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.

Respiratory - Sinusitis

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 8 July 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 8 July 2025;
- An emergency treatment record and CT facial bones report by the medical officer and radiologist, dated 18 March 2002;
- An allergy testing report by the clinical immunologist, dated 5 August 2004;
- An outpatient health record and spirometry by the medical officer, Garrison health centre, dated 22 May 2006;
- A treatment record by the medical officer, Base health centre, dated 15 October 2009;
- A nasendoscopy report by the ear, nose and throat surgeon, dated 2 February 2010;
- A radiotherapy completion summary by the radiation oncologist, dated 20 April 2012;
- A dental record by the dental officer, Afghanistan, dated 26 August 2013;
- A treatment record and CT sinus report by the medical officer and radiologist, Role 3 hospital, Afghanistan, dated 10 September 2013;
- A specialist consultation (nasendoscopy and CT sinus report) by the ear, nose and throat surgeon, dated 14 March 2014;
- A dental record by the dental officer, Middle East Area of Operations, dated 30 May 2017;
- A treatment record by the medic, Middle East Area of Operations, dated 14 June 2017;
- A CT sinus report and specialist consultation by the radiologist and ear, nose and throat surgeon, dated 22 July 2017;
- An operation report and histology by the ear, nose and throat surgeon and Pathologist, dated 16 November 2017.

Your service

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

14 January 1991 and 8 March 2020

Respiratory - Sinusitis

You have stated that your condition was caused by:

- *having impaired drainage of the sinus at the time of the clinical onset of sinusitis*
- *having a viral, bacterial or fungal respiratory tract infection at the time of the clinical onset of sinusitis*
- *being in an immunocompromised state as specified at the time of the clinical onset of sinusitis*
- *having a specified medical condition at the time of the clinical onset of sinusitis*
- *undergoing a course of therapeutic radiation for cancer, where the nasal cavity and paranasal sinuses were in the field of radiation, before the clinical onset of sinusitis*
- *smoking at least one pack-year of cigarettes, or the equivalent thereof in other tobacco products, before the clinical onset of sinusitis, and: (a) smoking commenced at least one year before the clinical onset of sinusitis; and (b) where smoking has ceased, the clinical onset of sinusitis has occurred within three months of smoking cessation*
- *being exposed to second-hand smoke: (a) for at least 1 000 hours before the clinical onset of sinusitis; and (b) where the first exposure to second-hand smoke commenced at least one year before the clinical onset of sinusitis; and (c) where the last exposure to second-hand smoke occurred within the three months before the clinical onset of sinusitis*
- *inhaling a drug or irritant substance which results in: (a) acute nasal symptoms or signs within 48 hours of the inhalation; and (b) scarring or erosion of the nasal or sinus mucosa; before the clinical onset of sinusitis*
- *inhaling airborne dusts, smoke from fires, or fumes or vapours from fuel or a chemical agent within the 48 hours before the clinical onset of sinusitis*
- *for sinusitis affecting the maxillary sinus only, having a specified dental condition affecting the tissues adjacent to the affected maxillary sinus at the time of the clinical onset of sinusitis*

Diagnosis: Sinusitis

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 8 July 2025, and is supported by a specialist consultation (nasendoscopy and CT sinus report) by the ear, nose and throat surgeon, dated 14 March 2014.

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

Statement of Principles concerning Sinusitis (Reasonable Hypothesis) (No. 73 of 2018)

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

I am satisfied that you have met the following factor:

- *having impaired drainage of the sinus at the time of the clinical onset of sinusitis*
- *having a viral, bacterial or fungal respiratory tract infection at the time of the clinical onset of sinusitis*
- *being in an immunocompromised state as specified at the time of the clinical onset of sinusitis*
- *having a specified medical condition at the time of the clinical onset of sinusitis*
- *undergoing a course of therapeutic radiation for cancer, where the nasal cavity and paranasal sinuses were in the field of radiation, before the clinical onset of sinusitis*
- *smoking at least one pack-year of cigarettes, or the equivalent thereof in other tobacco products, before the clinical onset of sinusitis, and: (a) smoking commenced at least one year before the clinical onset of sinusitis; and (b) where smoking has ceased, the clinical onset of sinusitis has occurred within three months of smoking cessation*
- *being exposed to second-hand smoke: (a) for at least 1 000 hours before the clinical onset of sinusitis; and (b) where the first exposure to second-hand smoke commenced at least one year before the clinical onset of sinusitis; and (c) where the last exposure to second-hand smoke occurred within the three months before the clinical onset of sinusitis*
- *inhaling a drug or irritant substance which results in: (a) acute nasal symptoms or signs within 48 hours of the inhalation; and (b) scarring or erosion of the nasal or sinus mucosa; before the clinical onset of sinusitis*
- *inhaling airborne dusts, smoke from fires, or fumes or vapours from fuel or a chemical agent within the 48 hours before the clinical onset of sinusitis*
- *for sinusitis affecting the maxillary sinus only, having a specified dental condition affecting the tissues adjacent to the affected maxillary sinus at the time of the clinical onset of sinusitis*

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 right-sided facial pain and pressure worse on bending, right nasal blockage, thick purulent discharge, a reduced sense of smell, fever and malaise on 10 September 2013.

