# 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.*

## Chronic Nasal Obstruction

### 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 8 July 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 8 July 2025;
- An outpatient health record and skin prick testing by the medical officer, Garrison health centre, dated 16 March 2004;
- A pre-deployment health assessment by the medical officer, Garrison health centre, dated 25 August 2005;
- A deployed trauma record and X-ray nasal bones report by the medical officer, Iraq, dated 22 October 2005;
- A deployed health record by the medical officer, Iraq, dated 19 January 2006;
- A deployed health record by the medical officer, Iraq, dated 21 February 2006;
- An ear (nose and throat consultation and CT sinuses report) by the ENT surgeon and radiologist, dated 14 August 2006;
- An operation report by the ENT surgeon, dated 3 April 2007;
- A deployed health record by the medical officer, Afghanistan, dated 11 June 2011;
- An ear (nose and throat review and CT sinuses report) by the ENT surgeon and radiologist, dated 7 November 2011;
- An operation report by the ENT surgeon, dated 22 March 2012.

### Your service

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

15 February 1999 and 25 July 2016

# Chronic Nasal Obstruction

You have stated that your condition was caused by:

- *having a fracture of the nasal bones or nasal septum, or other trauma to the nose resulting in septal deviation, within the 1 year before the clinical onset of chronic nasal obstruction*
- *having nasal packing or nasotracheal intubation for at least 48 hours within the 1 year before the clinical onset of chronic nasal obstruction*
- *having allergic rhinitis at the time of the clinical onset of chronic nasal obstruction*
- *having chronic rhinosinusitis at the time of the clinical onset of chronic nasal obstruction*
- *having nasal polyps at the time of the clinical onset of chronic nasal obstruction*
- *being exposed to airborne dust, smoke, fuel vapour or vehicle exhaust in an occupational setting for at least 4 hours per day on most days for at least 3 months within the 6 months before the clinical onset of chronic nasal obstruction*
- *using a topical nasal decongestant for at least 10 consecutive days within the 1 month before the clinical onset of chronic nasal obstruction*
- *having hypertrophy of the inferior turbinates at the time of the clinical onset of chronic nasal obstruction*
- *having smoked at least 5 pack-years of cigarettes, or the equivalent in other tobacco products, before the clinical onset of chronic nasal obstruction*

**Diagnosis:** Chronic Nasal Obstruction

**Basis of diagnosis:** The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 8 July 2025, and is supported by an ear (nose and throat consultation and CT sinuses report) by the ENT surgeon and radiologist, dated 14 August 2006.

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 a fracture of the nasal bones or nasal septum, or other trauma to the nose resulting in septal deviation, within the 1 year before the clinical onset of chronic nasal obstruction*
- *having nasal packing or nasotracheal intubation for at least 48 hours within the 1 year before the clinical onset of chronic nasal obstruction*
- *having allergic rhinitis at the time of the clinical onset of chronic nasal obstruction*
- *having chronic rhinosinusitis at the time of the clinical onset of chronic nasal obstruction*
- *having nasal polyps at the time of the clinical onset of chronic nasal obstruction*

- *being exposed to airborne dust, smoke, fuel vapour or vehicle exhaust in an occupational setting for at least 4 hours per day on most days for at least 3 months within the 6 months before the clinical onset of chronic nasal obstruction*
- *using a topical nasal decongestant for at least 10 consecutive days within the 1 month before the clinical onset of chronic nasal obstruction*
- *having hypertrophy of the inferior turbinates at the time of the clinical onset of chronic nasal obstruction*
- *having smoked at least 5 pack-years of cigarettes, or the equivalent in other tobacco products, before the clinical onset of chronic nasal obstruction*

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 constant blockage of both sides of the nose, worse on the left, that was no longer relieved by decongestant spray, with mouth breathing, dry mouth, loud snoring, thick nasal discharge, reduced sense of smell and difficulty wearing a respirator and headset on 21 February 2006.

The diagnosis was made by an ear, nose and throat surgeon on 14 August 2006 on the basis of constant bilateral nasal obstruction for six months, nasal endoscopy showing a post-traumatic septal deviation obstructing the left airway, bilateral inferior turbinate hypertrophy and grade 2 nasal polyps, a reduced peak nasal inspiratory flow of 45 litres per minute, and CT showing septal deviation, turbinate hypertrophy and maxillary and ethmoid mucosal disease. Operative findings at septoplasty, turbinate reduction and polypectomy on 3 April 2007 confirmed the structural and mucosal causes.

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

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 20 February 2006.

