology by the dermatologist and pathologist, dated 3 February 2010;
- A role 1 medical record by the medical officer, Afghanistan, dated 18 December 2010;
- A dermatology review by the dermatologist, dated 14 June 2011.

Your service

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

10 January 2002 and 22 March 2016

Bilateral Skin - Lichen Nitidus

You have stated that your condition was caused by:

- *being exposed to solar ultraviolet radiation on unprotected skin of the affected area for at least 4 hours per day on at least 30 days within the 3 months before the clinical onset of lichen nitidus*
- *experiencing repeated friction, pressure or trauma to the skin of the affected area within the 4 weeks before the clinical onset of lichen nitidus*
- *having lichen planus at the time of the clinical onset of lichen nitidus*
- *having atopic dermatitis at the time of the clinical onset of lichen nitidus*
- *having Crohn's disease at the time of the clinical onset of lichen nitidus*
- *having infection with human immunodeficiency virus before the clinical onset of lichen nitidus*
- *having chronic hepatitis C infection, or being treated with interferon-alpha with or without ribavirin, within the 6 months before the clinical onset of lichen nitidus*
- *taking a tumour necrosis factor-alpha inhibitor for at least 4 weeks within the 6 months before the clinical onset of lichen nitidus*
- *receiving a hepatitis B vaccination within the 4 weeks before the clinical onset of lichen nitidus*

Diagnosis: Lichen Nitidus

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 14 August 2025, and is supported by a dermatology consultation and histopathology by the dermatologist and pathologist, dated 3 February 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:

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:

- *being exposed to solar ultraviolet radiation on unprotected skin of the affected area for at least 4 hours per day on at least 30 days within the 3 months before the clinical onset of lichen nitidus*
- *experiencing repeated friction, pressure or trauma to the skin of the affected area within the 4 weeks before the clinical onset of lichen nitidus*
- *having lichen planus at the time of the clinical onset of lichen nitidus*
- *having atopic dermatitis at the time of the clinical onset of lichen nitidus*
- *having Crohn's disease at the time of the clinical onset of lichen nitidus*
- *having infection with human immunodeficiency virus before the clinical onset of lichen nitidus*
- *having chronic hepatitis C infection, or being treated with interferon-alpha with or without ribavirin, within the 6 months before the clinical onset of lichen nitidus*
- *taking a tumour necrosis factor-alpha inhibitor for at least 4 weeks within the 6 months before the clinical onset of lichen nitidus*
- *receiving a hepatitis B vaccination within the 4 weeks before the clinical onset of lichen nitidus*

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 crops of pinhead-sized, shiny, skin-coloured bumps on both forearms and the backs of both hands, and in bands across your shoulders and flanks where your webbing rubbed, with mild itch on 19 January 2010.

The diagnosis was made by a dermatologist on 3 February 2010 on the clinical appearance of innumerable symmetrical 1 to 2 mm shiny flat-topped papules with a linear Koebner distribution, and confirmed on punch biopsy showing the diagnostic 'ball in claw' lymphohistiocytic infiltrate. Lichen planus, keratosis pilaris, verruca plana and lichenoid drug eruption were considered and excluded on the histology.

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

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 16 January 2010.

Bilateral Skin - Lichen Nitidus (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 14 August 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 14 August 2025;
- A dermatology consultation by the dermatologist, dated 12 March 2005;
- A deployed health facility record and needle-stick incident report by the medical officer, Timor-Leste, dated 14 September 2006;
- An infectious diseases consultation and serology by the infectious diseases physician, dated 20 November 2006;
- A colonoscopy and histopathology by the gastroenterologist and pathologist, dated 18 March 2008;
- An oral medicine consultation and biopsy by the oral medicine specialist, dated 22 October 2008;
- A hepatitis C treatment plan by the infectious diseases physician, dated 15 July 2009;
- A periodic health examination by the medical officer, RAAF base health centre, dated 4 August 2009;
- An immunisation record by the base health centre, dated 28 December 2009;
- An outpatient health record by the medical officer, dated 19 January 2010;
- A dermatology consultation and histopathology by the dermatologist and pathologist, dated 3 February 2010;
- A role 1 medical record by the medical officer, Afghanistan, dated 18 December 2010;
- A dermatology review by the dermatologist, dated 14 June 2011.

Your service

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

10 January 2002 and 22 March 2016

Bilateral Skin - Lichen Nitidus (Worsening)

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

- *being exposed to solar ultraviolet radiation on unprotected skin of the affected area for at least 4 hours per day on at least 30 days within the 3 months before the clinical worsening of lichen nitidus*
- *experiencing repeated friction, pressure or trauma to the skin of the affected area within the 4 weeks before the clinical worsening of lichen nitidus*
- *being exposed to sustained heat with heavy sweating under occlusive clothing for at least 6 hours per day on at least 30 days within the 3 months before the clinical worsening of lichen nitidus*
- *inability to obtain appropriate clinical management for lichen nitidus*

Diagnosis: Lichen Nitidus (Worsening)

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 14 August 2025, and is supported by a dermatology consultation and histopathology by the dermatologist and pathologist, dated 3 February 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:

- *being exposed to solar ultraviolet radiation on unprotected skin of the affected area for at least 4 hours per day on at least 30 days within the 3 months before the clinical worsening of lichen nitidus*
- *experiencing repeated friction, pressure or trauma to the skin of the affected area within the 4 weeks before the clinical worsening of lichen nitidus*
- *being exposed to sustained heat with heavy sweating under occlusive clothing for at least 6 hours per day on at least 30 days within the 3 months before the clinical worsening of lichen nitidus*
- *inability to obtain appropriate clinical management for lichen nitidus*

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 crops of pinhead-sized, shiny, skin-coloured bumps on both forearms and the backs of both hands, and in bands across your shoulders and flanks where your webbing rubbed, with mild itch on 19 January 2010.

The diagnosis was made by a dermatologist on 3 February 2010 on the clinical appearance of innumerable symmetrical 1 to 2 mm shiny flat-topped papules with a linear Koebner distribution, and confirmed on punch biopsy showing the diagnostic 'ball in claw' lymphohistiocytic infiltrate.

Lichen planus, keratosis pilaris, verruca plana and lichenoid drug eruption were considered and excluded on the histology.

After the condition arose, it was worsened during your service. On warlike service in Afghanistan from 5 September 2010, you worked as a medical technician at a forward role 1 facility and on vehicle and helicopter casualty evacuations, outdoors for 4 to 6 hours a day on most days, with forearms and hands exposed at high altitude where ultraviolet intensity is high. In the 4 weeks before the worsening, from 20 November to 18 December 2010, on warlike service in Afghanistan, you wore body armour and a medical pack for 10 to 12 hours a day, with constant friction over the trunk, shoulders and flanks and pressure on the palms from stretchers and equipment. From September to November 2010, on warlike service in Afghanistan, temperatures reached 35 to 40 degrees, and you worked in body armour and combat clothing for 10 to 12 hours a day on more than 60 days, with heavy sweating under the armour. On warlike service in Afghanistan from September 2010 to April 2011 there was no dermatologist, no phototherapy and no tele-dermatology service, and your supply of potent topical corticosteroid ran out in November 2010 and was not replaced until January 2011.

This has then led to further investigations and the diagnosis of your condition of *Lichen Nitidus (Worsening)*. I have accepted your condition of *Lichen Nitidus (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 December 2010.

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