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 Hand - Thermal Burns

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 26 June 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 26 June 2025;
- A pre-deployment health assessment by the medical officer, dated 12 January 2009;
- A role 2 treatment record by the medical officer, Afghanistan, dated 14 July 2009;
- A role 2 treatment record by the medical officer, Afghanistan, dated 16 July 2009;
- A treatment record (microbiology report and aeromedical evacuation record) by the medical officer, Afghanistan, dated 23 July 2009;
- An operation report by the plastic surgeon, burns unit, dated 3 August 2009;
- A burns clinic review by the plastic surgeon, dated 14 September 2009;
- A specialist review by the plastic surgeon, dated 19 March 2010;
- A hand therapy assessment by the hand therapist, dated 22 March 2010;
- An operation report by the plastic surgeon, dated 7 February 2011.

Your service

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

9 January 2001 and 28 February 2013

Right Hand - Thermal Burns

You have stated that your condition was caused by:

- *having exposure to a heat source sufficient to cause at least erythema at the affected area of the body at the time of the clinical onset of heat-induced burn*
- *having exposure to high intensity, focussed ultrasound sufficient to cause at least erythema at the affected area of the body at the time of the clinical onset of heat-induced burn*
- *having exposure to ultraviolet radiation sufficient to cause at least erythema at the affected area of the body at the time of the clinical onset of heat-induced burn*
- *having exposure to solar radiation sufficient to cause at least erythema at the affected area of the body at the time of the clinical onset of heat-induced burn*
- *having laser applied, sufficient to cause at least erythema, at the affected area of the body at the time of the clinical onset of heat-induced burn*
- *having exposure to infrared radiation sufficient to cause at least erythema at the affected area of the body at the time of the clinical onset of heat-induced burn*
- *having exposure to radiofrequency or microwave radiation sufficient to cause at least erythema at the affected area of the body at the time of the clinical onset of heat-induced burn*

Diagnosis: Thermal Burns

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 26 June 2025, and is supported by a role 2 treatment record by the medical officer, Afghanistan, dated 14 July 2009.

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

Statement of Principles concerning Heat-Induced Burn (Reasonable Hypothesis) (No. 1 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 exposure to a heat source sufficient to cause at least erythema at the affected area of the body at the time of the clinical onset of heat-induced burn*
- *having exposure to high intensity, focussed ultrasound sufficient to cause at least erythema at the affected area of the body at the time of the clinical onset of heat-induced burn*
- *having exposure to ultraviolet radiation sufficient to cause at least erythema at the affected area of the body at the time of the clinical onset of heat-induced burn*
- *having exposure to solar radiation sufficient to cause at least erythema at the affected area of the body at the time of the clinical onset of heat-induced burn*
- *having laser applied, sufficient to cause at least erythema, at the affected area of the body at the time of the clinical onset of heat-induced burn*
- *having exposure to infrared radiation sufficient to cause at least erythema at the affected area of the body at the time of the clinical onset of heat-induced burn*

- *having exposure to radiofrequency or microwave radiation sufficient to cause at least erythema at the affected area of the body at the time of the clinical onset of heat-induced burn*

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 burning pain over the back of the right hand and the index and middle fingers, blistering, weeping and redness, and you could not make a fist on 14 July 2009.

The diagnosis was made clinically by the Role 2 Medical Officer on 14 July 2009 on the history of exposure to heat and radiant energy and the findings of blistered, weeping partial-thickness burns over the dorsum of the right hand and the index and middle fingers, with surrounding erythema. This meets the Statement of Principles definition of heat-induced burn, an injury to the skin and underlying tissues caused by heat or energy converted to heat.

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

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 July 2009.

Right Hand - Thermal Burns (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 26 June 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 26 June 2025;
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- A specialist review by the plastic surgeon, dated 19 March 2010;
- A hand therapy assessment by the hand therapist, dated 22 March 2010;
- An operation report by the plastic surgeon, dated 7 February 2011.

Your service

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

9 January 2001 and 28 February 2013

Right Hand - Thermal Burns (Worsening)

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

- *inability to obtain appropriate clinical management for heat-induced burn before the clinical worsening of heat-induced burn*

Diagnosis: Thermal Burns (Worsening)

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 26 June 2025, and is supported by a role 2 treatment record by the medical officer, Afghanistan, dated 14 July 2009.

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

Statement of Principles concerning Heat-Induced Burn (Reasonable Hypothesis) (No. 1 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 heat-induced burn before the clinical worsening of heat-induced burn*

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 burning pain over the back of the right hand and the index and middle fingers, blistering, weeping and redness, and you could not make a fist on 14 July 2009.

The diagnosis was made clinically by the Role 2 Medical Officer on 14 July 2009 on the history of exposure to heat and radiant energy and the findings of blistered, weeping partial-thickness burns over the dorsum of the right hand and the index and middle fingers, with surrounding erythema. This meets the Statement of Principles definition of heat-induced burn, an injury to the skin and underlying tissues caused by heat or energy converted to heat.

After the condition arose, it was worsened during your service. On warlike service in Afghanistan from 14 July 2009 to 23 July 2009 no burns surgeon, hand therapist or sterile dressing facility was available, dressing supplies were limited, dressings were changed only every two to three days, and you were returned to light duties in a dusty workshop.

This has then led to further investigations and the diagnosis of your condition of *Thermal Burns (Worsening)*. I have accepted your condition of *Thermal Burns (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 23 July 2009.

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