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 Otitis Externa

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 5 August 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 5 August 2025;
- A casualty record by the medical officer, Iraq, dated 22 March 2003;
- An ear (nose and throat consultation) by the ENT surgeon, dated 16 October 2012;
- A dermatology consultation by the dermatologist, dated 16 October 2012;
- An excision histopathology by the plastic surgeon and pathologist, dated 9 June 2015;
- A radiotherapy treatment summary by the radiation oncologist, dated 6 July 2015;
- A dermatology review by the dermatologist, dated 14 March 2016;
- An outpatient health record by the medical officer, Middle East Area of Operations, dated 4 August 2017;
- An outpatient health record and ear swab culture by the medical officer and pathologist, dated 15 August 2017;
- An outpatient health record by the medical officer, Middle East Area of Operations, dated 12 October 2017;
- An ear (nose and throat consultation and microsuction) by the ENT surgeon, dated 28 November 2017;
- CT temporal bones by the radiologist, dated 28 November 2017.

Your service

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

3 February 1998 and 28 June 2019

Left Otitis Externa

You have stated that your condition was caused by:

- *participating in aquatic activities within the ten days before the clinical onset of otitis externa*
- *being exposed to hot and humid weather conditions or heavy rains, on at least ten days within the 30 days before the clinical onset of otitis externa*
- *undergoing a course of therapeutic radiation for cancer, where the affected ear was in the field of radiation, before the clinical onset of otitis externa*
- *having trauma to the external auditory canal of the affected ear within the ten days before the clinical onset of otitis externa*
- *having a foreign object or implement inserted into, or removed from, the external ear canal of the affected ear within the ten days before the clinical onset of otitis externa*
- *blocking the external auditory canal of the affected ear with an extrinsic aural device for a cumulative period of at least eight hours within the seven days before the clinical onset of otitis externa*
- *having an acquired, persistent narrowing or obstruction of the external auditory canal of the affected ear at the time of the clinical onset of otitis externa*
- *having an inflammatory skin disease at the time of the clinical onset of otitis externa, where the skin disease involves the external auditory canal of the affected ear*
- *having an infectious, autoimmune or granulomatous disease at the time of the clinical onset of otitis externa, where the disease involves the external auditory canal of the affected ear*
- *having chronic suppurative otitis media, involving the middle ear of the affected side, within the 30 days before the clinical onset of otitis externa*
- *having diabetes mellitus at the time of the clinical onset of otitis externa*
- *being in an immunocompromised state as specified at the time of the clinical onset of otitis externa*
- *for otomycosis only, taking a course of oral antibiotic therapy or having ototopical therapy for the treatment of otitis externa of the affected ear within the 30 days before the clinical onset of otitis externa*

Diagnosis: Left Otitis Externa

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 5 August 2025, and is supported by an outpatient health record and ear swab culture by the medical officer and pathologist, dated 15 August 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 Otitis Externa (Reasonable Hypothesis) (No. 25 of 2021)

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

I am satisfied that you have met the following factor:

- *participating in aquatic activities within the ten days before the clinical onset of otitis externa*
- *being exposed to hot and humid weather conditions or heavy rains, on at least ten days within the 30 days before the clinical onset of otitis externa*
- *undergoing a course of therapeutic radiation for cancer, where the affected ear was in the field of radiation, before the clinical onset of otitis externa*
- *having trauma to the external auditory canal of the affected ear within the ten days before the clinical onset of otitis externa*
- *having a foreign object or implement inserted into, or removed from, the external ear canal of the affected ear within the ten days before the clinical onset of otitis externa*
- *blocking the external auditory canal of the affected ear with an extrinsic aural device for a cumulative period of at least eight hours within the seven days before the clinical onset of otitis externa*
- *having an acquired, persistent narrowing or obstruction of the external auditory canal of the affected ear at the time of the clinical onset of otitis externa*
- *having an inflammatory skin disease at the time of the clinical onset of otitis externa, where the skin disease involves the external auditory canal of the affected ear*
- *having an infectious, autoimmune or granulomatous disease at the time of the clinical onset of otitis externa, where the disease involves the external auditory canal of the affected ear*
- *having chronic suppurative otitis media, involving the middle ear of the affected side, within the 30 days before the clinical onset of otitis externa*
- *having diabetes mellitus at the time of the clinical onset of otitis externa*
- *being in an immunocompromised state as specified at the time of the clinical onset of otitis externa*
- *for otomycosis only, taking a course of oral antibiotic therapy or having ototopical therapy for the treatment of otitis externa of the affected ear within the 30 days before the clinical onset of otitis externa*

