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.

Hypoparathyroidism

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 trauma admission by the CT angiogram and operation report, Role 3 hospital, Iraq, dated 23 October 2006;
- An endocrinology consultation by the endocrinologist, dated 14 May 2009;
- A radioactive iodine treatment record by the nuclear medicine physician, dated 3 August 2009;
- An outpatient health record by the medical officer, Garrison health centre, dated 12 February 2010;
- An operation report and histopathology by the endocrine surgeon, dated 15 March 2011;
- A role 2 treatment record and stool microscopy by the medical officer, Afghanistan, dated 22 April 2013;
- Pathology results and MRI liver by the haematologist, dated 14 November 2013;
- An outpatient health record and admission by the medical officer, Garrison health centre, dated 5 June 2014;
- An endocrinology consultation by the endocrinologist, dated 18 June 2014;
- An operation report by the endocrine surgeon, dated 9 March 2017;
- An endocrinology review by the endocrinologist, dated 20 March 2017;
- A CT brain by the radiologist, dated 12 September 2018;
- Recognised causes of hypoparathyroidism (endocrinology literature (no Statement of Principles)).

Your service

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

20 January 1999 and 11 October 2019

Hypoparathyroidism

You have stated that your condition was caused by:

- *having undergone surgery to the thyroid gland, parathyroid glands or anterior neck before the clinical onset of hypoparathyroidism*
- *having a penetrating injury or other significant trauma to the anterior neck before the clinical onset of hypoparathyroidism*
- *having received radioactive iodine therapy or external beam radiation to the neck before the clinical onset of hypoparathyroidism*
- *having an autoimmune disease affecting the endocrine glands, or antibodies against the calcium-sensing receptor or parathyroid tissue, at the time of the clinical onset of hypoparathyroidism*
- *having iron overload, including iron overload following multiple blood transfusions, before the clinical onset of hypoparathyroidism*
- *having hypomagnesaemia, with a serum magnesium below 0.5 mmol/L, at the time of the clinical onset of hypoparathyroidism*
- *taking a proton pump inhibitor for at least the one year before the clinical onset of hypoparathyroidism*
- *consuming an average of at least 60 grams of alcohol per day for at least the one year before the clinical onset of hypoparathyroidism*
- *having chronic diarrhoea or malabsorption for at least the 3 months before the clinical onset of hypoparathyroidism*

Diagnosis: Hypoparathyroidism

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 14 August 2025, and is supported by an endocrinology consultation by the endocrinologist, dated 18 June 2014.

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:

- *having undergone surgery to the thyroid gland, parathyroid glands or anterior neck before the clinical onset of hypoparathyroidism*
- *having a penetrating injury or other significant trauma to the anterior neck before the clinical onset of hypoparathyroidism*
- *having received radioactive iodine therapy or external beam radiation to the neck before the clinical onset of hypoparathyroidism*
- *having an autoimmune disease affecting the endocrine glands, or antibodies against the calcium-sensing receptor or parathyroid tissue, at the time of the clinical onset of hypoparathyroidism*
- *having iron overload, including iron overload following multiple blood transfusions, before the clinical onset of hypoparathyroidism*
- *having hypomagnesaemia, with a serum magnesium below 0.5 mmol/L, at the time of the clinical onset of hypoparathyroidism*
- *taking a proton pump inhibitor for at least the one year before the clinical onset of hypoparathyroidism*
- *consuming an average of at least 60 grams of alcohol per day for at least the one year before the clinical onset of hypoparathyroidism*
- *having chronic diarrhoea or malabsorption for at least the 3 months before the clinical onset of hypoparathyroidism*

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 tingling around the mouth and in the fingers and toes, painful muscle cramps and spasms of the hands and calves, fatigue and irritability on 5 June 2014.

The diagnosis was confirmed by an endocrinologist on 18 June 2014. Corrected calcium was 1.82 mmol/L with raised phosphate of 1.78 mmol/L and an inappropriately low PTH of 0.8 pmol/L on 5 June 2014, and after magnesium had been corrected PTH remained low at 0.9 pmol/L with persistent hypocalcaemia, confirming true hypoparathyroidism rather than a purely functional effect of magnesium deficiency. Vitamin D, renal function and albumin were normal.

