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 Index Finger - Crush Injury with Osteoarthritis

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 18 June 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 18 June 2025;
- An X-ray report right hand by the radiologist, dated 20 September 2006;
- An orthopaedic review by the orthopaedic surgeon, dated 14 February 2007;
- A ship's medical record by the medical officer, dated 22 April 2008;
- A psychiatric assessment by the navy psychiatrist, dated 10 March 2009;
- A pre-deployment health assessment by the medical officer, dated 10 December 2010;
- A ship's medical record and incident report by the medical officer, dated 14 June 2011;
- An X-ray report by the coalition role 2 medical facility, dated 16 June 2011;
- A CT report right index finger by the radiologist, dated 8 July 2011;
- An operation report by the hand surgeon, dated 15 July 2011;
- An outpatient health record and pathology by the medical officer, Garrison health centre, dated 5 February 2012;
- A DXA report by the radiologist, dated 20 February 2012;
- A CT report and specialist letter by the hand surgeon, dated 20 March 2012;
- An operation report by the hand surgeon, dated 18 April 2012;
- An X-ray report and specialist review by the hand surgeon, dated 11 November 2014.

Your service

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

20 February 2002 and 14 November 2016

Right Index Finger - Crush Injury with Osteoarthritis

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*

Diagnosis: Crush Injury with Osteoarthritis

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 18 June 2025, and is supported by an X-ray report by the coalition role 2 medical facility, dated 16 June 2011.

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*

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 immediate severe pain, swelling, deformity and rotation of the right index finger with a dorsal laceration and inability to grip on 14 June 2011.

The diagnosis was confirmed by X-ray on 16 June 2011, which showed a comminuted crush fracture of the proximal phalanx of the right index finger extending into the proximal interphalangeal joint, with periosteal new bone and sclerosis at the fracture margins showing that a stress fracture was already present. CT on 8 July 2011 confirmed early malunion with a 2 mm

articular step. This meets the Statement of Principles definition of fracture, which includes crush and stress fractures of the fatigue type.

This has then led to further investigations and the diagnosis of your condition of *Crush Injury with Osteoarthritis*. I have accepted your condition of *Crush Injury with Osteoarthritis*.

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 June 2011.

Right Index Finger - Crush Injury with Osteoarthritis (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 18 June 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 18 June 2025;
- An X-ray report right hand by the radiologist, dated 20 September 2006;
- An orthopaedic review by the orthopaedic surgeon, dated 14 February 2007;
- A ship's medical record by the medical officer, dated 22 April 2008;
- A psychiatric assessment by the navy psychiatrist, dated 10 March 2009;
- A pre-deployment health assessment by the medical officer, dated 10 December 2010;
- A ship's medical record and incident report by the medical officer, dated 14 June 2011;
- An X-ray report by the coalition role 2 medical facility, dated 16 June 2011;
- A CT report right index finger by the radiologist, dated 8 July 2011;
- An operation report by the hand surgeon, dated 15 July 2011;
- An outpatient health record and pathology by the medical officer, Garrison health centre, dated 5 February 2012;
- A DXA report by the radiologist, dated 20 February 2012;
- A CT report and specialist letter by the hand surgeon, dated 20 March 2012;
- An operation report by the hand surgeon, dated 18 April 2012;
- An X-ray report and specialist review by the hand surgeon, dated 11 November 2014.

Your service

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

20 February 2002 and 14 November 2016

Right Index Finger - Crush Injury with Osteoarthritis (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: Crush Injury with Osteoarthritis (Worsening)

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 18 June 2025, and is supported by an X-ray report by the coalition role 2 medical facility, dated 16 June 2011.

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 immediate severe pain, swelling, deformity and rotation of the right index finger with a dorsal laceration and inability to grip on 14 June 2011.

The diagnosis was confirmed by X-ray on 16 June 2011, which showed a comminuted crush fracture of the proximal phalanx of the right index finger extending into the proximal interphalangeal joint, with periosteal new bone and sclerosis at the fracture margins showing that a stress fracture was already present. CT on 8 July 2011 confirmed early malunion with a 2 mm articular step. This meets the Statement of Principles definition of fracture, which includes crush and stress fractures of the fatigue type.

After the condition arose, it was worsened during your service. You smoked about 20 cigarettes a day throughout the treatment of the fracture, from 14 June 2011 to the confirmation of non-union on 20 March 2012, as recorded by the hand surgeon on 15 July 2011, at review on 5 February 2012 and on 20 March 2012. Type 2 diabetes mellitus was diagnosed on 5 February 2012, with a fasting glucose of 9.4 mmol/L and an HbA1c of 7.8 per cent, after weight gain from olanzapine prescribed by a Navy psychiatrist and months of inactivity imposed by the finger injury. After the injury on 14 June 2011 the frigate was on patrol far from port, no hand surgeon was available at the coalition role 2 facility, and aeromedical evacuation was not completed until 6 July 2011.

This has then led to further investigations and the diagnosis of your condition of *Crush Injury with Osteoarthritis (Worsening)*. I have accepted your condition of *Crush Injury with Osteoarthritis (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 20 March 2012.

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