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 Barotrauma

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 January 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 21 January 2025;
- A diagnostic polysomnography report and sleep physician consultation by the sleep physician, dated 3 August 2009;
- A pre-deployment diving medical by the diving medical officer, dated 12 April 2011;
- An outpatient health record by the medical officer, Role 1 health facility, Afghanistan, dated 1 August 2011;
- An outpatient health record by the medical officer, Role 1 health facility, Afghanistan, dated 14 August 2011;
- An audiology report by the audiologist, Role 3 hospital, Afghanistan, dated 16 August 2011;
- An outpatient health record by the medical officer, Role 1 health facility, Afghanistan, dated 25 August 2011;
- A specialist consultation by the ear, nose and throat surgeon, dated 20 January 2012;
- An outpatient health record by the medical officer, Role 2 facility, Iraq, dated 22 June 2017;
- An outpatient health record by the medical officer, Role 2 facility, Iraq, dated 28 June 2017;
- A CT temporal bones report by the radiologist, dated 10 January 2018;
- An operation note by the ear, nose and throat surgeon, dated 19 February 2018.

Your service

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

14 February 2002 and 3 March 2020

Left Barotrauma

You have stated that your condition was caused by:

- *experiencing a change in ambient barometric pressure as specified within the 24 hours before the clinical onset of otitic barotrauma*
- *being exposed to blast pressure from an explosion or lightning strike within the 24 hours before the clinical onset of otitic barotrauma*
- *receiving mechanical ventilation involving a face mask within the 24 hours before the clinical onset of otitic barotrauma*

Diagnosis: Left Barotrauma

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 21 January 2025, and is supported by an outpatient health record by the medical officer, Role 1 health facility, Afghanistan, dated 14 August 2011.

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

Statement of Principles concerning Otitic Barotrauma (Reasonable Hypothesis) (No. 86 of 2020)

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

I am satisfied that you have met the following factor:

- *experiencing a change in ambient barometric pressure as specified within the 24 hours before the clinical onset of otitic barotrauma*
- *being exposed to blast pressure from an explosion or lightning strike within the 24 hours before the clinical onset of otitic barotrauma*
- *receiving mechanical ventilation involving a face mask within the 24 hours before the clinical onset of otitic barotrauma*

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 sudden severe pain deep in the left ear, a sensation of fullness and pressure, muffled hearing and a crackling noise on swallowing, which persisted for weeks and recurred on each helicopter descent while the middle ear effusion persisted.After the 2017 worsening you had severe pain, bleeding and then purulent discharge from the left ear, vertigo for two days and a marked drop in hearing on 14 August 2011.

The diagnosis was confirmed on 14 August 2011 by otoscopy at the role 1 facility, which showed haemorrhage into the left tympanic membrane with a blood-filled middle ear (Teed grade 3), within hours of documented pressure changes and blast exposure, with a normal right ear.

Audiometry and tympanometry on 16 August 2011 showed a left conductive hearing loss with a 25 dB air-bone gap and type B tympanometry. This meets the Statement of Principles definition of otitic barotrauma as an injury to the middle or inner ear arising from inequalities in the barometric pressure between the surrounding atmosphere and the air within the middle ear space, with the typical manifestations of otalgia and hearing loss.

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

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 14 August 2011.

Left Barotrauma (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 January 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 21 January 2025;
- A diagnostic polysomnography report and sleep physician consultation by the sleep physician, dated 3 August 2009;
- A pre-deployment diving medical by the diving medical officer, dated 12 April 2011;
- An outpatient health record by the medical officer, Role 1 health facility, Afghanistan, dated 1 August 2011;
- An outpatient health record by the medical officer, Role 1 health facility, Afghanistan, dated 14 August 2011;
- An audiology report by the audiologist, Role 3 hospital, Afghanistan, dated 16 August 2011;
- An outpatient health record by the medical officer, Role 1 health facility, Afghanistan, dated 25 August 2011;
- A specialist consultation by the ear, nose and throat surgeon, dated 20 January 2012;
- An outpatient health record by the medical officer, Role 2 facility, Iraq, dated 22 June 2017;
- An outpatient health record by the medical officer, Role 2 facility, Iraq, dated 28 June 2017;
- A CT temporal bones report by the radiologist, dated 10 January 2018;
- An operation note by the ear, nose and throat surgeon, dated 19 February 2018.

Your service

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

14 February 2002 and 3 March 2020

Left Barotrauma (Worsening)

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

- *experiencing a change in ambient barometric pressure as specified within the 24 hours before the clinical worsening of otitic barotrauma*

- *being exposed to blast pressure from an explosion or lightning strike within the 24 hours before the clinical worsening of otitic barotrauma*
- *receiving mechanical ventilation involving a face mask within the 24 hours before the clinical worsening of otitic barotrauma*
- *inability to obtain appropriate clinical management for otitic barotrauma*

Diagnosis: Left Barotrauma (Worsening)

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 21 January 2025, and is supported by an outpatient health record by the medical officer, Role 1 health facility, Afghanistan, dated 14 August 2011.

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

Statement of Principles concerning Otitic Barotrauma (Reasonable Hypothesis) (No. 86 of 2020)

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

I am satisfied that you have met the following factor:

- *experiencing a change in ambient barometric pressure as specified within the 24 hours before the clinical worsening of otitic barotrauma*
- *being exposed to blast pressure from an explosion or lightning strike within the 24 hours before the clinical worsening of otitic barotrauma*
- *receiving mechanical ventilation involving a face mask within the 24 hours before the clinical worsening of otitic barotrauma*
- *inability to obtain appropriate clinical management for otitic barotrauma*

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 sudden severe pain deep in the left ear, a sensation of fullness and pressure, muffled hearing and a crackling noise on swallowing, which persisted for weeks and recurred on each helicopter descent while the middle ear effusion persisted.After the 2017 worsening you had severe pain, bleeding and then purulent discharge from the left ear, vertigo for two days and a marked drop in hearing on 14 August 2011.

The diagnosis was confirmed on 14 August 2011 by otoscopy at the role 1 facility, which showed haemorrhage into the left tympanic membrane with a blood-filled middle ear (Teed grade 3), within hours of documented pressure changes and blast exposure, with a normal right ear. Audiometry and tympanometry on 16 August 2011 showed a left conductive hearing loss with a 25 dB air-bone gap and type B tympanometry. This meets the Statement of Principles definition of otitic barotrauma as an injury to the middle or inner ear arising from inequalities in the barometric pressure between the surrounding atmosphere and the air within the middle ear space, with the typical manifestations of otalgia and hearing loss.

After the condition arose, it was worsened during your service. During warlike service in Iraq, from 0800 on 22 June 2017, you made a training dive to 12 metres with difficult equalisation and a rapid ascent, within the 24 hours before the perforation was found that afternoon. During warlike service in Iraq, at 1400 on 22 June 2017, you were exposed to blast from the demolition of about 30 kilograms of ordnance at 80 metres, within an hour of the perforation and within the 24 hours before the worsening. During warlike service in Iraq you used CPAP through a full face mask overnight until 0530 on 22 June 2017, within the 24 hours before the worsening. On warlike service in Afghanistan in 2011 and in Iraq in 2017 no ear, nose and throat surgeon was available, and operational demands required you to keep flying with an injured ear.

This has then led to further investigations and the diagnosis of your condition of *Left Barotrauma (Worsening)*. I have accepted your condition of *Left Barotrauma (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 22 June 2017.

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