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 intense itch, pain and fullness in the left ear, a blocked sensation, muffled hearing and a black and white discharge, with burning pain and blisters at the outer ear from the zoster on 15 August 2017.

The diagnosis was made on 15 August 2017 by a medical officer who recorded a swollen, moist, inflamed left external auditory canal filled with black and white fungal debris, with herpes zoster vesicles on the concha and in the canal and psoriatic plaques in the canal. Culture grew

Aspergillus niger and Pseudomonas aeruginosa. This meets the Statement of Principles definition of an infectious inflammation of the external auditory canal, including otomycosis.

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

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 14 August 2017.

Left Otitis Externa (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 5 August 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 5 August 2025;
- A casualty record by the medical officer, Iraq, dated 22 March 2003;
- An ear (nose and throat consultation) by the ENT surgeon, dated 16 October 2012;
- A dermatology consultation by the dermatologist, dated 16 October 2012;
- An excision histopathology by the plastic surgeon and pathologist, dated 9 June 2015;
- A radiotherapy treatment summary by the radiation oncologist, dated 6 July 2015;
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- An outpatient health record by the medical officer, Middle East Area of Operations, dated 4 August 2017;
- An outpatient health record and ear swab culture by the medical officer and pathologist, dated 15 August 2017;
- An outpatient health record by the medical officer, Middle East Area of Operations, dated 12 October 2017;
- An ear (nose and throat consultation and microsuction) by the ENT surgeon, dated 28 November 2017;
- CT temporal bones by the radiologist, dated 28 November 2017.

Your service

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

3 February 1998 and 28 June 2019

Left Otitis Externa (Worsening)

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

- *participating in aquatic activities within the ten days before the clinical worsening of otitis externa*

- *being exposed to hot and humid weather conditions or heavy rains, on at least ten days within the 30 days before the clinical worsening of otitis externa*
- *undergoing a course of therapeutic radiation for cancer, where the affected ear was in the field of radiation, before the clinical worsening of otitis externa*
- *having trauma to the external auditory canal of the affected ear within the ten days before the clinical worsening of otitis externa*
- *having a foreign object or implement inserted into, or removed from, the external ear canal of the affected ear within the ten days before the clinical worsening of otitis externa*
- *blocking the external auditory canal of the affected ear with an extrinsic aural device for a cumulative period of at least eight hours within the seven days before the clinical worsening of otitis externa*
- *having an acquired, persistent narrowing or obstruction of the external auditory canal of the affected ear at the time of the clinical worsening of otitis externa*
- *having an inflammatory skin disease at the time of the clinical worsening of otitis externa, where the skin disease involves the external auditory canal of the affected ear*
- *having an infectious, autoimmune or granulomatous disease at the time of the clinical worsening of otitis externa, where the disease involves the external auditory canal of the affected ear*
- *having chronic suppurative otitis media, involving the middle ear of the affected side, within the 30 days before the clinical worsening of otitis externa*
- *having diabetes mellitus at the time of the clinical worsening of otitis externa*
- *being in an immunocompromised state as specified at the time of the clinical worsening of otitis externa*
- *for otomycosis only, taking a course of oral antibiotic therapy or having ototopical therapy for the treatment of otitis externa of the affected ear within the 30 days before the clinical worsening of otitis externa*
- *inability to obtain appropriate clinical management for otitis externa*