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

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 2 June 2014.

Hypoparathyroidism (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 trauma admission by the CT angiogram and operation report, Role 3 hospital, Iraq, dated 23 October 2006;
- An endocrinology consultation by the endocrinologist, dated 14 May 2009;
- A radioactive iodine treatment record by the nuclear medicine physician, dated 3 August 2009;
- An outpatient health record by the medical officer, Garrison health centre, dated 12 February 2010;
- An operation report and histopathology by the endocrine surgeon, dated 15 March 2011;
- A role 2 treatment record and stool microscopy by the medical officer, Afghanistan, dated 22 April 2013;
- Pathology results and MRI liver by the haematologist, dated 14 November 2013;
- An outpatient health record and admission by the medical officer, Garrison health centre, dated 5 June 2014;
- An endocrinology consultation by the endocrinologist, dated 18 June 2014;
- An operation report by the endocrine surgeon, dated 9 March 2017;
- An endocrinology review by the endocrinologist, dated 20 March 2017;
- A CT brain by the radiologist, dated 12 September 2018;
- Recognised causes of hypoparathyroidism (endocrinology literature (no Statement of Principles)).

Your service

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

20 January 1999 and 11 October 2019

Hypoparathyroidism (Worsening)

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

- *having undergone further surgery to the thyroid bed, parathyroid glands or neck within the 3 months before the clinical worsening of hypoparathyroidism*
- *having hypomagnesaemia, with a serum magnesium below 0.5 mmol/L, at the time of the clinical worsening of hypoparathyroidism*
- *taking a proton pump inhibitor for at least the one year before the clinical worsening of hypoparathyroidism*
- *consuming an average of at least 60 grams of alcohol per day for at least the one year before the clinical worsening of hypoparathyroidism*
- *inability to obtain appropriate clinical management for hypoparathyroidism*

Diagnosis: Hypoparathyroidism (Worsening)

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 14 August 2025, and is supported by an endocrinology consultation by the endocrinologist, dated 18 June 2014.

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:

- *having undergone further surgery to the thyroid bed, parathyroid glands or neck within the 3 months before the clinical worsening of hypoparathyroidism*
- *having hypomagnesaemia, with a serum magnesium below 0.5 mmol/L, at the time of the clinical worsening of hypoparathyroidism*
- *taking a proton pump inhibitor for at least the one year before the clinical worsening of hypoparathyroidism*
- *consuming an average of at least 60 grams of alcohol per day for at least the one year before the clinical worsening of hypoparathyroidism*
- *inability to obtain appropriate clinical management for hypoparathyroidism*

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 tingling around the mouth and in the fingers and

toes, painful muscle cramps and spasms of the hands and calves, fatigue and irritability on 5 June 2014.

The diagnosis was confirmed by an endocrinologist on 18 June 2014. Corrected calcium was 1.82 mmol/L with raised phosphate of 1.78 mmol/L and an inappropriately low PTH of 0.8 pmol/L on 5 June 2014, and after magnesium had been corrected PTH remained low at 0.9 pmol/L with persistent hypocalcaemia, confirming true hypoparathyroidism rather than a purely functional effect of magnesium deficiency. Vitamin D, renal function and albumin were normal.

After the condition arose, it was worsened during your service. A left lateral neck dissection for recurrent thyroid cancer nodes was performed on 9 March 2017, eleven days before the documented worsening on 20 March 2017, with carpopedal spasm, corrected calcium of 1.68 mmol/L and a doubled calcitriol requirement. Serum magnesium was 0.48 mmol/L on 20 March 2017, at the worsening. Pantoprazole continued daily throughout the year before the worsening, from 20 March 2016 to 20 March 2017. Your alcohol intake was recorded at about 60 grams a day throughout the year before the worsening. During your posting to a remote northern base from April 2016 to January 2017 you had no access to endocrinology review and no calcium or magnesium monitoring for nine months, so your hypomagnesaemia and under-treatment were not detected before the neck dissection.

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

I have therefore accepted that the worsening of this condition is related to your service with effect from 20 March 2017.

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