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 Otitis Externa

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 30 September 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 30 September 2025;
- An ear (nose and throat consultation) by the ear, nose and throat surgeon, dated 12 June 2004;
- An excision and histopathology (squamous cell carcinoma right concha) by the plastic surgeon and pathologist, dated 19 March 2008;
- A radiotherapy completion summary by the radiation oncologist, dated 9 May 2008;
- A general practice and ear (nose and throat consultations) by the medical officer and ear, nose and throat surgeon, dated 3 November 2009;
- A pre-deployment medical examination by the medical officer, dated 20 January 2011;
- A ship's medical record by the ship's medical officer, North Arabian Gulf, dated 22 April 2011;
- A telemedicine consultation by the ear, nose and throat surgeon, dated 25 April 2011;
- A ship's medical record and microbiology by the ship's medical officer, North Arabian Gulf, dated 9 May 2011;
- A ship's medical record and aeromedical evacuation request by the ship's medical officer, North Arabian Gulf, dated 14 July 2011;
- CT temporal bones by the radiologist, dated 2 August 2011;
- An ear (nose and throat and infectious diseases consultations) by the ear, nose and throat surgeon and Infectious diseases physician, dated 3 August 2011;
- MRI temporal bones and skull base by the radiologist, dated 28 September 2011;
- CT temporal bones by the radiologist, dated 16 March 2012;

- A medical discharge examination by the medical officer, dated 10 February 2014.

Your service

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

15 January 1990 and 20 March 2014

Right Otitis Externa

You have stated that your condition was caused by:

- *participating in aquatic activities within the ten days before the clinical onset of otitis externa*
- *being exposed to hot and humid weather conditions or heavy rains, on at least ten days within the 30 days before the clinical onset of otitis externa*
- *undergoing a course of therapeutic radiation for cancer, where the affected ear was in the field of radiation, before the clinical onset of otitis externa*
- *having trauma to the external auditory canal of the affected ear within the ten days before the clinical onset of otitis externa*
- *having a foreign object or implement inserted into, or removed from, the external ear canal of the affected ear within the ten days before the clinical onset of otitis externa*
- *blocking the external auditory canal of the affected ear with an extrinsic aural device for a cumulative period of at least eight hours within the seven days before the clinical onset of otitis externa*
- *having an acquired, persistent narrowing or obstruction of the external auditory canal of the affected ear at the time of the clinical onset of otitis externa*
- *having an inflammatory skin disease at the time of the clinical onset of otitis externa, where the skin disease involves the external auditory canal of the affected ear*
- *having an infectious, autoimmune or granulomatous disease at the time of the clinical onset of otitis externa, where the disease involves the external auditory canal of the affected ear*
- *having chronic suppurative otitis media, involving the middle ear of the affected side, within the 30 days before the clinical onset of otitis externa*
- *having diabetes mellitus at the time of the clinical onset of otitis externa*
- *being in an immunocompromised state as specified at the time of the clinical onset of otitis externa*
- *for otomycosis only, taking a course of oral antibiotic therapy or having ototopical therapy for the treatment of otitis externa of the affected ear within the 30 days before the clinical onset of otitis externa*

Diagnosis: Right Otitis Externa

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 30 September 2025, and is supported by a ship's medical record and microbiology by the ship's medical officer, North Arabian Gulf, dated 9 May 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 Otitis Externa (Reasonable Hypothesis) (No. 25 of 2021)

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

I am satisfied that you have met the following factor:

- *participating in aquatic activities within the ten days before the clinical onset of otitis externa*
- *being exposed to hot and humid weather conditions or heavy rains, on at least ten days within the 30 days before the clinical onset of otitis externa*
- *undergoing a course of therapeutic radiation for cancer, where the affected ear was in the field of radiation, before the clinical onset of otitis externa*
- *having trauma to the external auditory canal of the affected ear within the ten days before the clinical onset of otitis externa*
- *having a foreign object or implement inserted into, or removed from, the external ear canal of the affected ear within the ten days before the clinical onset of otitis externa*
- *blocking the external auditory canal of the affected ear with an extrinsic aural device for a cumulative period of at least eight hours within the seven days before the clinical onset of otitis externa*
- *having an acquired, persistent narrowing or obstruction of the external auditory canal of the affected ear at the time of the clinical onset of otitis externa*
- *having an inflammatory skin disease at the time of the clinical onset of otitis externa, where the skin disease involves the external auditory canal of the affected ear*
- *having an infectious, autoimmune or granulomatous disease at the time of the clinical onset of otitis externa, where the disease involves the external auditory canal of the affected ear*
- *having chronic suppurative otitis media, involving the middle ear of the affected side, within the 30 days before the clinical onset of otitis externa*
- *having diabetes mellitus at the time of the clinical onset of otitis externa*
- *being in an immunocompromised state as specified at the time of the clinical onset of otitis externa*
- *for otomycosis only, taking a course of oral antibiotic therapy or having ototopical therapy for the treatment of otitis externa of the affected ear within the 30 days before the clinical onset of otitis externa*

