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 Hand - Warts

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 April 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 9 April 2025;
- A colonoscopy report and specialist letter by the gastroenterologist, dated 18 November 2008;
- A pre-deployment medical examination by the medical officer, Garrison health centre, dated 14 June 2010;
- A treatment record by the medical officer, Role 2 facility, Afghanistan, dated 22 October 2010;
- A specialist letter by the gastroenterologist, dated 5 May 2011;
- An outpatient health record by the medical officer, Garrison health centre, dated 10 June 2011;
- A colposcopy report and sexual health consultation by the gynaecologist and sexual health physician, dated 30 June 2011;
- A histopathology report by the pathologist, dated 12 July 2011;
- A specialist letter by the gastroenterologist, dated 15 November 2011;
- A post-deployment health assessment by the medical officer, Garrison health centre, dated 28 August 2012;
- A specialist consultation by the dermatologist, dated 14 February 2013.

Your service

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

5 March 2006 and 12 October 2016

Left Hand - Warts

You have stated that your condition was caused by:

- *having direct physical contact with another person's cutaneous warts, within the 12 months before the clinical onset of warts*
- *for warts affecting the cervix uteri only, having penetrative sexual intercourse with a person with genital warts within the 12 months before the clinical onset of warts*
- *for warts affecting the anogenital region only, having contact with the anogenital warts of another person within the 12 months before the clinical onset of warts*
- *for warts affecting the oral cavity or the larynx only, having oral sex with a person with anogenital warts within the 12 months before the clinical onset of warts*
- *for plantar warts only, using communal showering or bathing facilities within the 12 months before the clinical onset of warts*
- *for warts on the hands only, using shared gloves or shared utensils on more days than not for 3 months in the preparation of meat, poultry or fish for consumption, within the 12 months before the clinical onset of warts*
- *being in an immunocompromised state as specified at the time of the clinical onset of warts*

Diagnosis: Warts

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 9 April 2025, and is supported by an outpatient health record by the medical officer, Garrison health centre, dated 10 June 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 Warts (Balance of Probabilities) (No. 8 of 2023)

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

I am satisfied that you have met the following factor:

- *having direct physical contact with another person's cutaneous warts, within the 12 months before the clinical onset of warts*
- *for warts affecting the cervix uteri only, having penetrative sexual intercourse with a person with genital warts within the 12 months before the clinical onset of warts*
- *for warts affecting the anogenital region only, having contact with the anogenital warts of another person within the 12 months before the clinical onset of warts*
- *for warts affecting the oral cavity or the larynx only, having oral sex with a person with anogenital warts within the 12 months before the clinical onset of warts*

- *for plantar warts only, using communal showering or bathing facilities within the 12 months before the clinical onset of warts*
- *for warts on the hands only, using shared gloves or shared utensils on more days than not for 3 months in the preparation of meat, poultry or fish for consumption, within the 12 months before the clinical onset of warts*
- *being in an immunocompromised state as specified at the time of the clinical onset of warts*

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 rough, raised, painless lumps on the back of the left hand and the left index finger, and painful lumps on the left heel when walking on 10 June 2011.

The diagnosis was made clinically by the garrison medical officer on 10 June 2011, who recorded four typical verrucous papules on the dorsum of the left hand and the left index finger and two plantar warts, and treated them with cryotherapy. A dermatologist confirmed recalcitrant common and periungual viral warts of the left hand on 14 February 2013.

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

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 3 June 2011.

Left Hand - Warts (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 April 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 9 April 2025;
- A colonoscopy report and specialist letter by the gastroenterologist, dated 18 November 2008;
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- A histopathology report by the pathologist, dated 12 July 2011;
- A specialist letter by the gastroenterologist, dated 15 November 2011;
- A post-deployment health assessment by the medical officer, Garrison health centre, dated 28 August 2012;
- A specialist consultation by the dermatologist, dated 14 February 2013.

Your service

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

5 March 2006 and 12 October 2016

Left Hand - Warts (Worsening)

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

- *being in an immunocompromised state as specified at the time of the clinical worsening of warts*

- *inability to obtain appropriate clinical management for warts*

Diagnosis: Warts (Worsening)

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 9 April 2025, and is supported by an outpatient health record by the medical officer, Garrison health centre, dated 10 June 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 Warts (Balance of Probabilities) (No. 8 of 2023)

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

I am satisfied that you have met the following factor:

- *being in an immunocompromised state as specified at the time of the clinical worsening of warts*
- *inability to obtain appropriate clinical management for warts*

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 rough, raised, painless lumps on the back of the left hand and the left index finger, and painful lumps on the left heel when walking on 10 June 2011.

The diagnosis was made clinically by the garrison medical officer on 10 June 2011, who recorded four typical verrucous papules on the dorsum of the left hand and the left index finger and two plantar warts, and treated them with cryotherapy. A dermatologist confirmed recalcitrant common and periungual viral warts of the left hand on 14 February 2013.

After the condition arose, it was worsened during your service. When the hand warts worsened from two persisting lesions to sixteen, documented on 28 August 2012, you were taking azathioprine 150 mg daily and infliximab infusions every eight weeks, started on 15 November 2011. Appropriate management of warts in an immunosuppressed patient is regular cryotherapy every two to three weeks, with topical agents and early dermatology referral.

This has then led to further investigations and the diagnosis of your condition of *Warts (Worsening)*. I have accepted your condition of *Warts (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 28 August 2012.

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