# 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 - Plica Syndrome

### 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 6 May 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 6 May 2025;
- A pre-deployment health assessment by the medical officer, RAAF base health centre, dated 21 November 2007;
- A patrol medic casualty record by the afghanistan, dated 16 March 2008;
- A role 2 facility consultation by the medical officer, Afghanistan, dated 2 April 2008;
- A deployed health record by the medical officer, Afghanistan, dated 24 June 2008;
- An MRI left knee report and orthopaedic consultation by the radiologist and orthopaedic surgeon, dated 12 November 2008;
- An operation report and histology by the orthopaedic surgeon and pathologist, dated 17 March 2009;
- A regimental aid post record by the medical officer, Afghanistan, dated 5 July 2012;
- An MRI left knee report and orthopaedic review by the radiologist and orthopaedic surgeon, dated 14 February 2013;
- An operation report by the orthopaedic surgeon, dated 22 April 2013;
- An X-ray left knee report by the radiologist, dated 3 March 2017.

### Your service

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

15 April 2002 and 6 June 2017

# Left Knee - Plica Syndrome

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:** Plica Syndrome

**Basis of diagnosis:** The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 6 May 2025, and is supported by an MRI left knee report and orthopaedic consultation by the radiologist and orthopaedic surgeon, dated 12 November 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 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 anteromedial left knee pain on stairs, squatting and kneeling, a painful click or catch as the knee bent through mid-range, pain and stiffness after sitting for long periods in vehicles, and intermittent swelling on 24 June 2008.

The diagnosis was made by an orthopaedic surgeon on 12 November 2008 on the clinical findings of anteromedial pain, painful catching through mid-range flexion, a palpable tender medial band and a positive medial plica test, supported by MRI showing a thickened medial plica with synovitis, a healing grade 2 medial collateral ligament sprain and a tear of the posterior horn of the medial meniscus with acute bone bruising. Arthroscopy on 17 March 2009 confirmed a thickened, fibrosed medial plica impinging on the medial femoral condyle with chondral softening, an unstable meniscal tear and grade 1 medial collateral ligament laxity, and histology confirmed fibrotic synovium.

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

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 23 June 2008.

# Left Knee - Plica Syndrome (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 6 May 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 6 May 2025;
- A pre-deployment health assessment by the medical officer, RAAF base health centre, dated 21 November 2007;
- A patrol medic casualty record by the afghanistan, dated 16 March 2008;
- A role 2 facility consultation by the medical officer, Afghanistan, dated 2 April 2008;
- A deployed health record by the medical officer, Afghanistan, dated 24 June 2008;
- An MRI left knee report and orthopaedic consultation by the radiologist and orthopaedic surgeon, dated 12 November 2008;
- An operation report and histology by the orthopaedic surgeon and pathologist, dated 17 March 2009;
- A regimental aid post record by the medical officer, Afghanistan, dated 5 July 2012;
- An MRI left knee report and orthopaedic review by the radiologist and orthopaedic surgeon, dated 14 February 2013;
- An operation report by the orthopaedic surgeon, dated 22 April 2013;
- An X-ray left knee report by the radiologist, dated 3 March 2017.

## Your service

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

15 April 2002 and 6 June 2017

## Left Knee - Plica Syndrome (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:** Plica Syndrome (Worsening)

**Basis of diagnosis:** The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 6 May 2025, and is supported by an MRI left knee report and orthopaedic consultation by the radiologist and orthopaedic surgeon, dated 12 November 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 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 anteromedial left knee pain on stairs, squatting and kneeling, a painful click or catch as the knee bent through mid-range, pain and stiffness after sitting for long periods in vehicles, and intermittent swelling on 24 June 2008.

The diagnosis was made by an orthopaedic surgeon on 12 November 2008 on the clinical findings of anteromedial pain, painful catching through mid-range flexion, a palpable tender medial band and a positive medial plica test, supported by MRI showing a thickened medial plica with synovitis, a healing grade 2 medial collateral ligament sprain and a tear of the posterior horn of the medial meniscus with acute bone bruising. Arthroscopy on 17 March 2009 confirmed a thickened, fibrosed medial plica impinging on the medial femoral condyle with chondral softening, an unstable meniscal tear and grade 1 medial collateral ligament laxity, and histology confirmed fibrotic synovium.

After the condition arose, it was worsened during your service. On 5 July 2012 you landed awkwardly on your left knee after jumping from a compound wall carrying 42 kilograms. The 5 July 2012 injury locked the left knee, which had to be manipulated free, and MRI on 14 February 2013 and arthroscopy on 22 April 2013 showed a new displaced radial tear of the body of the medial meniscus. After both injuries you could not obtain MRI or orthopaedic assessment in theatre.

This has then led to further investigations and the diagnosis of your condition of *Plica Syndrome (Worsening)*. I have accepted your condition of *Plica Syndrome (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 14 February 2013.

*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.*