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 intense itch deep in the right ear canal, then pain, a blocked feeling and muffled hearing, a watery then thick discharge, and pain on chewing and on touching or moving the ear on 9 May 2011.

The diagnosis was made on 9 May 2011 by the ship's medical officer, who recorded a swollen, red right ear canal with white fluffy debris and black spores, tenderness on moving the pinna and a one-day history of itch, pain and blockage, the classic features of acute diffuse otitis externa with otomycosis. A swab grew Aspergillus niger and Pseudomonas aeruginosa, confirming fungal and bacterial infection of the external auditory canal. This meets the Statement of Principles definition of otitis externa, which includes otomycosis.

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

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 8 May 2011.

Right Otitis Externa (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 30 September 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 30 September 2025;
- An ear (nose and throat consultation) by the ear, nose and throat surgeon, dated 12 June 2004;
- An excision and histopathology (squamous cell carcinoma right concha) by the plastic surgeon and pathologist, dated 19 March 2008;
- A radiotherapy completion summary by the radiation oncologist, dated 9 May 2008;
- A general practice and ear (nose and throat consultations) by the medical officer and ear, nose and throat surgeon, dated 3 November 2009;
- A pre-deployment medical examination by the medical officer, dated 20 January 2011;
- A ship's medical record by the ship's medical officer, North Arabian Gulf, dated 22 April 2011;
- A telemedicine consultation by the ear, nose and throat surgeon, dated 25 April 2011;
- A ship's medical record and microbiology by the ship's medical officer, North Arabian Gulf, dated 9 May 2011;
- A ship's medical record and aeromedical evacuation request by the ship's medical officer, North Arabian Gulf, dated 14 July 2011;
- CT temporal bones by the radiologist, dated 2 August 2011;
- An ear (nose and throat and infectious diseases consultations) by the ear, nose and throat surgeon and Infectious diseases physician, dated 3 August 2011;
- MRI temporal bones and skull base by the radiologist, dated 28 September 2011;
- CT temporal bones by the radiologist, dated 16 March 2012;
- A medical discharge examination by the medical officer, dated 10 February 2014.

Your service

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

15 January 1990 and 20 March 2014

Right Otitis Externa (Worsening)

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

- *participating in aquatic activities within the ten days before the clinical worsening of otitis externa*
- *being exposed to hot and humid weather conditions or heavy rains, on at least ten days within the 30 days before the clinical worsening of otitis externa*
- *undergoing a course of therapeutic radiation for cancer, where the affected ear was in the field of radiation, before the clinical worsening of otitis externa*
- *having trauma to the external auditory canal of the affected ear within the ten days before the clinical worsening of otitis externa*
- *having a foreign object or implement inserted into, or removed from, the external ear canal of the affected ear within the ten days before the clinical worsening of otitis externa*
- *blocking the external auditory canal of the affected ear with an extrinsic aural device for a cumulative period of at least eight hours within the seven days before the clinical worsening of otitis externa*
- *having an acquired, persistent narrowing or obstruction of the external auditory canal of the affected ear at the time of the clinical worsening of otitis externa*
- *having an inflammatory skin disease at the time of the clinical worsening of otitis externa, where the skin disease involves the external auditory canal of the affected ear*
- *having an infectious, autoimmune or granulomatous disease at the time of the clinical worsening of otitis externa, where the disease involves the external auditory canal of the affected ear*
- *having chronic suppurative otitis media, involving the middle ear of the affected side, within the 30 days before the clinical worsening of otitis externa*
- *having diabetes mellitus at the time of the clinical worsening of otitis externa*
- *being in an immunocompromised state as specified at the time of the clinical worsening of otitis externa*
- *for otomycosis only, taking a course of oral antibiotic therapy or having ototopical therapy for the treatment of otitis externa of the affected ear within the 30 days before the clinical worsening of otitis externa*
- *inability to obtain appropriate clinical management for otitis externa*

