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 Tibia - Posterolateral Condyle Bone Contusion

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 21 May 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 21 May 2025;
- A pre-deployment medical examination by the medical officer, dated 18 March 2010;
- A patrol report and casualty card by the patrol commander and patrol medic, Afghanistan, dated 22 September 2010;
- An outpatient health record by the medical officer, patrol base aid post, Afghanistan, dated 23 September 2010;
- An outpatient health record and aeromedical request by the medical officer, Afghanistan, dated 12 October 2010;
- An MRI left knee and orthopaedic consultation by the radiologist and orthopaedic surgeon, role 3 hospital, dated 14 October 2010;
- A specialist consultation by the sports physician, dated 20 January 2011;
- An MRI left knee by the radiologist, dated 3 February 2011;
- A physiotherapy discharge summary by the physiotherapist, dated 6 August 2011;
- An X-ray left knee by the radiologist, dated 25 June 2020;
- A separation medical examination by the medical officer, dated 2 July 2020.

Your service

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

5 February 2007 and 19 October 2020

Left Tibia - Posterolateral Condyle Bone Contusion

You have stated that your condition was caused by:

- *having trauma involving the affected site within the 24 hours before clinical onset*

Diagnosis: Posterolateral Condyle Bone Contusion

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 21 May 2025, and is supported by an MRI left knee and orthopaedic consultation by the radiologist and orthopaedic surgeon, role 3 hospital, dated 14 October 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 Traumatic Contusion or Haematoma (Reasonable Hypothesis) (No. 43 of 2024)

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

I am satisfied that you have met the following factor:

- *having trauma involving the affected site within the 24 hours before clinical onset*

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 sudden, deep pain on the outer back of the left knee, rapid swelling and pain on weight bearing on 22 September 2010.

The diagnosis was made on MRI of the left knee on 14 October 2010, which showed extensive bone marrow oedema of the posterolateral condyle of the tibia, 38 by 26 millimetres, with a lateral femoral condyle contusion in a pivot pattern, an effusion and no cortical break, depression or fracture line. An orthopaedic surgeon confirmed a bone contusion of the posterolateral tibial condyle. A bone contusion is a blood collection in bone caused by physical force, which the Statement of Principles includes in its definition of traumatic contusion or haematoma, and it is not associated with a fracture.

This has then led to further investigations and the diagnosis of your condition of *Posterolateral Condyle Bone Contusion*. I have accepted your condition of *Posterolateral Condyle Bone Contusion*.

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 22 September 2010.

Left Tibia - Posterolateral Condyle Bone Contusion (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 21 May 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 21 May 2025;
- A pre-deployment medical examination by the medical officer, dated 18 March 2010;
- A patrol report and casualty card by the patrol commander and patrol medic, Afghanistan, dated 22 September 2010;
- An outpatient health record by the medical officer, patrol base aid post, Afghanistan, dated 23 September 2010;
- An outpatient health record and aeromedical request by the medical officer, Afghanistan, dated 12 October 2010;
- An MRI left knee and orthopaedic consultation by the radiologist and orthopaedic surgeon, role 3 hospital, dated 14 October 2010;
- A specialist consultation by the sports physician, dated 20 January 2011;
- An MRI left knee by the radiologist, dated 3 February 2011;
- A physiotherapy discharge summary by the physiotherapist, dated 6 August 2011;
- An X-ray left knee by the radiologist, dated 25 June 2020;
- A separation medical examination by the medical officer, dated 2 July 2020.

Your service

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

5 February 2007 and 19 October 2020

Left Tibia - Posterolateral Condyle Bone Contusion (Worsening)

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

- *inability to obtain appropriate clinical management for traumatic contusion or haematoma before clinical worsening*

Diagnosis: Posterolateral Condyle Bone Contusion (Worsening)

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 21 May 2025, and is supported by an MRI left knee and orthopaedic consultation by the radiologist and orthopaedic surgeon, role 3 hospital, dated 14 October 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 Traumatic Contusion or Haematoma (Reasonable Hypothesis) (No. 43 of 2024)

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 traumatic contusion or haematoma 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 sudden, deep pain on the outer back of the left knee, rapid swelling and pain on weight bearing on 22 September 2010.

The diagnosis was made on MRI of the left knee on 14 October 2010, which showed extensive bone marrow oedema of the posterolateral condyle of the tibia, 38 by 26 millimetres, with a lateral femoral condyle contusion in a pivot pattern, an effusion and no cortical break, depression or fracture line. An orthopaedic surgeon confirmed a bone contusion of the posterolateral tibial condyle. A bone contusion is a blood collection in bone caused by physical force, which the Statement of Principles includes in its definition of traumatic contusion or haematoma, and it is not associated with a fracture.

After the condition arose, it was worsened during your service. On warlike service in Afghanistan from 22 September to 12 October 2010 there was no X-ray or MRI at the patrol base, the tactical situation and shortage of soldiers meant you were returned to foot patrols after 48 hours, and you continued to carry 35 to 40 kilograms over broken ground for 19 days.

This has then led to further investigations and the diagnosis of your condition of *Posterolateral Condyle Bone Contusion (Worsening)*. I have accepted your condition of *Posterolateral Condyle Bone Contusion (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 2010.

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