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.

Left Ankle - Osteochondral Lesion of the Talus

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 9 September 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 9 September 2025;
- A regimental aid post record by the medical officer, Afghanistan, dated 17 July 2010;
- An outpatient health record by the medical officer, Base medical centre, dated 22 August 2012;
- An MRI left ankle by the radiologist, dated 20 February 2014;
- An operation report by the orthopaedic surgeon, dated 14 March 2014;
- An MRI left ankle and orthopaedic consultation by the orthopaedic surgeon, dated 5 May 2014;
- An MRI left ankle by the coalition role 2 facility, Middle East, dated 12 March 2018;
- A CT left ankle by the radiologist, dated 2 July 2018;
- An operation report by the orthopaedic surgeon, dated 16 July 2018.

Your service

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

5 February 2007 and 18 November 2020

Left Ankle - Osteochondral Lesion of the Talus

You have stated that your condition was caused by:

- *having a significant physical force applied to or through the affected joint at the time of the clinical onset of acute articular cartilage tear*
- *having intra-articular surgery of the affected joint at the time of the clinical onset of acute articular cartilage tear*

Diagnosis: Osteochondral Lesion of the Talus

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 9 September 2025, and is supported by an MRI left ankle and orthopaedic consultation by the orthopaedic surgeon, dated 5 May 2014.

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

Statement of Principles concerning Acute Articular Cartilage Tear (Balance of Probabilities) (No. 22 of 2019)

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

I am satisfied that you have met the following factor:

- *having a significant physical force applied to or through the affected joint at the time of the clinical onset of acute articular cartilage tear*
- *having intra-articular surgery of the affected joint at the time of the clinical onset of acute articular cartilage tear*

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 deep, aching pain in the lateral left ankle with tenderness over the anterolateral joint line, swelling after activity, catching and a sensation of the ankle locking on 14 March 2014.

The diagnosis was confirmed on MRI on 5 May 2014, which showed an acute 9 by 7 mm osteochondral lesion of the lateral talar dome with a partially detached cartilage flap and surrounding marrow oedema, in an area shown to be intact on MRI three weeks before the surgery. The sudden onset of pain and tenderness and the acute marrow oedema meet the Statement of Principles definition of an acute articular cartilage tear, and exclude a chronic or degenerative tear.

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

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 14 March 2014.

Left Ankle - Osteochondral Lesion of the Talus (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 9 September 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 9 September 2025;
- A regimental aid post record by the medical officer, Afghanistan, dated 17 July 2010;
- An outpatient health record by the medical officer, Base medical centre, dated 22 August 2012;
- An MRI left ankle by the radiologist, dated 20 February 2014;
- An operation report by the orthopaedic surgeon, dated 14 March 2014;
- An MRI left ankle and orthopaedic consultation by the orthopaedic surgeon, dated 5 May 2014;
- An MRI left ankle by the coalition role 2 facility, Middle East, dated 12 March 2018;
- A CT left ankle by the radiologist, dated 2 July 2018;
- An operation report by the orthopaedic surgeon, dated 16 July 2018.

Your service

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

5 February 2007 and 18 November 2020

Left Ankle - Osteochondral Lesion of the Talus (Worsening)

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

- *inability to obtain appropriate clinical management for acute articular cartilage tear*

Diagnosis: Osteochondral Lesion of the Talus (Worsening)

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 9 September 2025, and is supported by an MRI left ankle and orthopaedic consultation by the orthopaedic surgeon, dated 5 May 2014.

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

Statement of Principles concerning Acute Articular Cartilage Tear (Reasonable Hypothesis) (No. 21 of 2019)

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 acute articular cartilage tear*

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 deep, aching pain in the lateral left ankle with tenderness over the anterolateral joint line, swelling after activity, catching and a sensation of the ankle locking on 14 March 2014.

The diagnosis was confirmed on MRI on 5 May 2014, which showed an acute 9 by 7 mm osteochondral lesion of the lateral talar dome with a partially detached cartilage flap and surrounding marrow oedema, in an area shown to be intact on MRI three weeks before the surgery. The sudden onset of pain and tenderness and the acute marrow oedema meet the Statement of Principles definition of an acute articular cartilage tear, and exclude a chronic or degenerative tear.

After the condition arose, it was worsened during your service. From 10 October 2017 to 2 June 2018, on warlike service in the Middle East, you could not obtain the recommended debridement and microfracture, and the lesion enlarged from 9 by 7 mm to 14 by 10 mm with an unstable fragment and subchondral cyst on MRI on 12 March 2018.

This has then led to further investigations and the diagnosis of your condition of *Osteochondral Lesion of the Talus (Worsening)*. I have accepted your condition of *Osteochondral Lesion of the Talus (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 March 2018.

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