# 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 Elbow - Ulnar Neuritis

### 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 7 May 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 7 May 2025;
- A trauma admission (operation and imaging reports) by Role 3 hospital, Afghanistan, dated 18 July 2010;
- A renal medicine consultation by the renal physician, dated 20 July 2010;
- A stroke admission and discharge summary by the neurologist, dated 14 February 2011;
- An endocrinology consultation by the endocrinologist, dated 26 April 2011;
- An operation report by the orthopaedic surgeon, dated 25 July 2011;
- A renal biopsy report by the anatomical pathologist, dated 10 August 2011;
- An emergency department record by the emergency physician, dated 2 September 2011;
- An X-ray left elbow report by the radiologist, dated 12 October 2011;
- An operation report and discharge summary by the obstetrician, dated 30 October 2011;
- A spinal rehabilitation review by the rehabilitation physician, dated 10 November 2011;
- An outpatient health record by the medical officer, Garrison health centre, dated 24 November 2011;
- A nerve conduction study report by the neurophysiologist, dated 8 December 2011;
- An ultrasound and skin and nerve biopsy reports by the radiologist and anatomical pathologist, dated 15 December 2011;
- An operation report by the vascular surgeon, dated 5 January 2012;
- A repeat nerve conduction study report by the neurophysiologist, dated 25 January 2012;
- An operation report by the hand surgeon, dated 17 April 2012.

## Your service

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

15 February 1998 and 12 December 2014

## Left Elbow - Ulnar Neuritis

You have stated that your condition was caused by:

- *having a fracture of the bones of the affected elbow, including fracture of the medial epicondyle of the humerus, before the clinical onset of ulnar neuropathy at the elbow*
- *having trauma to the affected elbow within the one year before the clinical onset of ulnar neuropathy at the elbow*
- *performing repetitive and forceful activities involving flexion and extension of the affected elbow: (a) for a cumulative period of at least 90 hours, within a continuous period of three months before the clinical onset of ulnar neuropathy at the elbow; and (b) where the repetitive and forceful activities have not ceased more than 30 days before the clinical onset of ulnar neuropathy at the elbow*
- *having a surgical procedure under general anaesthesia, within the one month before the clinical onset of ulnar neuropathy at the elbow*
- *having a surgical procedure to the affected elbow, including elbow arthroscopy, within the six months before the clinical onset of ulnar neuropathy at the elbow*
- *being hospitalised, or confined to bed in a supine position, for at least two days within the two weeks before the clinical onset of ulnar neuropathy at the elbow*
- *daily self-propulsion of a manual wheelchair: (a) for a cumulative period of at least 60 hours within a continuous period of three months before the clinical onset of ulnar neuropathy at the elbow; and (b) where this activity has not ceased more than 30 days before the clinical onset of ulnar neuropathy at the elbow*
- *having paraplegia at the time of the clinical onset of ulnar neuropathy at the elbow*
- *using elbow or forearm crutches: (a) for a cumulative period of at least 60 hours within a continuous period of three months before the clinical onset of ulnar neuropathy at the elbow; and (b) where this activity has not ceased more than 30 days before the clinical onset of ulnar neuropathy at the elbow*
- *having an inflammatory or degenerative joint disease from the specified list of specified list of inflammatory and degenerative joint diseases, involving the affected elbow, at the time of the clinical onset of ulnar neuropathy at the elbow*
- *having amyloidosis at the time of the clinical onset of ulnar neuropathy at the elbow*
- *having a cerebrovascular accident with hemiplegia, excluding transient ischaemic attack or transient symptoms with infarction, before the clinical onset of ulnar neuropathy at the elbow*

- *having an external burn to the affected arm requiring hospitalisation, within the two years before the clinical onset of ulnar neuropathy at the elbow*
- *having an infection involving the affected ulnar nerve in the region of the elbow at the time of the clinical onset of ulnar neuropathy at the elbow*
- *having a lesion as specified at the elbow that compresses or displaces the affected ulnar nerve at the time of the clinical onset of ulnar neuropathy at the elbow*
- *having acromegaly before the clinical onset of ulnar neuropathy at the elbow*

**Diagnosis:** Ulnar Neuritis

**Basis of diagnosis:** The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 7 May 2025, and is supported by a nerve conduction study report by the neurophysiologist, dated 8 December 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 Ulnar Neuropathy at the Elbow (Balance of Probabilities) (No. 66 of 2017)*

