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 - Medial Meniscal Tear

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 periodic health examination by the regimental medical officer, dated 14 January 2009;
- An exercise injury report and consultation by the regimental medical officer, dated 17 February 2009;
- An MRI left knee by the radiologist, dated 3 March 2009;
- A patrol casualty record and role 2 consultation by the medical officer, Afghanistan, dated 22 June 2009;
- A role 2 consultation by the medical officer, Afghanistan, dated 7 September 2009;
- An MRI left knee and orthopaedic consultation by the orthopaedic surgeon, dated 19 November 2009;
- An operation report by the orthopaedic surgeon, dated 8 February 2010;
- An MRI left knee by the radiologist, dated 21 November 2011;
- An MRI left knee by the radiologist, dated 20 July 2012;
- An operation report by the orthopaedic surgeon, dated 24 July 2012;
- An X-ray left knee by the radiologist, dated 2 March 2016;
- A separation medical examination by the medical officer, dated 15 April 2016.

Your service

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

26 July 2004 and 15 April 2016

Left Knee - Medial Meniscal Tear

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: Medial Meniscal Tear

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 9 April 2025, and is supported by an MRI left knee and orthopaedic consultation by the orthopaedic surgeon, dated 19 November 2009.

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 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 recurrent locking of the left knee several times a day, giving way on uneven ground, swelling after every patrol, medial joint line pain and inability to fully straighten the knee on 7 September 2009.

The diagnosis was confirmed by MRI on 19 November 2009, which showed a 24 mm vertical longitudinal tear of the posterior horn of the left medial meniscus with a displaced flap, a partial anterior cruciate ligament tear and a healing medial collateral ligament sprain, and by arthroscopy on 8 February 2010, which confirmed the unstable traumatic tear. The tear was traumatic, not degenerative: it followed discrete twisting injuries in a young soldier with a previously normal knee, and the MRI of 3 March 2009 showed no degenerative meniscal signal.

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

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 1 September 2009.

Left Knee - Medial Meniscal Tear (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 periodic health examination by the regimental medical officer, dated 14 January 2009;
- An exercise injury report and consultation by the regimental medical officer, dated 17 February 2009;
- An MRI left knee by the radiologist, dated 3 March 2009;
- A patrol casualty record and role 2 consultation by the medical officer, Afghanistan, dated 22 June 2009;
- A role 2 consultation by the medical officer, Afghanistan, dated 7 September 2009;
- An MRI left knee and orthopaedic consultation by the orthopaedic surgeon, dated 19 November 2009;
- An operation report by the orthopaedic surgeon, dated 8 February 2010;
- An MRI left knee by the radiologist, dated 21 November 2011;
- An MRI left knee by the radiologist, dated 20 July 2012;
- An operation report by the orthopaedic surgeon, dated 24 July 2012;
- An X-ray left knee by the radiologist, dated 2 March 2016;
- A separation medical examination by the medical officer, dated 15 April 2016.

Your service

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

26 July 2004 and 15 April 2016

Left Knee - Medial Meniscal Tear (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: Medial Meniscal Tear (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 MRI left knee and orthopaedic consultation by the orthopaedic surgeon, dated 19 November 2009.

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 recurrent locking of the left knee several times a day, giving way on uneven ground, swelling after every patrol, medial joint line pain and inability to fully straighten the knee on 7 September 2009.

The diagnosis was confirmed by MRI on 19 November 2009, which showed a 24 mm vertical longitudinal tear of the posterior horn of the left medial meniscus with a displaced flap, a partial anterior cruciate ligament tear and a healing medial collateral ligament sprain, and by arthroscopy on 8 February 2010, which confirmed the unstable traumatic tear. The tear was traumatic, not degenerative: it followed discrete twisting injuries in a young soldier with a previously normal knee, and the MRI of 3 March 2009 showed no degenerative meniscal signal.

After the condition arose, it was worsened during your service. On 2 July 2012, during warlike service in Afghanistan, you fell into an irrigation ditch while patrolling at night under night-vision goggles, carrying 40 kg. The fall of 2 July 2012 on warlike service in Afghanistan caused an acute extension of the radial tear of the medial meniscus into a bucket-handle tear, shown on MRI on 20 July 2012 as a displaced fragment in the intercondylar notch with fresh oedema, and confirmed at arthroscopy on 24 July 2012. On warlike service in Afghanistan from September to

October 2009 and from February to July 2012, you had no access to MRI or orthopaedic review at your forward operating base and continued patrolling under heavy load with a knee that locked and gave way.

This has then led to further investigations and the diagnosis of your condition of *Medial Meniscal Tear (Worsening)*. I have accepted your condition of *Medial Meniscal Tear (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 18 July 2012.

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