The diagnosis was made by a medical officer on 10 September 2013 from right facial pain and pressure, nasal blockage, purulent discharge and fever, and confirmed by CT on 12 September 2013, which showed right maxillary opacification with an air-fluid level. This meets the Statement of Principles definition of sinusitis as inflammation of the nasal cavity and paranasal sinuses. Chronic rhinosinusitis with nasal polyps was diagnosed by an ear, nose and throat surgeon on 14 March 2014 on nasendoscopy and CT, after more than 12 weeks of symptoms.

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

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 9 September 2013.

Respiratory - Sinusitis (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 8 July 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 8 July 2025;
- An emergency treatment record and CT facial bones report by the medical officer and radiologist, dated 18 March 2002;
- An allergy testing report by the clinical immunologist, dated 5 August 2004;
- An outpatient health record and spirometry by the medical officer, Garrison health centre, dated 22 May 2006;
- A treatment record by the medical officer, Base health centre, dated 15 October 2009;
- A nasendoscopy report by the ear, nose and throat surgeon, dated 2 February 2010;
- A radiotherapy completion summary by the radiation oncologist, dated 20 April 2012;
- A dental record by the dental officer, Afghanistan, dated 26 August 2013;
- A treatment record and CT sinus report by the medical officer and radiologist, Role 3 hospital, Afghanistan, dated 10 September 2013;
- A specialist consultation (nasendoscopy and CT sinus report) by the ear, nose and throat surgeon, dated 14 March 2014;
- A dental record by the dental officer, Middle East Area of Operations, dated 30 May 2017;
- A treatment record by the medic, Middle East Area of Operations, dated 14 June 2017;
- A CT sinus report and specialist consultation by the radiologist and ear, nose and throat surgeon, dated 22 July 2017;
- An operation report and histology by the ear, nose and throat surgeon and Pathologist, dated 16 November 2017.

Your service

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

14 January 1991 and 8 March 2020

Respiratory - Sinusitis (Worsening)

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

- *having impaired drainage of the sinus at the time of the clinical worsening of sinusitis*
- *having a viral, bacterial or fungal respiratory tract infection at the time of the clinical worsening of sinusitis*
- *being in an immunocompromised state as specified at the time of the clinical worsening of sinusitis*
- *having a specified medical condition at the time of the clinical worsening of sinusitis*
- *undergoing a course of therapeutic radiation for cancer, where the nasal cavity and paranasal sinuses were in the field of radiation, before the clinical worsening of sinusitis*
- *smoking at least one pack-year of cigarettes, or the equivalent thereof in other tobacco products, before the clinical worsening of sinusitis, and: (a) smoking commenced at least one year before the clinical worsening of sinusitis; and (b) where smoking has ceased, the clinical worsening of sinusitis has occurred within three months of smoking cessation*
- *being exposed to second-hand smoke: (a) for at least 1 000 hours before the clinical worsening of sinusitis; and (b) where the first exposure to second-hand smoke commenced at least one year before the clinical worsening of sinusitis; and (c) where the last exposure to second-hand smoke occurred within the three months before the clinical worsening of sinusitis*
- *inhaling a drug or irritant substance which results in: (a) acute nasal symptoms or signs within 48 hours of the inhalation; and (b) scarring or erosion of the nasal or sinus mucosa; before the clinical worsening of sinusitis*
- *inhaling airborne dusts, smoke from fires, or fumes or vapours from fuel or a chemical agent within the 48 hours before the clinical worsening of sinusitis*
- *for sinusitis affecting the maxillary sinus only, having a specified dental condition affecting the tissues adjacent to the affected maxillary sinus at the time of the clinical worsening of sinusitis*
- *for sinusitis with nasal polyps only, using a drug belonging to the nonselective (COX-1 and COX-2 inhibitors) nonsteroidal anti-inflammatory class of drugs, at the time of the clinical worsening of sinusitis*
- *inability to obtain appropriate clinical management for sinusitis*

Diagnosis: Sinusitis (Worsening)

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 8 July 2025, and is supported by a specialist consultation (nasendoscopy and CT sinus report) by the ear, nose and throat surgeon, dated 14 March 2014.

