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.

Deep Vein Thrombosis

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 21 February 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 21 February 2025;
- A rheumatology consultation by the rheumatologist, dated 14 June 2016;
- A respiratory function testing and consultation by the respiratory physician, dated 2 May 2018;
- A diagnostic polysomnography report by the sleep physician, dated 21 August 2019;
- A sharps injury report and post-exposure record by Role 2 hospital, Kabul, dated 18 November 2020;
- A psychiatric assessment by the consultant psychiatrist, dated 10 December 2020;
- A deployed health record by the medical officer, Kabul, dated 14 January 2021;
- A deployed health record and aeromedical evacuation record by the medical officer, Kabul, dated 22 January 2021;
- A staging CT report by the radiologist, dated 4 February 2021;
- An operation report by the breast surgeon, dated 9 February 2021;
- An ultrasound left upper limb by the radiologist, dated 12 February 2021;
- A coronary angiogram and echocardiogram by the cardiologist, dated 16 February 2021;
- An MRI brain and stroke unit admission by the neurologist, dated 20 February 2021;
- An infectious diseases consultation by the infectious diseases physician, dated 5 March 2021;
- A radiotherapy treatment plan by the radiation oncologist, dated 8 March 2021;
- A rehabilitation medicine review by the rehabilitation physician, dated 15 March 2021;
- A duplex ultrasound left upper limb by the radiologist, dated 24 March 2021;

- A haematology consultation by the haematologist, dated 24 March 2021;
- A CT pulmonary angiogram by the radiologist, dated 14 April 2021.

Your service

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

14 January 2002 and 30 June 2022

Deep Vein Thrombosis

You have stated that your condition was caused by:

- *having superficial vein thrombosis within the six months before the clinical onset of deep vein thrombosis*
- *having external compression of the affected vein or a vein draining the affected vein, at the time of the clinical onset of deep vein thrombosis*
- *having an infection involving the affected vein at the time of the clinical onset of deep vein thrombosis*
- *for deep vein thrombosis in an upper limb only, engagement in exercise of the affected upper limb within the seven days before the clinical onset of deep vein thrombosis*
- *having acute myocardial infarction within the three months before the clinical onset of deep vein thrombosis*
- *having heart failure at the time of the clinical onset of deep vein thrombosis*
- *having a malignant neoplasm at the time of the clinical onset of deep vein thrombosis*
- *having an aneurysm of the affected vein at the time of the clinical onset of deep vein thrombosis*
- *being overweight or obese at the time of the clinical onset of deep vein thrombosis*
- *having sleep apnoea at the time of the clinical onset of deep vein thrombosis*
- *being pregnant within the three months before the clinical onset of deep vein thrombosis*
- *having infection with human immunodeficiency virus or hepatitis C virus at the time of the clinical onset of deep vein thrombosis*
- *having infection with severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) within the three months before the clinical onset of deep vein thrombosis*
- *having an autoimmune disease at the time of the clinical onset of deep vein thrombosis*
- *having diabetes mellitus at the time of the clinical onset of deep vein thrombosis*
- *having a hypercoagulable state as specified at the time of the clinical onset of deep vein thrombosis*
- *having a kidney disease from the specified list of kidney diseases at the time of the clinical onset of deep vein thrombosis*

- *having a device implanted within the affected vein for a continuous period of at least 24 hours within the three months before the clinical onset of deep vein thrombosis*
- *having surgery requiring a general, spinal or epidural anaesthetic within the six months before the clinical onset of deep vein thrombosis*
- *having an injury or illness as specified within the three months before the clinical onset of deep vein thrombosis*
- *having restricted mobility for a continuous period of at least four hours within the four weeks before the clinical onset of deep vein thrombosis*
- *having a neurological disease that causes loss or impairment of motor function of a limb within the three months before the clinical onset of deep vein thrombosis*
- *taking a drug from the specified list of drugs within the three months before the clinical onset of deep vein thrombosis*
- *taking combined estrogen-progestogen contraception or taking menopausal hormone therapy as an oral estrogen, or a non-oral estrogen combined with a progestogen, for a continuous period of at least four weeks, within the three months before the clinical onset of deep vein thrombosis*
- *having smoked tobacco products: (a) in an amount of at least one pack-year before the clinical onset of deep vein thrombosis; or (b) in an amount of at least 10 cigarettes per day, or the equivalent thereof in other tobacco products, for a period of at least three months before the clinical onset of deep vein thrombosis; and if smoking has ceased before the clinical onset of deep vein thrombosis, then that onset occurred within six months of cessation*
- *being at an altitude of at least 3,000 metres for a continuous period of at least five days within the three months before the clinical onset of deep vein thrombosis*

Diagnosis: Deep Vein Thrombosis

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 21 February 2025, and is supported by a duplex ultrasound left upper limb by the radiologist, dated 24 March 2021.