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

I am satisfied that you have met the following factor:

- *having a fracture of the bones of the affected elbow, including fracture of the medial epicondyle of the humerus, before the clinical onset of ulnar neuropathy at the elbow*
- *having trauma to the affected elbow within the one year before the clinical onset of ulnar neuropathy at the elbow*
- *performing repetitive and forceful activities involving flexion and extension of the affected elbow: (a) for a cumulative period of at least 90 hours, within a continuous period of three months before the clinical onset of ulnar neuropathy at the elbow; and (b) where the repetitive and forceful activities have not ceased more than 30 days before the clinical onset of ulnar neuropathy at the elbow*
- *having a surgical procedure under general anaesthesia, within the one month before the clinical onset of ulnar neuropathy at the elbow*
- *having a surgical procedure to the affected elbow, including elbow arthroscopy, within the six months before the clinical onset of ulnar neuropathy at the elbow*
- *being hospitalised, or confined to bed in a supine position, for at least two days within the two weeks before the clinical onset of ulnar neuropathy at the elbow*
- *daily self-propulsion of a manual wheelchair: (a) for a cumulative period of at least 60 hours within a continuous period of three months before the clinical onset of ulnar neuropathy at the elbow; and (b) where this activity has not ceased more than 30 days before the clinical onset of ulnar neuropathy at the elbow*
- *having paraplegia at the time of the clinical onset of ulnar neuropathy at the elbow*

- *using elbow or forearm crutches: (a) for a cumulative period of at least 60 hours within a continuous period of three months before the clinical onset of ulnar neuropathy at the elbow; and (b) where this activity has not ceased more than 30 days before the clinical onset of ulnar neuropathy at the elbow*
- *having an inflammatory or degenerative joint disease from the specified list of specified list of inflammatory and degenerative joint diseases, involving the affected elbow, at the time of the clinical onset of ulnar neuropathy at the elbow*
- *having amyloidosis at the time of the clinical onset of ulnar neuropathy at the elbow*
- *having a cerebrovascular accident with hemiplegia, excluding transient ischaemic attack or transient symptoms with infarction, before the clinical onset of ulnar neuropathy at the elbow*
- *having an external burn to the affected arm requiring hospitalisation, within the two years before the clinical onset of ulnar neuropathy at the elbow*
- *having an infection involving the affected ulnar nerve in the region of the elbow at the time of the clinical onset of ulnar neuropathy at the elbow*
- *having a lesion as specified at the elbow that compresses or displaces the affected ulnar nerve at the time of the clinical onset of ulnar neuropathy at the elbow*
- *having acromegaly before the clinical onset of ulnar neuropathy at the elbow*

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 numbness and tingling in the left ring and little fingers, aching along the inner forearm from the elbow and clumsiness gripping the push rims, worse with the elbow bent and when leaning on it on 24 November 2011.

The diagnosis was confirmed by nerve conduction studies on 8 December 2011, which showed slowing of ulnar motor conduction across the left elbow to 32 m/s, with conduction block and a reduced ulnar sensory response, in the presence of numbness, pain and weakness in the ulnar distribution. This meets both limbs of the Statement of Principles definition: altered sensation, pain or weakness in the distribution of the ulnar nerve, and electrodiagnostic evidence of impaired ulnar nerve conduction across the elbow.

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

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 20 November 2011.

# Left Elbow - Ulnar Neuritis (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 7 May 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 7 May 2025;
- A trauma admission (operation and imaging reports) by Role 3 hospital, Afghanistan, dated 18 July 2010;
- A renal medicine consultation by the renal physician, dated 20 July 2010;
- A stroke admission and discharge summary by the neurologist, dated 14 February 2011;
- An endocrinology consultation by the endocrinologist, dated 26 April 2011;
- An operation report by the orthopaedic surgeon, dated 25 July 2011;
- A renal biopsy report by the anatomical pathologist, dated 10 August 2011;
- An emergency department record by the emergency physician, dated 2 September 2011;
- An X-ray left elbow report by the radiologist, dated 12 October 2011;
- An operation report and discharge summary by the obstetrician, dated 30 October 2011;
- A spinal rehabilitation review by the rehabilitation physician, dated 10 November 2011;
- An outpatient health record by the medical officer, Garrison health centre, dated 24 November 2011;
- A nerve conduction study report by the neurophysiologist, dated 8 December 2011;
- An ultrasound and skin and nerve biopsy reports by the radiologist and anatomical pathologist, dated 15 December 2011;
- An operation report by the vascular surgeon, dated 5 January 2012;
- A repeat nerve conduction study report by the neurophysiologist, dated 25 January 2012;
- An operation report by the hand surgeon, dated 17 April 2012.

