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.

Right Ear - Impacted Cerumen

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 9 September 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 9 September 2025;
- A specialist consultation by the ear, nose and throat surgeon, dated 12 September 2012;
- An audiology assessment and hearing aid fitting by the audiologist, dated 14 May 2013;
- A pre-deployment medical examination by the medical officer, dated 20 February 2014;
- A sick bay record by the medical officer, ship's company, dated 23 July 2014;
- A consultation by the general practitioner, dated 2 December 2014;
- An outpatient health record and audiometry by the medical officer, dated 3 March 2017;
- A microsuction procedure note by the ear, nose and throat surgeon, dated 20 March 2017;
- CT temporal bones by the radiologist, dated 2 May 2018;
- An operation report by the ear, nose and throat surgeon, dated 6 June 2018.

Your service

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

18 January 1999 and 27 September 2019

Right Ear - Impacted Cerumen

You have stated that your condition was caused by:

- *wearing earplugs or in-ear communication earpieces in the affected ear for at least 4 hours per day on most days for at least the 3 months before the clinical onset of impacted*

cerumen

- *using a hearing aid in the affected ear for at least the 3 months before the clinical onset of impacted cerumen*
- *having exostoses, stenosis or other narrowing of the external auditory canal of the affected ear at the time of the clinical onset of impacted cerumen*
- *immersing the affected ear in water, including by swimming or diving, for at least 4 hours per week for at least the 3 months before the clinical onset of impacted cerumen*
- *inserting cotton buds or other objects into the affected ear canal on most days for at least the 3 months before the clinical onset of impacted cerumen*
- *working in a dusty or sandy environment for at least 4 weeks before the clinical onset of impacted cerumen*
- *working or living in a hot and humid environment for at least 4 weeks before the clinical onset of impacted cerumen*
- *having seborrhoeic dermatitis, eczema or psoriasis involving the affected ear canal at the time of the clinical onset of impacted cerumen*
- *having otitis externa of the affected ear within the 12 months before the clinical onset of impacted cerumen*

Diagnosis: Impacted Cerumen

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 9 September 2025, and is supported by a sick bay record by the medical officer, ship's company, dated 23 July 2014.

I am satisfied this is the appropriate diagnosis.
There is no Statement of Principles (SOP) for this condition. In determining your claim for this condition, I have therefore considered the available evidence, applying the standard of proof:

Reasonable Hypothesis - no Statement of Principles determined for this condition

which requires the evidence to connect the condition with service.

I am satisfied that the evidence establishes the following link to your service:

- *wearing earplugs or in-ear communication earpieces in the affected ear for at least 4 hours per day on most days for at least the 3 months before the clinical onset of impacted cerumen*
- *using a hearing aid in the affected ear for at least the 3 months before the clinical onset of impacted cerumen*
- *having exostoses, stenosis or other narrowing of the external auditory canal of the affected ear at the time of the clinical onset of impacted cerumen*
- *immersing the affected ear in water, including by swimming or diving, for at least 4 hours per week for at least the 3 months before the clinical onset of impacted cerumen*

- *inserting cotton buds or other objects into the affected ear canal on most days for at least the 3 months before the clinical onset of impacted cerumen*
- *working in a dusty or sandy environment for at least 4 weeks before the clinical onset of impacted cerumen*
- *working or living in a hot and humid environment for at least 4 weeks before the clinical onset of impacted cerumen*
- *having seborrhoeic dermatitis, eczema or psoriasis involving the affected ear canal at the time of the clinical onset of impacted cerumen*
- *having otitis externa of the affected ear within the 12 months before the clinical onset of impacted cerumen*

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 a blocked right ear with muffled hearing, fullness, itch and feedback whistling from your hearing aid on 23 July 2014.

The diagnosis was confirmed on otoscopy in the ship's sick bay on 23 July 2014, which showed hard impacted cerumen fully occluding the right ear canal so that the tympanic membrane could not be seen, with the known exostoses medial to it. This was confirmed again by a general practitioner on 2 December 2014.

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

Having considered your service records and the available medical evidence, I am satisfied the evidence establishes that this condition is related to your wartime service.

I have therefore accepted that this condition is related to your service with effect from 20 July 2014.

