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 - Arthrofibrosis/Scar Tissue (Post - operative)

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 April 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 9 April 2025;
- A casualty record by Role 1 medical officer, Afghanistan, dated 4 August 2012;
- An MRI report right knee by the radiologist, dated 13 August 2012;
- An operation report by the orthopaedic surgeon, dated 22 August 2012;
- An emergency department record by the hospital, dated 26 August 2012;
- A microbiology report and operation records by the orthopaedic surgeon, dated 5 September 2012;
- A pain medicine consultation by the pain medicine specialist, dated 1 October 2012;
- A physiotherapy record by the physiotherapist, dated 1 October 2012;
- A physiotherapy record by the physiotherapist, dated 15 October 2012;
- An MRI report and specialist letter by the orthopaedic surgeon, dated 2 November 2012;
- An operation report by the orthopaedic surgeon, dated 21 January 2013;
- An operation report by the orthopaedic surgeon, dated 10 November 2016;
- A deployed health record by the medical officer, Middle East, dated 18 March 2017;
- A specialist review by the orthopaedic surgeon, dated 22 August 2017;
- An MRI report right knee by the radiologist, dated 25 August 2017;
- An operation report by the orthopaedic surgeon, dated 14 February 2018.

Your service

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

16 January 2010 and 2 December 2021

Right Knee - Arthrofibrosis/Scar Tissue (Post - operative)

You have stated that your condition was caused by:

- *undergoing intra-articular surgery of the affected knee, including reconstruction of a cruciate ligament, within the 6 months before the clinical onset of arthrofibrosis of the knee*
- *undergoing reconstruction of a ligament of the affected knee within 3 weeks of the injury, while the knee was acutely swollen or had not regained a full range of movement, before the clinical onset of arthrofibrosis of the knee*
- *having a combined injury of a cruciate ligament and a collateral ligament of the affected knee before the clinical onset of arthrofibrosis of the knee*
- *having the affected knee immobilised, or restricted in a brace that prevents flexion, for at least 2 weeks within the 3 months before the clinical onset of arthrofibrosis of the knee*
- *having haemarthrosis of the affected knee within the 3 months before the clinical onset of arthrofibrosis of the knee*
- *having an infection of the affected knee joint within the 6 months before the clinical onset of arthrofibrosis of the knee*
- *being unable to commence or continue supervised physiotherapy for at least 2 weeks within the first 3 months after surgery to the affected knee, before the clinical onset of arthrofibrosis of the knee*
- *having complex regional pain syndrome of the affected lower limb before the clinical onset of arthrofibrosis of the knee*

Diagnosis: Arthrofibrosis/Scar Tissue (Post - operative)

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 9 April 2025, and is supported by an MRI report and specialist letter by the orthopaedic surgeon, dated 2 November 2012.

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:

- *undergoing intra-articular surgery of the affected knee, including reconstruction of a cruciate ligament, within the 6 months before the clinical onset of arthrofibrosis of the knee*

- *undergoing reconstruction of a ligament of the affected knee within 3 weeks of the injury, while the knee was acutely swollen or had not regained a full range of movement, before the clinical onset of arthrofibrosis of the knee*
- *having a combined injury of a cruciate ligament and a collateral ligament of the affected knee before the clinical onset of arthrofibrosis of the knee*
- *having the affected knee immobilised, or restricted in a brace that prevents flexion, for at least 2 weeks within the 3 months before the clinical onset of arthrofibrosis of the knee*
- *having haemarthrosis of the affected knee within the 3 months before the clinical onset of arthrofibrosis of the knee*
- *having an infection of the affected knee joint within the 6 months before the clinical onset of arthrofibrosis of the knee*
- *being unable to commence or continue supervised physiotherapy for at least 2 weeks within the first 3 months after surgery to the affected knee, before the clinical onset of arthrofibrosis of the knee*
- *having complex regional pain syndrome of the affected lower limb before the clinical onset of arthrofibrosis 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 a stiff, painful right knee that would not bend beyond 75 degrees or straighten fully, tightness at the front of the knee, a limp and difficulty with stairs, sitting and rising from a chair on 15 October 2012.