# Chronic Nasal Obstruction (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 8 July 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 8 July 2025;
- An outpatient health record and skin prick testing by the medical officer, Garrison health centre, dated 16 March 2004;
- A pre-deployment health assessment by the medical officer, Garrison health centre, dated 25 August 2005;
- A deployed trauma record and X-ray nasal bones report by the medical officer, Iraq, dated 22 October 2005;
- A deployed health record by the medical officer, Iraq, dated 19 January 2006;
- A deployed health record by the medical officer, Iraq, dated 21 February 2006;
- An ear (nose and throat consultation and CT sinuses report) by the ENT surgeon and radiologist, dated 14 August 2006;
- An operation report by the ENT surgeon, dated 3 April 2007;
- A deployed health record by the medical officer, Afghanistan, dated 11 June 2011;
- An ear (nose and throat review and CT sinuses report) by the ENT surgeon and radiologist, dated 7 November 2011;
- An operation report by the ENT surgeon, dated 22 March 2012.

## Your service

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

15 February 1999 and 25 July 2016

## Chronic Nasal Obstruction (Worsening)

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

- *having a fracture of the nasal bones or nasal septum, or other trauma to the nose resulting in septal deviation, within the 1 year before the clinical worsening of chronic nasal obstruction*

- *being exposed to airborne dust, smoke, fuel vapour or vehicle exhaust in an occupational setting for at least 4 hours per day on most days for at least 3 months within the 6 months before the clinical worsening of chronic nasal obstruction*
- *using a topical nasal decongestant for at least 10 consecutive days within the 1 month before the clinical worsening of chronic nasal obstruction*
- *inability to obtain appropriate clinical management for chronic nasal obstruction*

**Diagnosis:** Chronic Nasal Obstruction (Worsening)

**Basis of diagnosis:** The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 8 July 2025, and is supported by an ear (nose and throat consultation and CT sinuses report) by the ENT surgeon and radiologist, dated 14 August 2006.

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 a fracture of the nasal bones or nasal septum, or other trauma to the nose resulting in septal deviation, within the 1 year before the clinical worsening of chronic nasal obstruction*
- *being exposed to airborne dust, smoke, fuel vapour or vehicle exhaust in an occupational setting for at least 4 hours per day on most days for at least 3 months within the 6 months before the clinical worsening of chronic nasal obstruction*
- *using a topical nasal decongestant for at least 10 consecutive days within the 1 month before the clinical worsening of chronic nasal obstruction*
- *inability to obtain appropriate clinical management for chronic nasal obstruction*

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 constant blockage of both sides of the nose, worse on the left, that was no longer relieved by decongestant spray, with mouth breathing, dry mouth, loud snoring, thick nasal discharge, reduced sense of smell and difficulty wearing a respirator and headset on 21 February 2006.

The diagnosis was made by an ear, nose and throat surgeon on 14 August 2006 on the basis of constant bilateral nasal obstruction for six months, nasal endoscopy showing a post-traumatic septal deviation obstructing the left airway, bilateral inferior turbinate hypertrophy and grade 2 nasal polyps, a reduced peak nasal inspiratory flow of 45 litres per minute, and CT showing septal deviation, turbinate hypertrophy and maxillary and ethmoid mucosal disease. Operative

findings at septoplasty, turbinate reduction and polypectomy on 3 April 2007 confirmed the structural and mucosal causes.

After the condition arose, it was worsened during your service. On 11 June 2011, during warlike service in Afghanistan, you were thrown face-first against a weapon mount when your vehicle braked suddenly, fracturing your nasal bones again. From 6 February 2011 to 11 June 2011, during warlike service in Afghanistan, you spent 8 to 10 hours a day in the turret on dusty roads and tracks in diesel exhaust, a period of four months within the 6 months before the worsening, from 11 December 2010 to 11 June 2011. When your intranasal corticosteroid supply ran out in April 2011 and could not be replaced in theatre, you used oxymetazoline spray several times a day every day from 15 May 2011 to the worsening, 27 consecutive days within the 1 month before the worsening (11 May 2011 to 11 June 2011), recorded by the medical officer on 11 June 2011. On warlike service in Afghanistan in 2011 your intranasal corticosteroid could not be resupplied for two months, no ear, nose and throat assessment was available after your second nasal fracture, and reduction of the fracture within the recommended two weeks was not possible.

This has then led to further investigations and the diagnosis of your condition of *Chronic Nasal Obstruction (Worsening)*. I have accepted your condition of *Chronic Nasal Obstruction (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 11 June 2011.

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