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 Knee - Intercruciate Ganglion (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 3 February 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 3 February 2025;
- A pre-deployment health assessment by the medical officer, dated 24 October 2016;
- A role 2 treatment record and radiographs by the medical officer, Middle East Area of Operations, dated 14 March 2017;
- A post-deployment health assessment by the medical officer, dated 2 August 2017;
- An outpatient health record by the medical officer, Base health centre, dated 25 September 2017;
- An MRI left knee report by the radiologist, dated 30 October 2017;
- A specialist consultation by the sports physician, dated 6 November 2017;
- An orthopaedic consultation by the orthopaedic surgeon, dated 12 October 2018;
- An MRI left knee report by the radiologist, dated 18 September 2019;
- An operation report and histopathology by the orthopaedic surgeon and pathologist, dated 21 November 2019.

Your service

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

22 February 2009 and 30 June 2021

Left Knee - Intercruciate Ganglion (Worsening)

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

- *inability to obtain appropriate clinical management for ganglion before clinical worsening*

Diagnosis: Intercruciate Ganglion (Worsening)

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 3 February 2025, and is supported by an MRI left knee report by the radiologist, dated 30 October 2017.

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

Statement of Principles concerning Ganglion (Balance of Probabilities) (No. 8 of 2025)

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 ganglion before clinical worsening*

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 constant deep pain behind the left knee, worse with squatting, kneeling, running and full extension, with night pain and stiffness and a small loss of terminal extension on 25 September 2017.

The diagnosis was confirmed on MRI on 30 October 2017, which showed a 22 x 9 mm multiloculated fluid-signal cystic lesion within the intercondylar notch, interposed between the fibres of an intact anterior cruciate ligament. This meets the Statement of Principles definition of ganglion: a benign cystic lesion overlying a joint or tendon, accompanied by pain and loss of function. It is not a bursal, synovial, epidermoid or Tarlov cyst.

After the condition arose, it was worsened during your service. The left knee ganglion was first diagnosed on MRI on 30 October 2017 and arose from the deployment injury of 14 March 2017, so for the purposes of peacetime service it was contracted during, but did not arise out of, that service, as section 10(2) requires.

This has then led to further investigations and the diagnosis of your condition of *Intercruciate Ganglion (Worsening)*. I have accepted your condition of *Intercruciate Ganglion (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 20 September 2017.

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