The diagnosis was made by an orthopaedic surgeon on the clinical findings of a painful loss of both extension and flexion that had stopped progressing and regressed after surgery, with a rigid end feel and reduced patellar mobility, and was confirmed by MRI on 2 November 2012, which showed diffuse intra-articular fibrosis, infrapatellar fat pad scarring and suprapatellar adhesions. The fibrous adhesions were seen and released at arthroscopy on 21 January 2013.

This has then led to further investigations and the diagnosis of your condition of *Arthrofibrosis/Scar Tissue (Post - operative)*. I have accepted your condition of *Arthrofibrosis/Scar Tissue (Post - operative)*.

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

I have therefore accepted that this condition is related to your service with effect from 15 October 2012.

Right Knee - Arthrofibrosis/Scar Tissue (Post - operative) (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 April 2025;
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- A physiotherapy record by the physiotherapist, dated 15 October 2012;
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- An operation report by the orthopaedic surgeon, dated 10 November 2016;
- A deployed health record by the medical officer, Middle East, dated 18 March 2017;
- A specialist review by the orthopaedic surgeon, dated 22 August 2017;
- An MRI report right knee by the radiologist, dated 25 August 2017;
- An operation report by the orthopaedic surgeon, dated 14 February 2018.

Your service

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

16 January 2010 and 2 December 2021

Right Knee - Arthrofibrosis/Scar Tissue (Post - operative) (Worsening)

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

- *undergoing further surgery on the affected knee within the 12 months before the clinical worsening of arthrofibrosis of the knee*
- *having a sprain or other acute injury of the affected knee, with effusion or haemarthrosis, within the 6 months before the clinical worsening of arthrofibrosis of the knee*
- *being unable to continue a prescribed program of physiotherapy or range-of-movement exercises for the affected knee for at least 4 weeks before the clinical worsening of arthrofibrosis of the knee*
- *inability to obtain appropriate clinical management for arthrofibrosis of the knee*

Diagnosis: Arthrofibrosis/Scar Tissue (Post - operative) (Worsening)

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 9 April 2025, and is supported by an MRI report and specialist letter by the orthopaedic surgeon, dated 2 November 2012.

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:

- *undergoing further surgery on the affected knee within the 12 months before the clinical worsening of arthrofibrosis of the knee*
- *having a sprain or other acute injury of the affected knee, with effusion or haemarthrosis, within the 6 months before the clinical worsening of arthrofibrosis of the knee*
- *being unable to continue a prescribed program of physiotherapy or range-of-movement exercises for the affected knee for at least 4 weeks before the clinical worsening of arthrofibrosis of the knee*
- *inability to obtain appropriate clinical management for arthrofibrosis 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 a stiff, painful right knee that would not bend beyond 75 degrees or straighten fully, tightness at the front of the knee, a limp and difficulty with stairs, sitting and rising from a chair on 15 October 2012.

The diagnosis was made by an orthopaedic surgeon on the clinical findings of a painful loss of both extension and flexion that had stopped progressing and regressed after surgery, with a rigid end feel and reduced patellar mobility, and was confirmed by MRI on 2 November 2012, which showed diffuse intra-articular fibrosis, infrapatellar fat pad scarring and suprapatellar adhesions. The fibrous adhesions were seen and released at arthroscopy on 21 January 2013.

After the condition arose, it was worsened during your service. On 10 November 2016 the orthopaedic surgeon removed the medial collateral ligament staple from the right knee because it was prominent and painful under the brace and pack straps worn on duty. On 18 March 2017, on warlike service in the Middle East, you slipped on a steep stairway in a hardened shelter while carrying radio equipment and twisted your right knee, which swelled for two weeks, as recorded by the deployed medical officer. From the injury of 18 March 2017 to your return to Australia on 30 July 2017, more than four months, no physiotherapist was available in theatre, and your 12-hour shifts seated in a cramped command post prevented you from keeping up your prescribed flexion and extension exercises. After the injury of 18 March 2017 on warlike service in the Middle East there was no physiotherapy, no imaging and no orthopaedic review available, and operational demands kept you on duty for more than four months while the knee stiffened.

This has then led to further investigations and the diagnosis of your condition of *Arthrofibrosis/Scar Tissue (Post - operative) (Worsening)*. I have accepted your condition of *Arthrofibrosis/Scar Tissue (Post - operative) (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 22 August 2017.

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