Right Ear - Impacted Cerumen (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 9 September 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 9 September 2025;
- A specialist consultation by the ear, nose and throat surgeon, dated 12 September 2012;
- An audiology assessment and hearing aid fitting by the audiologist, dated 14 May 2013;
- A pre-deployment medical examination by the medical officer, dated 20 February 2014;
- A sick bay record by the medical officer, ship's company, dated 23 July 2014;
- A consultation by the general practitioner, dated 2 December 2014;
- An outpatient health record and audiometry by the medical officer, dated 3 March 2017;
- A microsuction procedure note by the ear, nose and throat surgeon, dated 20 March 2017;
- CT temporal bones by the radiologist, dated 2 May 2018;
- An operation report by the ear, nose and throat surgeon, dated 6 June 2018.

Your service

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

18 January 1999 and 27 September 2019

Right Ear - Impacted Cerumen (Worsening)

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

- *wearing a hearing aid, earplugs or in-ear communication earpieces in the affected ear for at least 4 hours per day for at least the 4 weeks before the clinical worsening of impacted cerumen*
- *immersing the affected ear in water, including by swimming or diving, within the 1 week before the clinical worsening of impacted cerumen*
- *inserting cotton buds or other objects into the affected ear canal within the 1 week before the clinical worsening of impacted cerumen*

- *having exostoses, stenosis or other narrowing of the external auditory canal of the affected ear at the time of the clinical worsening of impacted cerumen*
- *having otitis externa of the affected ear at the time of the clinical worsening of impacted cerumen*
- *inability to obtain appropriate clinical management for impacted cerumen*

Diagnosis: Impacted Cerumen (Worsening)

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 9 September 2025, and is supported by a sick bay record by the medical officer, ship's company, dated 23 July 2014.

I am satisfied this is the appropriate diagnosis.
There is no Statement of Principles (SOP) for this condition. In determining your claim for this condition, I have therefore considered the available evidence, applying the standard of proof:

Balance of Probabilities (reasonable satisfaction) - no Statement of Principles determined for this condition

which requires the evidence to connect the condition with service.

I am satisfied that the evidence establishes the following link to your service:

- *wearing a hearing aid, earplugs or in-ear communication earpieces in the affected ear for at least 4 hours per day for at least the 4 weeks before the clinical worsening of impacted cerumen*
- *immersing the affected ear in water, including by swimming or diving, within the 1 week before the clinical worsening of impacted cerumen*
- *inserting cotton buds or other objects into the affected ear canal within the 1 week before the clinical worsening of impacted cerumen*
- *having exostoses, stenosis or other narrowing of the external auditory canal of the affected ear at the time of the clinical worsening of impacted cerumen*
- *having otitis externa of the affected ear at the time of the clinical worsening of impacted cerumen*
- *inability to obtain appropriate clinical management for impacted cerumen*

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 a blocked right ear with muffled hearing, fullness, itch and feedback whistling from your hearing aid on 23 July 2014.

The diagnosis was confirmed on otoscopy in the ship's sick bay on 23 July 2014, which showed hard impacted cerumen fully occluding the right ear canal so that the tympanic membrane could not be seen, with the known exostoses medial to it. This was confirmed again by a general practitioner on 2 December 2014.

After the condition arose, it was worsened during your service. Throughout the 4 weeks before the worsening, from 3 February 2017 to 3 March 2017, you wore your hearing aid daily and an in-ear communication earpiece for about six hours a day during a diving exercise. You dived daily in the week before the worsening, from 24 February 2017 to 3 March 2017, and the complete loss of hearing followed a dive on 3 March 2017, when water swelled the retained wax. You used a cotton bud to clear water from the right ear on the evening of 2 March 2017, within the 1 week before the worsening, abrading the canal skin and compacting the wax. The diving-related exostoses had progressed to narrow the right canal by about 75 per cent at the worsening, recorded on 20 March 2017 and confirmed on CT on 2 May 2018. Otitis externa with inflamed, discharging canal walls was present at the worsening on 3 March 2017. After onset no microsuction was available on board ship, irrigation was unsafe because of the exostoses, and the ear, nose and throat referral requested on 2 December 2014 was not completed because of sea postings.

This has then led to further investigations and the diagnosis of your condition of *Impacted Cerumen (Worsening)*. I have accepted your condition of *Impacted Cerumen (Worsening)*.

Having considered your service records and the available medical evidence, I am satisfied the evidence establishes 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 3 March 2017.

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