## Your service

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

15 February 1998 and 12 December 2014

## Left Elbow - Ulnar Neuritis (Worsening)

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

- *having a fracture of the bones of the affected elbow, including fracture of the medial epicondyle of the humerus, before the clinical worsening of ulnar neuropathy at the elbow*
- *having trauma to the affected elbow within the one year before the clinical worsening of ulnar neuropathy at the elbow*
- *performing repetitive and forceful activities involving flexion and extension of the affected elbow: (a) for a cumulative period of at least 90 hours, within a continuous period of three months before the clinical worsening of ulnar neuropathy at the elbow; and (b) where the repetitive and forceful activities have not ceased more than 30 days before the clinical worsening of ulnar neuropathy at the elbow*
- *having a surgical procedure under general anaesthesia, within the one month before the clinical worsening of ulnar neuropathy at the elbow*
- *having a surgical procedure to the affected elbow, including elbow arthroscopy, within the six months before the clinical worsening of ulnar neuropathy at the elbow*
- *being hospitalised, or confined to bed in a supine position, for at least two days within the two weeks before the clinical worsening of ulnar neuropathy at the elbow*
- *daily self-propulsion of a manual wheelchair: (a) for a cumulative period of at least 60 hours within a continuous period of three months before the clinical worsening of ulnar neuropathy at the elbow; and (b) where this activity has not ceased more than 30 days before the clinical worsening of ulnar neuropathy at the elbow*
- *having paraplegia at the time of the clinical worsening of ulnar neuropathy at the elbow*
- *using elbow or forearm crutches: (a) for a cumulative period of at least 60 hours within a continuous period of three months before the clinical worsening of ulnar neuropathy at the elbow; and (b) where this activity has not ceased more than 30 days before the clinical worsening of ulnar neuropathy at the elbow*
- *having an inflammatory or degenerative joint disease from the specified list of specified list of inflammatory and degenerative joint diseases, involving the affected elbow, at the time of the clinical worsening of ulnar neuropathy at the elbow*
- *having amyloidosis at the time of the clinical worsening of ulnar neuropathy at the elbow*
- *having a cerebrovascular accident with hemiplegia, excluding transient ischaemic attack or transient symptoms with infarction, before the clinical worsening of ulnar neuropathy at the elbow*
- *having an external burn to the affected arm requiring hospitalisation, within the two years before the clinical worsening of ulnar neuropathy at the elbow*
- *having an infection involving the affected ulnar nerve in the region of the elbow at the time of the clinical worsening of ulnar neuropathy at the elbow*
- *having a lesion as specified at the elbow that compresses or displaces the affected ulnar nerve at the time of the clinical worsening of ulnar neuropathy at the elbow*

- *having acromegaly before the clinical worsening of ulnar neuropathy at the elbow*
- *inability to obtain appropriate clinical management for ulnar neuropathy at the elbow*

**Diagnosis:** Ulnar Neuritis (Worsening)

**Basis of diagnosis:** The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 7 May 2025, and is supported by a nerve conduction study report by the neurophysiologist, dated 8 December 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 Ulnar Neuropathy at the Elbow (Balance of Probabilities) (No. 66 of 2017)*

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

I am satisfied that you have met the following factor:

