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 Thenar Eminence - Warts

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 17 February 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 17 February 2025;
- A pre-deployment medical examination by the medical officer, dated 14 January 2009;
- A sharps injury report and post-exposure prophylaxis record by the medical officer, role 2 facility, Afghanistan, dated 18 April 2009;
- An outpatient health record by the medical officer, Afghanistan, dated 26 June 2009;
- A specialist consultation by the infectious diseases physician, dated 12 October 2009;
- A periodic health examination by the medical officer, Garrison health centre, dated 2 June 2010;
- An outpatient health record by the medical officer, Garrison health centre, dated 23 August 2010;
- A sexual health assessment and colposcopy by the sexual health physician, dated 28 September 2010;
- A post-deployment health assessment and pathology by the medical officer, dated 30 August 2012;
- A specialist consultation (procedure note and histopathology) by the dermatologist, dated 16 October 2012.

Your service

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

15 January 2004 and 21 March 2014

Left Thenar Eminence - Warts

You have stated that your condition was caused by:

- *having direct physical contact with another person's cutaneous warts, within the 12 months before the clinical onset of warts*
- *for warts affecting the cervix uteri only, having penetrative sexual intercourse with a person with genital warts within the 12 months before the clinical onset of warts*
- *for warts affecting the anogenital region only, having contact with the anogenital warts of another person within the 12 months before the clinical onset of warts*
- *for warts affecting the oral cavity or the larynx only, having oral sex with a person with anogenital warts within the 12 months before the clinical onset of warts*
- *for plantar warts only, using communal showering or bathing facilities within the 12 months before the clinical onset of warts*
- *for warts on the hands only, using shared gloves or shared utensils on more days than not for 3 months in the preparation of meat, poultry or fish for consumption, within the 12 months before the clinical onset of warts*
- *being in an immunocompromised state as specified at the time of the clinical onset of warts*

Diagnosis: Warts

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 17 February 2025, and is supported by an outpatient health record by the medical officer, Garrison health centre, dated 23 August 2010.

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

Statement of Principles concerning Warts (Balance of Probabilities) (No. 8 of 2023)

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 contact with another person's cutaneous warts, within the 12 months before the clinical onset of warts*
- *for warts affecting the cervix uteri only, having penetrative sexual intercourse with a person with genital warts within the 12 months before the clinical onset of warts*
- *for warts affecting the anogenital region only, having contact with the anogenital warts of another person within the 12 months before the clinical onset of warts*
- *for warts affecting the oral cavity or the larynx only, having oral sex with a person with anogenital warts within the 12 months before the clinical onset of warts*
- *for plantar warts only, using communal showering or bathing facilities within the 12 months before the clinical onset of warts*

- *for warts on the hands only, using shared gloves or shared utensils on more days than not for 3 months in the preparation of meat, poultry or fish for consumption, within the 12 months before the clinical onset of warts*
- *being in an immunocompromised state as specified at the time of the clinical onset of warts*

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 two rough, raised, painless lumps on the fleshy base of your left thumb, which caught on gloves and became sore when you gripped knives and utensils on 23 August 2010.

The diagnosis was made clinically by the medical officer on 23 August 2010, who recorded two rough, raised, hyperkeratotic papules of 4 and 6 millimetres on the left thenar eminence with interruption of the skin lines and pinpoint thrombosed capillaries on paring, typical of common warts, and treated them with cryotherapy. A dermatologist confirmed the diagnosis on 16 October 2012, and histology of the curetted plaque showed papillomatosis, hyperkeratosis and koilocytes consistent with verruca vulgaris. This meets the Statement of Principles definition of warts.

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

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 16 August 2010.

Left Thenar Eminence - Warts (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 17 February 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 17 February 2025;
- A pre-deployment medical examination by the medical officer, dated 14 January 2009;
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- A post-deployment health assessment and pathology by the medical officer, dated 30 August 2012;
- A specialist consultation (procedure note and histopathology) by the dermatologist, dated 16 October 2012.

Your service

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

15 January 2004 and 21 March 2014

Left Thenar Eminence - Warts (Worsening)

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

- *being in an immunocompromised state as specified at the time of the clinical worsening of warts*
- *inability to obtain appropriate clinical management for warts*

Diagnosis: Warts (Worsening)

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 17 February 2025, and is supported by an outpatient health record by the medical officer, Garrison health centre, dated 23 August 2010.

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

Statement of Principles concerning Warts (Balance of Probabilities) (No. 8 of 2023)

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

I am satisfied that you have met the following factor:

- *being in an immunocompromised state as specified at the time of the clinical worsening of warts*
- *inability to obtain appropriate clinical management for warts*

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 two rough, raised, painless lumps on the fleshy base of your left thumb, which caught on gloves and became sore when you gripped knives and utensils on 23 August 2010.

The diagnosis was made clinically by the medical officer on 23 August 2010, who recorded two rough, raised, hyperkeratotic papules of 4 and 6 millimetres on the left thenar eminence with interruption of the skin lines and pinpoint thrombosed capillaries on paring, typical of common warts, and treated them with cryotherapy. A dermatologist confirmed the diagnosis on 16 October 2012, and histology of the curetted plaque showed papillomatosis, hyperkeratosis and koilocytes consistent with verruca vulgaris. This meets the Statement of Principles definition of warts.

After the condition arose, it was worsened during your service. At the documented worsening on 30 August 2012 your HIV infection was uncontrolled after a nine-week interruption of antiretroviral therapy, with a CD4 count of 180 cells per microlitre and a viral load of 42,000 copies per millilitre. During your deployment from March to August 2012 the camp held no liquid nitrogen or topical wart treatment, and your antiretroviral resupply failed for nine weeks.

This has then led to further investigations and the diagnosis of your condition of *Warts (Worsening)*. I have accepted your condition of *Warts (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 30 August 2012.

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