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 Rhinosinusitis with Nasal Polyposis

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 October 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 2 October 2025;
- A skin prick test report by the allergy clinic, dated 1998;
- An emergency attendance and CT facial bones by the medical officer and radiologist, dated 14 August 2002;
- A gastroscopy report by the gastroenterologist, dated 2005;
- A 2005 and 2006 by the aviation medicine records of sinus barotrauma, Medical Officer (Aviation Medicine);
- A histopathology and dermatology report by the dermatologist, dated 22 June 2006;
- A radiotherapy treatment summary by the radiation oncologist, dated Sep 2006;
- An aircrew medical examination by the medical officer (aviation medicine), dated 15 January 2007;
- A dental record by the dental officer, dated Mar 2007;
- A deployed health record and chemical exposure report by the medical officer, Middle East Area of Operations, dated 10 April 2007;
- A deployed health record by the medical officer, Middle East Area of Operations, dated 18 May 2007;
- CT paranasal sinuses by the radiologist, dated 5 November 2007;
- An ear (nose and throat consultation and nasendoscopy) by the ear, nose and throat surgeon, dated 20 November 2007;
- A dental extraction record by the dental officer, dated 5 March 2013;
- A respiratory medicine consultation by the respiratory physician, dated 2013;

- A deployed health record by the medical officer, Middle East Area of Operations, dated 12 January 2015;
- CT paranasal sinuses and ear (nose and throat review) by the ear, nose and throat surgeon, dated 15 April 2015;
- An operation report and histopathology by the ear, nose and throat surgeon, dated Jun 2015.

Your service

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

15 January 1993 and 28 June 2019

Chronic Rhinosinusitis with Nasal Polyposis

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: Chronic Rhinosinusitis with Nasal Polyposis

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 2 October 2025, and is supported by an ear (nose and throat consultation and nasendoscopy) by the ear, nose and throat surgeon, dated 20 November 2007.

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 nasal congestion, purulent nasal discharge, left-sided facial pain and pressure, reduced sense of smell and fever on 18 May 2007.

The diagnosis was confirmed by an ear, nose and throat surgeon on 20 November 2007. You had nasal obstruction, discharge, facial pressure and loss of smell persisting for more than twelve weeks from 18 May 2007, nasendoscopy showed bilateral grade 2 nasal polyps, and CT on 5 November 2007 showed pansinus mucosal thickening and opacification with ostiomeatal obstruction and a Lund-Mackay score of 16. This meets the Statement of Principles definition of sinusitis as inflammation of the nasal cavity and paranasal sinuses, in its chronic form, with nasal polyps.

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

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 May 2007.

Chronic Rhinosinusitis with Nasal Polyposis (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 October 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 2 October 2025;
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- An aircrew medical examination by the medical officer (aviation medicine), dated 15 January 2007;
- A dental record by the dental officer, dated Mar 2007;
- A deployed health record and chemical exposure report by the medical officer, Middle East Area of Operations, dated 10 April 2007;
- A deployed health record by the medical officer, Middle East Area of Operations, dated 18 May 2007;
- CT paranasal sinuses by the radiologist, dated 5 November 2007;
- An ear (nose and throat consultation and nasendoscopy) by the ear, nose and throat surgeon, dated 20 November 2007;
- A dental extraction record by the dental officer, dated 5 March 2013;
- A respiratory medicine consultation by the respiratory physician, dated 2013;
- A deployed health record by the medical officer, Middle East Area of Operations, dated 12 January 2015;
- CT paranasal sinuses and ear (nose and throat review) by the ear, nose and throat surgeon, dated 15 April 2015;
- An operation report and histopathology by the ear, nose and throat surgeon, dated Jun 2015.

Your service

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

15 January 1993 and 28 June 2019

Chronic Rhinosinusitis with Nasal Polyposis (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: Chronic Rhinosinusitis with Nasal Polyposis (Worsening)

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 2 October 2025, and is supported by an ear (nose and throat consultation and nasendoscopy) by the ear, nose and throat surgeon, dated 20 November 2007.

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*
- *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*

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 nasal congestion, purulent nasal discharge, left-sided facial pain and pressure, reduced sense of smell and fever on 18 May 2007.

The diagnosis was confirmed by an ear, nose and throat surgeon on 20 November 2007. You had nasal obstruction, discharge, facial pressure and loss of smell persisting for more than twelve weeks from 18 May 2007, nasendoscopy showed bilateral grade 2 nasal polyps, and CT on 5 November 2007 showed pansinus mucosal thickening and opacification with ostiomeatal obstruction and a Lund-Mackay score of 16. This meets the Statement of Principles definition of sinusitis as inflammation of the nasal cavity and paranasal sinuses, in its chronic form, with nasal polyps.

After the condition arose, it was worsened during your service. On warlike service at the worsening on 12 January 2015 your sinus drainage was obstructed by polyps and the persisting septal deviation, as confirmed on CT on 15 April 2015. A viral respiratory infection acquired in shared deployed accommodation in the Middle East Area of Operations was present at the worsening on 12 January 2015. Maintenance oral prednisolone 10 mg daily for asthma arising from your warlike service was being taken at the worsening on 12 January 2015. Asthma from your Middle East service and left maxillary sinus barotrauma sustained on a tactical descent on warlike service on 9 January 2015 were present at the worsening on 12 January 2015. The 2006 radiotherapy for the skin cancer caused by solar exposure on warlike service, with the left maxillary sinus and nasal cavity in the field, preceded the worsening on 12 January 2015. You continued to smoke, more heavily on warlike service in the Middle East from October 2014, about 16 pack-years in total by the worsening on 12 January 2015. Cumulative exposure in shared accommodation on warlike service exceeded 2,000 hours by January 2015, beginning in 1999, and continued in shared accommodation in the Middle East Area of Operations from October 2014, within the three months before the worsening on 12 January 2015. The chlorine inhalation on warlike service on 10 April 2007, with acute nasal symptoms within an hour and mucosal scarring, occurred before the worsening on 12 January 2015. On 10 and 11 January 2015, within the 48 hours before the worsening on 12 January 2015, you worked beside the burn pit at your deployed air base in the Middle East Area of Operations, inhaling dense smoke, dust and aviation fuel vapour. The oro-antral fistula from the 2013 extraction of the upper left first molar, whose abscess began on warlike service in 2007, was present adjacent to the left maxillary sinus at the worsening on 12 January 2015. The deployed medical officer prescribed ibuprofen 400 mg three times daily from 2 January 2015 for back pain from cargo handling on warlike service, and you were taking it at the worsening on 12 January 2015. On warlike service in the Middle East in 2007 your dental treatment could not be completed, and in 2015 no ear, nose and throat care was available as the disease worsened.

This has then led to further investigations and the diagnosis of your condition of *Chronic Rhinosinusitis with Nasal Polyposis (Worsening)*. I have accepted your condition of *Chronic Rhinosinusitis with Nasal Polyposis (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 January 2015.

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.