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

Statement of Principles concerning Deep Vein Thrombosis (Balance of Probabilities) (No. 36 of 2021)

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

I am satisfied that you have met the following factor:

- *having superficial vein thrombosis within the six months before the clinical onset of deep vein thrombosis*

- *having external compression of the affected vein or a vein draining the affected vein, at the time of the clinical onset of deep vein thrombosis*
- *having an infection involving the affected vein at the time of the clinical onset of deep vein thrombosis*
- *for deep vein thrombosis in an upper limb only, engagement in exercise of the affected upper limb within the seven days before the clinical onset of deep vein thrombosis*
- *having acute myocardial infarction within the three months before the clinical onset of deep vein thrombosis*
- *having heart failure at the time of the clinical onset of deep vein thrombosis*
- *having a malignant neoplasm at the time of the clinical onset of deep vein thrombosis*
- *having an aneurysm of the affected vein at the time of the clinical onset of deep vein thrombosis*
- *being overweight or obese at the time of the clinical onset of deep vein thrombosis*
- *having sleep apnoea at the time of the clinical onset of deep vein thrombosis*
- *being pregnant within the three months before the clinical onset of deep vein thrombosis*
- *having infection with human immunodeficiency virus or hepatitis C virus at the time of the clinical onset of deep vein thrombosis*
- *having infection with severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) within the three months before the clinical onset of deep vein thrombosis*
- *having an autoimmune disease at the time of the clinical onset of deep vein thrombosis*
- *having diabetes mellitus at the time of the clinical onset of deep vein thrombosis*
- *having a hypercoagulable state as specified at the time of the clinical onset of deep vein thrombosis*
- *having a kidney disease from the specified list of kidney diseases at the time of the clinical onset of deep vein thrombosis*
- *having a device implanted within the affected vein for a continuous period of at least 24 hours within the three months before the clinical onset of deep vein thrombosis*
- *having surgery requiring a general, spinal or epidural anaesthetic within the six months before the clinical onset of deep vein thrombosis*
- *having an injury or illness as specified within the three months before the clinical onset of deep vein thrombosis*
- *having restricted mobility for a continuous period of at least four hours within the four weeks before the clinical onset of deep vein thrombosis*
- *having a neurological disease that causes loss or impairment of motor function of a limb within the three months before the clinical onset of deep vein thrombosis*
- *taking a drug from the specified list of drugs within the three months before the clinical onset of deep vein thrombosis*
- *taking combined estrogen-progestogen contraception or taking menopausal hormone therapy as an oral estrogen, or a non-oral estrogen combined with a progestogen, for a*

continuous period of at least four weeks, within the three months before the clinical onset of deep vein thrombosis

- *having smoked tobacco products: (a) in an amount of at least one pack-year before the clinical onset of deep vein thrombosis; or (b) in an amount of at least 10 cigarettes per day, or the equivalent thereof in other tobacco products, for a period of at least three months before the clinical onset of deep vein thrombosis; and if smoking has ceased before the clinical onset of deep vein thrombosis, then that onset occurred within six months of cessation*
- *being at an altitude of at least 3,000 metres for a continuous period of at least five days within the three months before the clinical onset of deep vein thrombosis*

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 swelling, heaviness and aching of the whole left arm, a bluish discolouration of the hand when it hung down, and dilated veins over the left shoulder and upper chest on 19 March 2021.

The diagnosis was confirmed by duplex ultrasound on 24 March 2021, which showed non-compressible occlusive thrombus in the left axillary and subclavian veins with absent flow, surrounding the port catheter and extending into the axillary vein aneurysm. This is formation of a blood clot within the deep venous system and meets the Statement of Principles definition of deep vein thrombosis; it does not involve any of the excluded veins.

This has then led to further investigations and the diagnosis of your condition of *Deep Vein Thrombosis*. I have accepted your condition of *Deep Vein Thrombosis*.

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 peacetime service.

I have therefore accepted that this condition is related to your service with effect from 18 March 2021.

Deep Vein Thrombosis (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 21 February 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 21 February 2025;
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- A rehabilitation medicine review by the rehabilitation physician, dated 15 March 2021;
- A duplex ultrasound left upper limb by the radiologist, dated 24 March 2021;
- A haematology consultation by the haematologist, dated 24 March 2021;
- A CT pulmonary angiogram by the radiologist, dated 14 April 2021.

Your service

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

14 January 2002 and 30 June 2022

Deep Vein Thrombosis (Worsening)

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

- *inability to obtain appropriate clinical management for deep vein thrombosis*

Diagnosis: Deep Vein Thrombosis (Worsening)

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 21 February 2025, and is supported by a duplex ultrasound left upper limb by the radiologist, dated 24 March 2021.

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

Statement of Principles concerning Deep Vein Thrombosis (Balance of Probabilities) (No. 36 of 2021)

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

I am satisfied that you have met the following factor:

- *inability to obtain appropriate clinical management for deep vein thrombosis*

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 swelling, heaviness and aching of the whole left arm, a bluish discolouration of the hand when it hung down, and dilated veins over the left shoulder and upper chest on 19 March 2021.

The diagnosis was confirmed by duplex ultrasound on 24 March 2021, which showed non-compressible occlusive thrombus in the left axillary and subclavian veins with absent flow, surrounding the port catheter and extending into the axillary vein aneurysm. This is formation of a blood clot within the deep venous system and meets the Statement of Principles definition of deep vein thrombosis; it does not involve any of the excluded veins.

After the condition arose, it was worsened during your service. Duplex ultrasound was not available for five days after you reported the arm swelling on 19 March 2021, so anticoagulation was delayed until 24 March 2021.

This has then led to further investigations and the diagnosis of your condition of *Deep Vein Thrombosis (Worsening)*. I have accepted your condition of *Deep Vein Thrombosis (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 peacetime service.

I have therefore accepted that the worsening of this condition is related to your service with effect from 19 March 2021.

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