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.

Periodic Limb Movement Disorder

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 7 August 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 7 August 2025;
- An ophthalmology consultation by the ophthalmologist, dated Jun 2009;
- A trauma admission by the CT and CT angiography reports, Role 3 hospital, Afghanistan, dated 22 August 2011;
- A renal medicine consultation by the renal physician, dated 29 August 2011;
- A psychiatric assessment by the consultant psychiatrist, dated 10 October 2011;
- An MRI brain and spine by the dat-spect and neurology consultation, Neurologist, dated 25 October 2011;
- A pathology report (iron studies) dated 8 November 2011;
- Inpatient progress notes and nursing sleep charts by the spinal rehabilitation unit, dated 14 November 2011;
- A diagnostic polysomnography report by the sleep physician, dated 15 February 2012;
- A medical discharge documentation by the medical officer, dated 15 November 2013;
- An emergency admission and CT head report by the neurosurgical registrar, dated 5 March 2014;
- An MRI brain and stroke unit discharge summary by the neurologist, dated 21 March 2014;
- A repeat polysomnography report by the sleep physician, dated 20 May 2014.

Your service

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

20 January 1998 and 15 November 2013

Periodic Limb Movement Disorder

You have stated that your condition was caused by:

- *having chronic renal failure at the time of the clinical onset of periodic limb movement disorder*
- *having a spinal cord lesion at the time of the clinical onset of periodic limb movement disorder*
- *taking venlafaxine or a selective serotonin reuptake inhibitor as prescribed for ongoing use within the 30 days before the clinical onset of periodic limb movement disorder*

Diagnosis: Periodic Limb Movement Disorder

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 7 August 2025, and is supported by a diagnostic polysomnography report by the sleep physician, dated 15 February 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 Periodic Limb Movement Disorder (Balance of Probabilities) (No. 20 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 chronic renal failure at the time of the clinical onset of periodic limb movement disorder*
- *having a spinal cord lesion at the time of the clinical onset of periodic limb movement disorder*
- *taking venlafaxine or a selective serotonin reuptake inhibitor as prescribed for ongoing use within the 30 days before the clinical onset of periodic limb movement disorder*

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 repetitive kicking and jerking of both legs during sleep, observed by nursing staff, with frequent awakenings, unrefreshing sleep and daytime fatigue that limited your participation in rehabilitation on 14 November 2011.

The diagnosis was confirmed by overnight polysomnography on 15 February 2012, which showed periodic limb movements of sleep at 48 per hour, well above the adult threshold of 15 per hour, with an associated arousal index of 21 per hour. You had a clinical sleep disturbance, with frequent awakenings and unrefreshing sleep, and impaired daytime functioning that limited

your rehabilitation. This meets the Statement of Principles definition of periodic limb movement disorder.

This has then led to further investigations and the diagnosis of your condition of *Periodic Limb Movement Disorder*. I have accepted your condition of *Periodic Limb Movement Disorder*.

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 10 November 2011.

Periodic Limb Movement Disorder (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 7 August 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 7 August 2025;
- An ophthalmology consultation by the ophthalmologist, dated Jun 2009;
- A trauma admission by the CT and CT angiography reports, Role 3 hospital, Afghanistan, dated 22 August 2011;
- A renal medicine consultation by the renal physician, dated 29 August 2011;
- A psychiatric assessment by the consultant psychiatrist, dated 10 October 2011;
- An MRI brain and spine by the dat-spect and neurology consultation, Neurologist, dated 25 October 2011;
- A pathology report (iron studies) dated 8 November 2011;
- Inpatient progress notes and nursing sleep charts by the spinal rehabilitation unit, dated 14 November 2011;
- A diagnostic polysomnography report by the sleep physician, dated 15 February 2012;
- A medical discharge documentation by the medical officer, dated 15 November 2013;
- An emergency admission and CT head report by the neurosurgical registrar, dated 5 March 2014;
- An MRI brain and stroke unit discharge summary by the neurologist, dated 21 March 2014;
- A repeat polysomnography report by the sleep physician, dated 20 May 2014.

Your service

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

20 January 1998 and 15 November 2013

Periodic Limb Movement Disorder (Worsening)

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

- *having chronic renal failure at the time of the clinical worsening of periodic limb movement disorder*
- *having a spinal cord lesion at the time of the clinical worsening of periodic limb movement disorder*
- *taking venlafaxine or a selective serotonin reuptake inhibitor as prescribed for ongoing use within the 30 days before the clinical worsening of periodic limb movement disorder*
- *inability to obtain appropriate clinical management for periodic limb movement disorder*

Diagnosis: Periodic Limb Movement Disorder (Worsening)

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 7 August 2025, and is supported by a diagnostic polysomnography report by the sleep physician, dated 15 February 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 Periodic Limb Movement Disorder (Balance of Probabilities) (No. 20 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 chronic renal failure at the time of the clinical worsening of periodic limb movement disorder*
- *having a spinal cord lesion at the time of the clinical worsening of periodic limb movement disorder*
- *taking venlafaxine or a selective serotonin reuptake inhibitor as prescribed for ongoing use within the 30 days before the clinical worsening of periodic limb movement disorder*
- *inability to obtain appropriate clinical management for periodic limb movement disorder*

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 repetitive kicking and jerking of both legs during sleep, observed by nursing staff, with frequent awakenings, unrefreshing sleep and daytime fatigue that limited your participation in rehabilitation on 14 November 2011.

The diagnosis was confirmed by overnight polysomnography on 15 February 2012, which showed periodic limb movements of sleep at 48 per hour, well above the adult threshold of 15 per hour, with an associated arousal index of 21 per hour. You had a clinical sleep disturbance, with frequent awakenings and unrefreshing sleep, and impaired daytime functioning that limited your rehabilitation. This meets the Statement of Principles definition of periodic limb movement disorder.

After the condition arose, it was worsened during your service. You remained on haemodialysis three times a week for chronic renal failure when the periodic limb movement disorder worsened, documented on polysomnography on 20 May 2014. The incomplete cervical spinal cord injury persisted, with spasticity of both legs, at the worsening on 20 May 2014. Sertraline 100 mg daily continued as prescribed for ongoing use throughout the 30 days before the worsening, from 20 April 2014 to 20 May 2014, for your posttraumatic stress disorder and depression. After your medical discharge on 15 November 2013 your care moved to the civilian system and your referral for sleep physician follow-up was lost.

This has then led to further investigations and the diagnosis of your condition of *Periodic Limb Movement Disorder (Worsening)*. I have accepted your condition of *Periodic Limb Movement Disorder (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 15 November 2013.

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