Diagnosis: Left Otitis Externa (Worsening)

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 5 August 2025, and is supported by an outpatient health record and ear swab culture by the medical officer and pathologist, dated 15 August 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 Otitis Externa (Reasonable Hypothesis) (No. 25 of 2021)

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

I am satisfied that you have met the following factor:

- *participating in aquatic activities within the ten days before the clinical worsening of otitis externa*
- *being exposed to hot and humid weather conditions or heavy rains, on at least ten days within the 30 days before the clinical worsening of otitis externa*
- *undergoing a course of therapeutic radiation for cancer, where the affected ear was in the field of radiation, before the clinical worsening of otitis externa*
- *having trauma to the external auditory canal of the affected ear within the ten days before the clinical worsening of otitis externa*
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- *having chronic suppurative otitis media, involving the middle ear of the affected side, within the 30 days before the clinical worsening of otitis externa*
- *having diabetes mellitus at the time of the clinical worsening of otitis externa*
- *being in an immunocompromised state as specified at the time of the clinical worsening of otitis externa*
- *for otomycosis only, taking a course of oral antibiotic therapy or having ototopical therapy for the treatment of otitis externa of the affected ear within the 30 days before the clinical worsening of otitis externa*
- *inability to obtain appropriate clinical management for otitis externa*

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 intense itch, pain and fullness in the left ear, a blocked sensation, muffled hearing and a black and white discharge, with burning pain and blisters at the outer ear from the zoster on 15 August 2017.

The diagnosis was made on 15 August 2017 by a medical officer who recorded a swollen, moist, inflamed left external auditory canal filled with black and white fungal debris, with herpes zoster vesicles on the concha and in the canal and psoriatic plaques in the canal. Culture grew Aspergillus niger and Pseudomonas aeruginosa. This meets the Statement of Principles definition of an infectious inflammation of the external auditory canal, including otomycosis.

After the condition arose, it was worsened during your service. On warlike service you dived daily from 5 October 2017 to 10 October 2017 because the team was short-handed, within the ten days before the worsening. From 12 September 2017 to 12 October 2017, on warlike service in the Gulf, maximum temperatures exceeded 35 degrees Celsius with humidity above 45 per cent every day. The 2015 radiotherapy with the left canal in the field preceded the worsening on warlike service on 12 October 2017. External ear canal barotrauma while diving on warlike service on 6 October 2017 occurred within the ten days before the worsening. Instrumentation of the left canal with a syringe and curette by the deployed medic on 8 October 2017 occurred within the ten days before the worsening. Earplugs were worn for about 56 hours from 5 October 2017 to 12 October 2017 in deployed accommodation, within the seven days before the worsening. The exostoses and radiation stenosis were present at the worsening on warlike service, when the canal was completely occluded. Psoriasis of the left canal had spread at the worsening on 12 October 2017, aggravated by heat, sweat and the inability to obtain dermatological care in theatre. Persisting herpes zoster lesions of the left canal were recorded at the worsening on warlike service on 12 October 2017. The left chronic suppurative otitis media that followed the 2003 blast on warlike service was discharging throughout the 30 days before the worsening. Type 2 diabetes, with an HbA1c of 9.1 per cent in October 2017, was present at the worsening on warlike service. Methotrexate 20 milligrams weekly continued through the worsening on warlike service on 12 October 2017. Antibiotic and steroid ear drops were given from 1 October 2017 for the treatment of the left otitis externa, on warlike service where no antifungal drops were available, within the 30 days before the worsening. On warlike service from 15 August 2017 to 20 November 2017 there was no microsuction, no ear, nose and throat surgeon and no topical antifungal treatment, and operational manning returned you to diving.

This has then led to further investigations and the diagnosis of your condition of *Left Otitis Externa (Worsening)*. I have accepted your condition of *Left Otitis Externa (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 12 October 2017.

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