- *having a fracture of the bones of the affected elbow, including fracture of the medial epicondyle of the humerus, before the clinical worsening of ulnar neuropathy at the elbow*
- *having trauma to the affected elbow within the one year before the clinical worsening of ulnar neuropathy at the elbow*
- *performing repetitive and forceful activities involving flexion and extension of the affected elbow: (a) for a cumulative period of at least 90 hours, within a continuous period of three months before the clinical worsening of ulnar neuropathy at the elbow; and (b) where the repetitive and forceful activities have not ceased more than 30 days before the clinical worsening of ulnar neuropathy at the elbow*
- *having a surgical procedure under general anaesthesia, within the one month before the clinical worsening of ulnar neuropathy at the elbow*
- *having a surgical procedure to the affected elbow, including elbow arthroscopy, within the six months before the clinical worsening of ulnar neuropathy at the elbow*
- *being hospitalised, or confined to bed in a supine position, for at least two days within the two weeks before the clinical worsening of ulnar neuropathy at the elbow*
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- *having paraplegia at the time of the clinical worsening of ulnar neuropathy at the elbow*
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- *having an inflammatory or degenerative joint disease from the specified list of specified list of inflammatory and degenerative joint diseases, involving the affected elbow, at the time of the clinical worsening of ulnar neuropathy at the elbow*
- *having amyloidosis at the time of the clinical worsening of ulnar neuropathy at the elbow*
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- *having a lesion as specified at the elbow that compresses or displaces the affected ulnar nerve at the time of the clinical worsening of ulnar neuropathy at the elbow*
- *having acromegaly before the clinical worsening of ulnar neuropathy at the elbow*
- *inability to obtain appropriate clinical management for ulnar neuropathy at the elbow*

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 numbness and tingling in the left ring and little fingers, aching along the inner forearm from the elbow and clumsiness gripping the push rims, worse with the elbow bent and when leaning on it on 24 November 2011.

The diagnosis was confirmed by nerve conduction studies on 8 December 2011, which showed slowing of ulnar motor conduction across the left elbow to 32 m/s, with conduction block and a reduced ulnar sensory response, in the presence of numbness, pain and weakness in the ulnar distribution. This meets both limbs of the Statement of Principles definition: altered sensation, pain or weakness in the distribution of the ulnar nerve, and electrodiagnostic evidence of impaired ulnar nerve conduction across the elbow.

After the condition arose, it was worsened during your service. The left medial epicondyle fracture of 18 July 2010 preceded the worsening on 18 January 2012, and the fragment persisted. The fall onto the left elbow on 2 September 2011, with haemarthrosis and ten days of immobilisation, was within the 1 year before the worsening, from 18 January 2011 to 18 January 2012. Daily transfers, pressure relief lifts and hand-cycle training continued throughout the 3 months before the worsening, from 18 October 2011 to 18 January 2012, apart from your short admissions, totalling more than 90 hours and continuing to the day of the worsening. Revision of your dialysis fistula was performed under general anaesthesia on 5 January 2012, within the 1 month before the worsening, from 18 December 2011 to 18 January 2012. The left elbow surgery of 25 July 2011 was within the 6 months before the worsening, from 18 July 2011 to 18 January 2012. You were admitted from 05 to 9 January 2012 for the fistula revision, within the 2 weeks before the worsening, from 4 January 2012 to 18 January 2012. Daily self-propulsion of your manual wheelchair continued for six to eight hours a day throughout the 3 months before the worsening, more than 60 hours, and to the day of the worsening on 18 January 2012. Incomplete

paraplegia was present at the worsening on 18 January 2012. Forearm crutch walking in gait training continued for about two hours a day on most weekdays from late November 2011, totalling more than 60 hours within the 3 months before the worsening and continuing into January 2012. Post-traumatic osteoarthritis of the left elbow persisted at the worsening on 18 January 2012. AA amyloidosis with renal involvement persisted at the worsening on 18 January 2012. The stroke with left hemiplegia of 14 February 2011 preceded the worsening on 18 January 2012. The hospitalised burns of the left arm of 18 July 2010 were within the 2 years before the worsening, from 18 January 2010 to 18 January 2012. Borderline tuberculoid leprosy involving the left ulnar nerve was active at the worsening, which was caused by a type 1 reversal reaction diagnosed on 18 January 2012. The bony fragment beside the cubital tunnel persisted at the worsening on 18 January 2012 and was excised at ulnar nerve transposition on 17 April 2012. Acromegaly, diagnosed on 26 April 2011, preceded the worsening on 18 January 2012. The leprous involvement of the nerve was not recognised for several weeks, corticosteroid treatment for the reversal reaction was delayed until 8 February 2012 because specialist advice was unavailable, and decompression was deferred.

This has then led to further investigations and the diagnosis of your condition of *Ulnar Neuritis (Worsening)*. I have accepted your condition of *Ulnar Neuritis (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 18 January 2012.

*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.*