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 Palm - Laceration

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 30 April 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 30 April 2025;
- A pre-deployment health assessment by the medical officer, Garrison health centre, dated 12 June 2007;
- A casualty and treatment record by the combat medic, Patrol base, Afghanistan, dated 23 October 2007;
- A radio consultation record by the medical officer, Afghanistan, dated 23 October 2007;
- A treatment record by the combat medic, Patrol base, Afghanistan, dated 27 October 2007;
- An X-ray left hand and operation report by the radiologist and surgeon, Role 3 hospital, dated 29 October 2007;
- An X-ray left hand by the radiologist, dated 5 November 2007;
- A hand surgery consultation by the hand surgeon, dated 18 February 2008;
- An operation report by the hand surgeon, dated 16 June 2009;
- A separation health examination by the medical officer, dated 14 March 2013.

Your service

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

11 July 2003 and 14 March 2013

Left Palm - Laceration

You have stated that your condition was caused by:

- *having direct physical trauma to the affected site at the time of the cut, stab, abrasion or laceration*

Diagnosis: Laceration

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 30 April 2025, and is supported by a casualty and treatment record by the combat medic, Patrol base, Afghanistan, dated 23 October 2007.

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

Statement of Principles concerning Cut, Stab, Abrasion and Laceration (Reasonable Hypothesis) (No. 37 of 2025)

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

I am satisfied that you have met the following factor:

- *having direct physical trauma to the affected site at the time of the cut, stab, abrasion or laceration*

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 a gaping, bleeding wound across the left palm with sharp pain, painful finger movement and tingling on the ulnar side of the ring finger on 23 October 2007.

The diagnosis was made on 23 October 2007 by the combat medic who examined, irrigated and sutured a 6 centimetre laceration of the left palm extending to the palmar fascia. This meets the Statement of Principles definition of an injury that interrupts the continuity of the epidermis and causes a wound penetrating to the subcutaneous tissues and underlying structures. The wound was caused by razor wire, not by a burn, explosive device or fragment, gunshot, missile or contusion, so none of the exclusions applies.

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

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 October 2007.

Left Palm - Laceration (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 30 April 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 30 April 2025;
- A pre-deployment health assessment by the medical officer, Garrison health centre, dated 12 June 2007;
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- An X-ray left hand by the radiologist, dated 5 November 2007;
- A hand surgery consultation by the hand surgeon, dated 18 February 2008;
- An operation report by the hand surgeon, dated 16 June 2009;
- A separation health examination by the medical officer, dated 14 March 2013.

Your service

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

11 July 2003 and 14 March 2013

Left Palm - Laceration (Worsening)

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

- *inability to obtain appropriate clinical management for cut, stab, abrasion or laceration before clinical worsening*

Diagnosis: Laceration (Worsening)

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 30 April 2025, and is supported by a casualty and treatment record by the combat medic, Patrol base, Afghanistan, dated 23 October 2007.

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

Statement of Principles concerning Cut, Stab, Abrasion and Laceration (Reasonable Hypothesis) (No. 37 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 cut, stab, abrasion or laceration 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 a gaping, bleeding wound across the left palm with sharp pain, painful finger movement and tingling on the ulnar side of the ring finger on 23 October 2007.

The diagnosis was made on 23 October 2007 by the combat medic who examined, irrigated and sutured a 6 centimetre laceration of the left palm extending to the palmar fascia. This meets the Statement of Principles definition of an injury that interrupts the continuity of the epidermis and causes a wound penetrating to the subcutaneous tissues and underlying structures. The wound was caused by razor wire, not by a burn, explosive device or fragment, gunshot, missile or contusion, so none of the exclusions applies.

After the condition arose, it was worsened during your service. On warlike service at a remote patrol base there was no doctor, no X-ray and no surgical facility, and evacuation for exploration was delayed for six days by weather and operations.

This has then led to further investigations and the diagnosis of your condition of *Laceration (Worsening)*. I have accepted your condition of *Laceration (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 27 October 2007.

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