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 Jaw - Fracture

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 May 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 7 May 2025;
- A deployed dental record by the dental officer, dated 21 August 2006;
- A psychiatric assessment by the consultant psychiatrist, dated 14 March 2007;
- A dental record by the dental officer, Garrison dental centre, dated 14 March 2007;
- A pre-deployment dental and medical assessment and orthopantomogram by the dental officer, dated 2 February 2009;
- A casualty record by Role 1 medic, dated 22 October 2009;
- A CT report and operation record by Role 3 hospital, dated 25 October 2009;
- A maxillofacial consultation and orthopantomogram by the maxillofacial surgeon, dated 8 December 2009;
- An outpatient health record and pathology by the medical officer, Garrison health centre, dated 16 February 2010;
- A DXA report and pathology by the radiologist, dated 20 April 2010;
- A CT report and specialist letter by the maxillofacial surgeon, dated 12 May 2010;
- An operation report by the maxillofacial surgeon, dated 2 June 2010;
- An orthopantomogram report by the radiologist, dated 24 November 2010;
- A specialist review by the maxillofacial surgeon, dated 19 March 2013.

Your service

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

14 February 2003 and 30 June 2014

Right Jaw - Fracture

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: Fracture

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 7 May 2025, and is supported by a CT report and operation record by Role 3 hospital, dated 25 October 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 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 severe pain at the angle of the right jaw, a palpable step, inability to bring your teeth together, swelling, bleeding from the gum and numbness of the right lower lip and chin on 22 October 2009.

The diagnosis was confirmed by CT on 25 October 2009, which showed a displaced fracture of the angle of the right mandible with sclerosis and periosteal new bone along the fracture margins, showing that a stress fracture was already present before the impact. This meets the Statement of

Principles definition of fracture, which includes stress fractures of the fatigue type and nerve damage directly caused by the displaced fractured bone.

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

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 22 October 2009.

Right Jaw - Fracture (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 May 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 7 May 2025;
- A deployed dental record by the dental officer, dated 21 August 2006;
- A psychiatric assessment by the consultant psychiatrist, dated 14 March 2007;
- A dental record by the dental officer, Garrison dental centre, dated 14 March 2007;
- A pre-deployment dental and medical assessment and orthopantomogram by the dental officer, dated 2 February 2009;
- A casualty record by Role 1 medic, dated 22 October 2009;
- A CT report and operation record by Role 3 hospital, dated 25 October 2009;
- A maxillofacial consultation and orthopantomogram by the maxillofacial surgeon, dated 8 December 2009;
- An outpatient health record and pathology by the medical officer, Garrison health centre, dated 16 February 2010;
- A DXA report and pathology by the radiologist, dated 20 April 2010;
- A CT report and specialist letter by the maxillofacial surgeon, dated 12 May 2010;
- An operation report by the maxillofacial surgeon, dated 2 June 2010;
- An orthopantomogram report by the radiologist, dated 24 November 2010;
- A specialist review by the maxillofacial surgeon, dated 19 March 2013.

Your service

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

14 February 2003 and 30 June 2014

Right Jaw - Fracture (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: Fracture (Worsening)

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 7 May 2025, and is supported by a CT report and operation record by Role 3 hospital, dated 25 October 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 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 severe pain at the angle of the right jaw, a palpable step, inability to bring your teeth together, swelling, bleeding from the gum and numbness of the right lower lip and chin on 22 October 2009.

The diagnosis was confirmed by CT on 25 October 2009, which showed a displaced fracture of the angle of the right mandible with sclerosis and periosteal new bone along the fracture margins, showing that a stress fracture was already present before the impact. This meets the Statement of Principles definition of fracture, which includes stress fractures of the fatigue type and nerve damage directly caused by the displaced fractured bone.

After the condition arose, it was worsened during your service. You smoked about 25 cigarettes a day throughout the treatment of the fracture, from 22 October 2009 to the confirmation of non-union on 12 May 2010, as recorded at the role 3 hospital on 25 October 2009, by the maxillofacial surgeon on 8 December 2009 and at review on 16 February 2010. Type 2 diabetes mellitus was diagnosed on 16 February 2010, with a fasting glucose of 10.1 mmol/L and an HbA1c of 8.0 per cent, after weight gain from quetiapine prescribed by a Defence psychiatrist and the inactivity and high-calorie liquid diet imposed by the jaw injury. Evacuation from the patrol base to a role 3 hospital was delayed for three days by weather and operational tempo, no

maxillofacial surgeon was available, and the displaced angle fracture was treated by a general surgeon with closed intermaxillary fixation only, without post-reduction imaging.

This has then led to further investigations and the diagnosis of your condition of *Fracture (Worsening)*. I have accepted your condition of *Fracture (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 16 February 2010.

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.