Diagnosis: Right Otitis Externa (Worsening)

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 30 September 2025, and is supported by a ship's medical record and microbiology by the ship's medical officer, North Arabian Gulf, dated 9 May 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 Otitis Externa (Reasonable Hypothesis) (No. 25 of 2021)

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

I am satisfied that you have met the following factor:

- *participating in aquatic activities within the ten days before the clinical worsening of otitis externa*
- *being exposed to hot and humid weather conditions or heavy rains, on at least ten days within the 30 days before the clinical worsening of otitis externa*
- *undergoing a course of therapeutic radiation for cancer, where the affected ear was in the field of radiation, before the clinical worsening of otitis externa*
- *having trauma to the external auditory canal of the affected ear within the ten days before the clinical worsening of otitis externa*
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- *having diabetes mellitus at the time of the clinical worsening of otitis externa*
- *being in an immunocompromised state as specified at the time of the clinical worsening of otitis externa*
- *for otomycosis only, taking a course of oral antibiotic therapy or having ototopical therapy for the treatment of otitis externa of the affected ear within the 30 days before the clinical worsening of otitis externa*
- *inability to obtain appropriate clinical management for otitis externa*

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 intense itch deep in the right ear canal, then pain, a blocked feeling and muffled hearing, a watery then thick discharge, and pain on chewing and on touching or moving the ear on 9 May 2011.

The diagnosis was made on 9 May 2011 by the ship's medical officer, who recorded a swollen, red right ear canal with white fluffy debris and black spores, tenderness on moving the pinna and a one-day history of itch, pain and blockage, the classic features of acute diffuse otitis externa with otomycosis. A swab grew Aspergillus niger and Pseudomonas aeruginosa, confirming fungal and bacterial infection of the external auditory canal. This meets the Statement of Principles definition of otitis externa, which includes otomycosis.

After the condition arose, it was worsened during your service. The dives of 04 to 8 July 2011 and surface swimmer duties of 09 to 12 July 2011 were conducted on warlike service in the North Arabian Gulf because the team had no replacement diver, within the ten days before the worsening. The hot and humid conditions of every day from 14 June to 14 July 2011 were experienced on warlike service in the North Arabian Gulf. The 2008 radiotherapy to the right ear canal, for skin cancer arising partly from sun exposure on warlike service, preceded the worsening on warlike service in July 2011. The blow to the right ear from a boat davit hook on 9 July 2011 occurred during boat recovery on warlike service, five days before the worsening. The ear wick inserted on 07 July and removed on 10 July 2011 was placed by the ship's medical officer on warlike service, within the ten days before the worsening. The sealed communications headset worn about eight hours a day as boat coxswain from 07 to 14 July 2011, about 56 hours in total, was required by your duties on warlike service. The diving-related exostoses of the right canal, with retained debris, were present at the worsening on warlike service on 14 July 2011. The flare of seborrhoeic dermatitis of the right canal recorded on 10 July 2011 on warlike service was present at the worsening. The recurrent herpes zoster vesicles in the right canal from 10 July 2011, on warlike service, were present at the worsening. Discharge from the right chronic suppurative otitis media continued on warlike service throughout the 30 days before the worsening, as recorded on 21 June and 10 July 2011. Poorly controlled type 2 diabetes, HbA1c 9.8 per cent, was present at the worsening on warlike service, its control disturbed by prednisolone prescribed in theatre. Prednisolone 50 mg daily, restarted by the ship's medical officer on warlike service on 5 July 2011, was being taken at the worsening on 14 July 2011. The ciprofloxacin drops and oral ciprofloxacin given from 7 July 2011, and the topical treatment given intermittently from 9 May 2011, were prescribed on warlike service within the 30 days before the worsening, and Aspergillus was again grown on 14 July 2011. On warlike service in the North Arabian Gulf you could not obtain specialist ear, nose and throat care, microsuction, continuing antifungal treatment or imaging, the ship could not detach, and aeromedical evacuation was delayed for 15 days after it was requested.

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

I have therefore accepted that the worsening of this condition is related to your service with effect from 14 July 2011.

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.