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 - Internal Derangement

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 29 May 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 29 May 2025;
- A ship's medical record by the medical officer, Persian Gulf, dated 14 May 2008;
- A physiotherapy discharge summary by the physiotherapist, dated 10 July 2008;
- An outpatient health record by the medical officer, Base health centre, dated 5 September 2008;
- An MRI left knee by the radiologist, dated 25 September 2008;
- An orthopaedic consultation by the orthopaedic surgeon, dated 25 September 2008;
- An arthroscopy operation report by the orthopaedic surgeon, dated 12 February 2009;
- A ship's medical record by the medical officer, Arabian Sea, dated 10 April 2013;
- An MRI left knee and orthopaedic consultation by the orthopaedic surgeon, dated 30 July 2013;
- An operation report (anterior cruciate ligament reconstruction) by the orthopaedic surgeon, dated 15 October 2013;
- An X-ray left knee and orthopaedic review by the orthopaedic surgeon, dated 22 June 2016.

Your service

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

3 July 2002 and 19 January 2017

Left Knee - Internal Derangement

You have stated that your condition was caused by:

- *having a sprain involving a ligament of the affected knee within the one year before the clinical onset of internal derangement of the knee*
- *having an acute meniscal tear of the affected knee within the one year before the clinical onset of internal derangement of the knee*

Diagnosis: Internal Derangement

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 29 May 2025, and is supported by an MRI left knee by the radiologist, dated 25 September 2008.

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

Statement of Principles concerning Internal Derangement of the Knee (Balance of Probabilities) (No. 8 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 sprain involving a ligament of the affected knee within the one year before the clinical onset of internal derangement of the knee*
- *having an acute meniscal tear of the affected knee within the one year before the clinical onset of internal derangement of the knee*

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 episodes of the left knee giving way on stairs, ladders and moving decks, catching and locking, medial knee pain and recurrent swelling after duties on 5 September 2008.

The diagnosis was made clinically on 5 September 2008 from recurrent giving way, catching and locking with an effusion, medial joint line tenderness, a positive McMurray test and a positive Lachman test, and confirmed by MRI on 25 September 2008, which showed a vertical longitudinal tear of the posterior horn of the medial meniscus, a partial anterior cruciate ligament tear and a healing medial collateral ligament sprain. An orthopaedic surgeon confirmed internal derangement of the left knee, and arthroscopy on 12 February 2009 confirmed an unstable medial meniscal tear and partial anterior cruciate ligament tear. The tear was traumatic, with vertical longitudinal morphology in a 24-year-old, and not degenerative.

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

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 2 September 2008.

Left Knee - Internal Derangement (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 29 May 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 29 May 2025;
- A ship's medical record by the medical officer, Persian Gulf, dated 14 May 2008;
- A physiotherapy discharge summary by the physiotherapist, dated 10 July 2008;
- An outpatient health record by the medical officer, Base health centre, dated 5 September 2008;
- An MRI left knee by the radiologist, dated 25 September 2008;
- An orthopaedic consultation by the orthopaedic surgeon, dated 25 September 2008;
- An arthroscopy operation report by the orthopaedic surgeon, dated 12 February 2009;
- A ship's medical record by the medical officer, Arabian Sea, dated 10 April 2013;
- An MRI left knee and orthopaedic consultation by the orthopaedic surgeon, dated 30 July 2013;
- An operation report (anterior cruciate ligament reconstruction) by the orthopaedic surgeon, dated 15 October 2013;
- An X-ray left knee and orthopaedic review by the orthopaedic surgeon, dated 22 June 2016.

Your service

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

3 July 2002 and 19 January 2017

Left Knee - Internal Derangement (Worsening)

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

- *having a sprain involving a ligament of the affected knee within the one year before the clinical worsening of internal derangement of the knee*
- *having an acute meniscal tear of the affected knee within the one year before the clinical worsening of internal derangement of the knee*

- *inability to obtain appropriate clinical management for internal derangement of the knee*

Diagnosis: Internal Derangement (Worsening)

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 29 May 2025, and is supported by an MRI left knee by the radiologist, dated 25 September 2008.

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

Statement of Principles concerning Internal Derangement of the Knee (Reasonable Hypothesis) (No. 7 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 sprain involving a ligament of the affected knee within the one year before the clinical worsening of internal derangement of the knee*
- *having an acute meniscal tear of the affected knee within the one year before the clinical worsening of internal derangement of the knee*
- *inability to obtain appropriate clinical management for internal derangement of the knee*

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 episodes of the left knee giving way on stairs, ladders and moving decks, catching and locking, medial knee pain and recurrent swelling after duties on 5 September 2008.

The diagnosis was made clinically on 5 September 2008 from recurrent giving way, catching and locking with an effusion, medial joint line tenderness, a positive McMurray test and a positive Lachman test, and confirmed by MRI on 25 September 2008, which showed a vertical longitudinal tear of the posterior horn of the medial meniscus, a partial anterior cruciate ligament tear and a healing medial collateral ligament sprain. An orthopaedic surgeon confirmed internal derangement of the left knee, and arthroscopy on 12 February 2009 confirmed an unstable medial meniscal tear and partial anterior cruciate ligament tear. The tear was traumatic, with vertical longitudinal morphology in a 24-year-old, and not degenerative.

After the condition arose, it was worsened during your service. The complete anterior cruciate ligament rupture was sustained on 3 April 2013 while you climbed a pilot ladder in body armour and boarding equipment during maritime security operations on warlike service in the Arabian Sea. The displaced bucket-handle tear of the lateral meniscus was sustained in the same fall on warlike service in the Arabian Sea on 3 April 2013, causing the locking recorded by the ship's medical officer on 10 April 2013, within the one year before the worsening. On warlike service

in the Arabian Sea from April to July 2013 there was no access to MRI, an orthopaedic surgeon or arthroscopy, and you remained on board with a locked, unstable knee for almost four months.

This has then led to further investigations and the diagnosis of your condition of *Internal Derangement (Worsening)*. I have accepted your condition of *Internal Derangement (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 10 April 2013.

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