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.

Nose - Deviated Nasal Septum (Post-traumatic)

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 June 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 17 June 2025;
- An enlistment medical examination by the medical officer, Recruit health centre, dated 5 February 2007;
- An outpatient health record by the medical officer, Role 1 facility, Afghanistan, dated 13 March 2012;
- An outpatient health record by the medical officer, Role 1 facility, Afghanistan, dated 28 June 2012;
- A trauma admission and CT facial bones report by Role 3 hospital, Afghanistan, dated 14 August 2012;
- A respiratory assessment by the medical officer, Role 2 facility, Afghanistan, dated 2 September 2012;
- An outpatient health record by the medical officer, Role 1 facility, Afghanistan, dated 7 September 2012;
- An endocrinology consultation and DXA report by the endocrinologist, dated 12 February 2013;
- An otorhinolaryngology consultation and CT facial bones report by the otorhinolaryngologist, dated 20 May 2013;
- An operation report (septorhinoplasty) by the otorhinolaryngologist, dated 18 November 2013;
- A separation medical examination and CT paranasal sinuses report by the medical officer and radiologist, dated 4 March 2021.

Your service

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

5 February 2007 and 11 November 2021

Nose - Deviated Nasal Septum (Post-traumatic)

You have stated that your condition was caused by:

- *having significant physical force applied to or through the affected bone at the time of clinical onset*
- *for stress fracture only, having significant repetitive loading stress to the affected bone prior to clinical onset*
- *for stress fracture only, having significant chronic repetitive loading stress to the affected bone due to abnormal force intensity or direction of application, at the time of clinical onset*
- *smoking at least 5 cigarettes per day, or the equivalent thereof in other tobacco products, during treatment for fracture prior to fracture non-union*
- *having diabetes mellitus at the time of the fracture non-union*
- *having osteoporosis at the time of the fracture non-union*
- *having vitamin D deficiency, with a serum 25(OH)D level of less than 50 nanomoles per litre at the time of the fracture non-union*
- *having a Body Mass Index (BMI) of 40 or greater at the time of the fracture non-union*

Diagnosis: Deviated Nasal Septum (Post-traumatic)

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 17 June 2025, and is supported by a trauma admission and CT facial bones report by Role 3 hospital, Afghanistan, dated 14 August 2012.

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

Statement of Principles concerning Fracture (Reasonable Hypothesis) (No. 62 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 significant physical force applied to or through the affected bone at the time of clinical onset*
- *for stress fracture only, having significant repetitive loading stress to the affected bone prior to clinical onset*

- *for stress fracture only, having significant chronic repetitive loading stress to the affected bone due to abnormal force intensity or direction of application, at the time of clinical onset*
- *smoking at least 5 cigarettes per day, or the equivalent thereof in other tobacco products, during treatment for fracture prior to fracture non-union*
- *having diabetes mellitus at the time of the fracture non-union*
- *having osteoporosis at the time of the fracture non-union*
- *having vitamin D deficiency, with a serum 25(OH)D level of less than 50 nanomoles per litre at the time of the fracture non-union*
- *having a Body Mass Index (BMI) of 40 or greater at the time of the fracture non-union*

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 severe nasal pain, swelling, deformity, profuse epistaxis and complete left nasal obstruction after the blast on 14 August 2012.

The diagnosis was confirmed by CT of the facial bones on 14 August 2012, which showed comminuted fractures of the nasal bones and the bony nasal septum with the septum displaced to the left, through an older fatigue-type stress fracture line. This is an acquired break of bone from an applied force that ordinarily would break a healthy bone, and so meets the Statement of Principles definition of fracture, including a comminuted fracture and, for the older component, a stress fracture of the fatigue type.

This has then led to further investigations and the diagnosis of your condition of *Deviated Nasal Septum (Post-traumatic)*. I have accepted your condition of *Deviated Nasal Septum (Post-traumatic)*.

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 2012.

Nose - Deviated Nasal Septum (Post-traumatic) (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 June 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 17 June 2025;
- An enlistment medical examination by the medical officer, Recruit health centre, dated 5 February 2007;
- An outpatient health record by the medical officer, Role 1 facility, Afghanistan, dated 13 March 2012;
- An outpatient health record by the medical officer, Role 1 facility, Afghanistan, dated 28 June 2012;
- A trauma admission and CT facial bones report by Role 3 hospital, Afghanistan, dated 14 August 2012;
- A respiratory assessment by the medical officer, Role 2 facility, Afghanistan, dated 2 September 2012;
- An outpatient health record by the medical officer, Role 1 facility, Afghanistan, dated 7 September 2012;
- An endocrinology consultation and DXA report by the endocrinologist, dated 12 February 2013;
- An otorhinolaryngology consultation and CT facial bones report by the otorhinolaryngologist, dated 20 May 2013;
- An operation report (septorhinoplasty) by the otorhinolaryngologist, dated 18 November 2013;
- A separation medical examination and CT paranasal sinuses report by the medical officer and radiologist, dated 4 March 2021.

Your service

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

5 February 2007 and 11 November 2021

Nose - Deviated Nasal Septum (Post-traumatic) (Worsening)

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

- *smoking at least 5 cigarettes per day, or the equivalent thereof in other tobacco products, during treatment for fracture prior to fracture non-union*
- *having diabetes mellitus at the time of the fracture non-union*
- *inability to obtain appropriate clinical management for fracture before clinical worsening*

Diagnosis: Deviated Nasal Septum (Post-traumatic) (Worsening)

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 17 June 2025, and is supported by a trauma admission and CT facial bones report by Role 3 hospital, Afghanistan, dated 14 August 2012.

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

Statement of Principles concerning Fracture (Balance of Probabilities) (No. 63 of 2024)

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

I am satisfied that you have met the following factor:

- *smoking at least 5 cigarettes per day, or the equivalent thereof in other tobacco products, during treatment for fracture prior to fracture non-union*
- *having diabetes mellitus at the time of the fracture non-union*
- *inability to obtain appropriate clinical management for fracture 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 severe nasal pain, swelling, deformity, profuse epistaxis and complete left nasal obstruction after the blast on 14 August 2012.

The diagnosis was confirmed by CT of the facial bones on 14 August 2012, which showed comminuted fractures of the nasal bones and the bony nasal septum with the septum displaced to the left, through an older fatigue-type stress fracture line. This is an acquired break of bone from an applied force that ordinarily would break a healthy bone, and so meets the Statement of Principles definition of fracture, including a comminuted fracture and, for the older component, a stress fracture of the fatigue type.

After the condition arose, it was worsened during your service. You smoked about 15 cigarettes a day from March 2012, a habit taken up on deployment, and continued throughout treatment of the fracture from 14 August 2012 to the confirmation of non-union on 20 May 2013, as recorded on 12 February 2013. Steroid-induced diabetes mellitus was confirmed on 12 February 2013 with an HbA1c of 7.6 per cent and a fasting glucose of 9.1 mmol/L, and was present with an

HbA1c of 7.9 per cent on 20 May 2013, when the non-union was confirmed. The displaced nasal and septal fracture of 14 August 2012 needed closed reduction within about 14 days.

This has then led to further investigations and the diagnosis of your condition of *Deviated Nasal Septum (Post-traumatic) (Worsening)*. I have accepted your condition of *Deviated Nasal Septum (Post-traumatic) (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 12 February 2013.

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