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 - Cellulitis

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 21 August 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 21 August 2025;
- A field medical record by the medic, dated 17 October 2007;
- An outpatient health record by the medical officer, dated 20 October 2007;
- A pre-deployment medical assessment by the medical officer, dated 10 January 2009;
- A deployed health record by the medical officer, Solomon Islands, dated 28 April 2009;
- A section medic record by the medic, dated 8 May 2009;
- A section medic record by the medic, dated 11 May 2009;
- A section medic record by the medic, dated 14 May 2009;
- An aeromedical evacuation and admission record by the medical officer, dated 20 May 2009;
- An ultrasound and X-ray reports by the radiologist, dated 21 May 2009;
- An operation record and microbiology report by the surgeon, dated 21 May 2009;
- An outpatient review by the medical officer, Garrison health centre, dated 15 June 2009;
- An ultrasound report and dermatology consultation by the dermatologist, dated 3 March 2013.

Your service

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

3 February 2006 and 11 September 2015

Right Knee - Cellulitis

You have stated that your condition was caused by:

- *having a break in the skin of the affected area, including an abrasion, laceration, puncture wound or insect bite, within the 7 days before the clinical onset of cellulitis*
- *kneeling on the affected knee for a cumulative period of at least 2 hours per day, on more days than not, for at least the 2 weeks before the clinical onset of cellulitis of the knee*
- *being colonised with Staphylococcus aureus or Streptococcus pyogenes, or being in close contact with a person who has a staphylococcal or streptococcal skin infection, within the 4 weeks before the clinical onset of cellulitis*
- *living or working in a hot and humid tropical environment, with persistently wet skin or clothing, for at least the 7 days before the clinical onset of cellulitis*
- *having immersion of the affected area in fresh water, seawater or mud within the 7 days before the clinical onset of cellulitis*
- *having tinea or another chronic skin disease of the affected lower limb at the time of the clinical onset of cellulitis*
- *being obese, with a Body Mass Index of 30 or more, at the time of the clinical onset of cellulitis*
- *taking systemic corticosteroids or other immunosuppressive drugs within the 4 weeks before the clinical onset of cellulitis*
- *having bursitis of the affected knee at the time of the clinical onset of cellulitis of the knee*
- *having a previous episode of cellulitis of the affected lower limb before the clinical onset of cellulitis*

Diagnosis: Cellulitis

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 21 August 2025, and is supported by a section medic record by the medic, dated 14 May 2009.

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:

Reasonable Hypothesis - 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:

- *having a break in the skin of the affected area, including an abrasion, laceration, puncture wound or insect bite, within the 7 days before the clinical onset of cellulitis*

- *kneeling on the affected knee for a cumulative period of at least 2 hours per day, on more days than not, for at least the 2 weeks before the clinical onset of cellulitis of the knee*
- *being colonised with Staphylococcus aureus or Streptococcus pyogenes, or being in close contact with a person who has a staphylococcal or streptococcal skin infection, within the 4 weeks before the clinical onset of cellulitis*
- *living or working in a hot and humid tropical environment, with persistently wet skin or clothing, for at least the 7 days before the clinical onset of cellulitis*
- *having immersion of the affected area in fresh water, seawater or mud within the 7 days before the clinical onset of cellulitis*
- *having tinea or another chronic skin disease of the affected lower limb at the time of the clinical onset of cellulitis*
- *being obese, with a Body Mass Index of 30 or more, at the time of the clinical onset of cellulitis*
- *taking systemic corticosteroids or other immunosuppressive drugs within the 4 weeks before the clinical onset of cellulitis*
- *having bursitis of the affected knee at the time of the clinical onset of cellulitis of the knee*
- *having a previous episode of cellulitis of the affected lower limb before the clinical onset of cellulitis*

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 redness, heat, swelling and pain over the front of the right knee centred on the graze, fever and malaise, and pain on kneeling and bending the knee on 14 May 2009.

The diagnosis was made clinically on 14 May 2009 by the medic and confirmed by the medical officer on the presence of acute spreading erythema, warmth, swelling and tenderness over the right knee centred on a portal of entry, with fever of 38.1 degrees. This is the accepted clinical basis for diagnosing cellulitis.

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

Having considered your service records and the available medical evidence, I am satisfied the evidence establishes 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 May 2009.

Right Knee - Cellulitis (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 21 August 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 21 August 2025;
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- An operation record and microbiology report by the surgeon, dated 21 May 2009;
- An outpatient review by the medical officer, Garrison health centre, dated 15 June 2009;
- An ultrasound report and dermatology consultation by the dermatologist, dated 3 March 2013.

Your service

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

3 February 2006 and 11 September 2015

Right Knee - Cellulitis (Worsening)

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

- *continuing to kneel on, or to apply pressure or friction to, the affected area within the 7 days before the clinical worsening of cellulitis*

- *being infected with an organism that is resistant to the antibiotic being taken, at the time of the clinical worsening of cellulitis*
- *being unable to rest and elevate the affected limb for at least the 72 hours before the clinical worsening of cellulitis*
- *inability to obtain appropriate clinical management for cellulitis*

Diagnosis: Cellulitis (Worsening)

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 21 August 2025, and is supported by a section medic record by the medic, dated 14 May 2009.

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:

Reasonable Hypothesis - 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:

- *continuing to kneel on, or to apply pressure or friction to, the affected area within the 7 days before the clinical worsening of cellulitis*
- *being infected with an organism that is resistant to the antibiotic being taken, at the time of the clinical worsening of cellulitis*
- *being unable to rest and elevate the affected limb for at least the 72 hours before the clinical worsening of cellulitis*
- *inability to obtain appropriate clinical management for cellulitis*

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 redness, heat, swelling and pain over the front of the right knee centred on the graze, fever and malaise, and pain on kneeling and bending the knee on 14 May 2009.

The diagnosis was made clinically on 14 May 2009 by the medic and confirmed by the medical officer on the presence of acute spreading erythema, warmth, swelling and tenderness over the right knee centred on a portal of entry, with fever of 38.1 degrees. This is the accepted clinical basis for diagnosing cellulitis.

After the condition arose, it was worsened during your service. After the onset on 14 May 2009 the patrol continued for five more days, and you were required to keep kneeling on searches and to wear wet, tight trousers over the infected knee, from 14 May to 19 May 2009, within the 7 days before the worsening on 20 May 2009. The only antibiotic available at the forward location

was oral flucloxacillin, commenced on 14 May 2009. Although the medic advised rest and elevation on 14 May 2009, no evacuation was available and you continued patrolling on foot with a 25 kg load until 19 May 2009, including the 72 hours before the worsening, from 17 May 2009 to 20 May 2009. At the forward location on non-warlike service there was no medical officer, no microbiology and only a limited stock of flucloxacillin, which did not cover the resistant organism, and the patrol could not be extracted for six days.

This has then led to further investigations and the diagnosis of your condition of *Cellulitis (Worsening)*. I have accepted your condition of *Cellulitis (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 wartime service.

I have therefore accepted that the worsening of this condition is related to your service with effect from 20 May 2009.

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