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 Knee - ACL Graft Impingement

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 February 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 26 February 2025;
- A casualty record by Role 1 medical officer, Afghanistan, dated 15 June 2013;
- An MRI report right knee by the radiologist, dated 24 June 2013;
- An operation report by the orthopaedic surgeon, dated 20 August 2013;
- A physiotherapy record by the physiotherapist, Garrison health centre, dated 12 December 2013;
- An MRI report right knee by the radiologist, dated 20 December 2013;
- A physiotherapy record by the physiotherapist, dated 27 January 2014;
- A physiotherapy record by the physiotherapist, dated 10 February 2014;
- An MRI report and specialist letter by the orthopaedic surgeon, dated 3 April 2014;
- A parachute training injury report by the medical officer, dated 14 November 2016;
- An MRI report right knee by the radiologist, dated 25 November 2016;
- A deployed health record by the medical officer, Middle East, dated 2 May 2017;
- An MRI report right knee by the radiologist, dated 30 August 2017;
- An operation report by the orthopaedic surgeon, dated 12 October 2017;
- A specialist review by the orthopaedic surgeon, dated 21 June 2019.

Your service

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

9 July 2007 and 18 March 2020

Right Knee - ACL Graft Impingement

You have stated that your condition was caused by:

- *having a sprain involving a ligament of the affected knee within the one year before the clinical onset of internal derangement of the knee*
- *having an acute meniscal tear of the affected knee within the one year before the clinical onset of internal derangement of the knee*

Diagnosis: ACL Graft Impingement

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 26 February 2025, and is supported by an MRI report and specialist letter by the orthopaedic surgeon, dated 3 April 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 Internal Derangement Of The Knee (Balance of Probabilities) (No. 8 of 2019)

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

I am satisfied that you have met the following factor:

- *having a sprain involving a ligament of the affected knee within the one year before the clinical onset of internal derangement of the knee*
- *having an acute meniscal tear of the affected knee within the one year before the clinical onset of internal derangement of the knee*

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 anterior knee pain at the end of extension, a painful clunk when straightening the knee, an inability to lock the knee fully straight when standing and a limp after marching on 10 February 2014.

The diagnosis was confirmed by MRI on 3 April 2014, which showed an anteriorly placed tibial tunnel with impingement of the graft against the intercondylar roof in extension, increased graft signal at the impingement site and a 12 mm cyclops lesion. An orthopaedic surgeon made the diagnosis on clinical and MRI grounds. This is a chronic disorder of the knee due to a torn cruciate ligament, with ongoing pain, swelling and altered mobility, and it meets the Statement of Principles definition of internal derangement of the knee.

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

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 peacetime service.

I have therefore accepted that this condition is related to your service with effect from 10 February 2014.

Right Knee - ACL Graft Impingement (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 February 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 26 February 2025;
- A casualty record by Role 1 medical officer, Afghanistan, dated 15 June 2013;
- An MRI report right knee by the radiologist, dated 24 June 2013;
- An operation report by the orthopaedic surgeon, dated 20 August 2013;
- A physiotherapy record by the physiotherapist, Garrison health centre, dated 12 December 2013;
- An MRI report right knee by the radiologist, dated 20 December 2013;
- A physiotherapy record by the physiotherapist, dated 27 January 2014;
- A physiotherapy record by the physiotherapist, dated 10 February 2014;
- An MRI report and specialist letter by the orthopaedic surgeon, dated 3 April 2014;
- A parachute training injury report by the medical officer, dated 14 November 2016;
- An MRI report right knee by the radiologist, dated 25 November 2016;
- A deployed health record by the medical officer, Middle East, dated 2 May 2017;
- An MRI report right knee by the radiologist, dated 30 August 2017;
- An operation report by the orthopaedic surgeon, dated 12 October 2017;
- A specialist review by the orthopaedic surgeon, dated 21 June 2019.

Your service

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

9 July 2007 and 18 March 2020

Right Knee - ACL Graft Impingement (Worsening)

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

- *having a sprain involving a ligament of the affected knee within the one year before the clinical worsening of internal derangement of the knee*

- *having an acute meniscal tear of the affected knee within the one year before the clinical worsening of internal derangement of the knee*
- *inability to obtain appropriate clinical management for internal derangement of the knee*

Diagnosis: ACL Graft Impingement (Worsening)

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 26 February 2025, and is supported by an MRI report and specialist letter by the orthopaedic surgeon, dated 3 April 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 Internal Derangement Of The Knee (Balance of Probabilities) (No. 8 of 2019)

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

I am satisfied that you have met the following factor:

- *having a sprain involving a ligament of the affected knee within the one year before the clinical worsening of internal derangement of the knee*
- *having an acute meniscal tear of the affected knee within the one year before the clinical worsening of internal derangement of the knee*
- *inability to obtain appropriate clinical management for internal derangement of the knee*

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 anterior knee pain at the end of extension, a painful clunk when straightening the knee, an inability to lock the knee fully straight when standing and a limp after marching on 10 February 2014.

The diagnosis was confirmed by MRI on 3 April 2014, which showed an anteriorly placed tibial tunnel with impingement of the graft against the intercondylar roof in extension, increased graft signal at the impingement site and a 12 mm cyclops lesion. An orthopaedic surgeon made the diagnosis on clinical and MRI grounds. This is a chronic disorder of the knee due to a torn cruciate ligament, with ongoing pain, swelling and altered mobility, and it meets the Statement of Principles definition of internal derangement of the knee.

After the condition arose, it was worsened during your service. On 14 November 2016, during pre-deployment parachute training in Australia, you landed in a crosswind on uneven ground and your right knee buckled into valgus and rotation. The parachute landing of 14 November 2016 also caused a new acute radial tear of the posterior horn of the medial meniscus, shown on MRI on 25 November 2016 and not present on the MRI of 3 April 2014. On 3 April 2014 the orthopaedic surgeon recommended arthroscopic excision of the cyclops lesion and notchplasty.

This has then led to further investigations and the diagnosis of your condition of *ACL Graft Impingement (Worsening)*. I have accepted your condition of *ACL Graft Impingement (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 30 August 2017.

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