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

Statement of Principles concerning Sinusitis (Reasonable Hypothesis) (No. 73 of 2018)

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

I am satisfied that you have met the following factor:

- *having impaired drainage of the sinus at the time of the clinical worsening of sinusitis*
- *having a viral, bacterial or fungal respiratory tract infection at the time of the clinical worsening of sinusitis*
- *being in an immunocompromised state as specified at the time of the clinical worsening of sinusitis*
- *having a specified medical condition at the time of the clinical worsening of sinusitis*
- *undergoing a course of therapeutic radiation for cancer, where the nasal cavity and paranasal sinuses were in the field of radiation, before the clinical worsening of sinusitis*
- *smoking at least one pack-year of cigarettes, or the equivalent thereof in other tobacco products, before the clinical worsening of sinusitis, and: (a) smoking commenced at least one year before the clinical worsening of sinusitis; and (b) where smoking has ceased, the clinical worsening of sinusitis has occurred within three months of smoking cessation*
- *being exposed to second-hand smoke: (a) for at least 1 000 hours before the clinical worsening of sinusitis; and (b) where the first exposure to second-hand smoke commenced at least one year before the clinical worsening of sinusitis; and (c) where the last exposure to second-hand smoke occurred within the three months before the clinical worsening of sinusitis*
- *inhaling a drug or irritant substance which results in: (a) acute nasal symptoms or signs within 48 hours of the inhalation; and (b) scarring or erosion of the nasal or sinus mucosa; before the clinical worsening of sinusitis*
- *inhaling airborne dusts, smoke from fires, or fumes or vapours from fuel or a chemical agent within the 48 hours before the clinical worsening of sinusitis*
- *for sinusitis affecting the maxillary sinus only, having a specified dental condition affecting the tissues adjacent to the affected maxillary sinus at the time of the clinical worsening of sinusitis*
- *for sinusitis with nasal polyps only, using a drug belonging to the nonselective (COX-1 and COX-2 inhibitors) nonsteroidal anti-inflammatory class of drugs, at the time of the clinical worsening of sinusitis*
- *inability to obtain appropriate clinical management for sinusitis*

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 right-sided facial pain and pressure worse on bending, right nasal blockage, thick purulent discharge, a reduced sense of smell, fever and malaise on 10 September 2013.

The diagnosis was made by a medical officer on 10 September 2013 from right facial pain and pressure, nasal blockage, purulent discharge and fever, and confirmed by CT on 12 September 2013, which showed right maxillary opacification with an air-fluid level. This meets the Statement of Principles definition of sinusitis as inflammation of the nasal cavity and paranasal sinuses. Chronic rhinosinusitis with nasal polyps was diagnosed by an ear, nose and throat surgeon on 14 March 2014 on nasendoscopy and CT, after more than 12 weeks of symptoms.

After the condition arose, it was worsened during your service. Bilateral nasal polyps obstructing the sinus ostia and the persisting septal deviation were present at the worsening on warlike service in the Middle East on 14 June 2017, with the Lund-Mackay score rising to 19 on CT on 22 July 2017. A viral upper respiratory tract infection acquired in shared accommodation on warlike service in the Middle East from 6 June 2017 was present at the worsening on 14 June 2017. You were taking prednisolone 25 mg daily for steroid-dependent asthma, aggravated by burn-pit smoke on deployment, at the worsening on 14 June 2017. Asthma, allergic rhinitis and gastro-oesophageal reflux disease were each present at the worsening on warlike service in June 2017. The radiotherapy of 2012, with the right nasal cavity and maxillary sinus in the field, preceded the worsening on warlike service on 14 June 2017. You were smoking about 20 cigarettes a day on warlike service in the Middle East in 2017, having smoked since 1989, at the worsening on 14 June 2017. On warlike service in the Middle East from February 2017 you lived in an enclosed accommodation container with smokers, with total exposure since 1991 well over 1,000 hours and the last exposure in the week of the worsening. The chlorine inhalation of 15 October 2009, with acute nasal symptoms within hours and later mucosal scarring, preceded the worsening of 14 June 2017. On 12 and 13 June 2017, within the 48 hours before the worsening, you attended a fire in a fuel storage area and worked through smoke from the base burn pit and a dust storm on warlike service in the Middle East. Periodontitis with deep pockets around the upper right molars, adjacent to the affected maxillary sinus, was recorded by a dental officer on deployment on 30 May 2017 and was present at the worsening. You have sinusitis with nasal polyps and was taking ibuprofen 400 mg three times daily from 20 May 2017 for a lumbar strain sustained on warlike service, at the worsening on 14 June 2017. On warlike service in the Middle East your sinus treatment ran out without resupply, specialist review and CT were unavailable until your return, and dental treatment of the periodontitis was delayed for six weeks.

This has then led to further investigations and the diagnosis of your condition of *Sinusitis (Worsening)*. I have accepted your condition of *Sinusitis (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 14 June 2017.

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service details and clinicians are invented. It is not a decision of the Department of Veterans' Affairs.