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 Media

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 18 June 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 18 June 2025;
- A casualty evacuation and ophthalmology record by the hospital ship, East Timor, dated 16 December 1999;
- A specialist letter by the infectious diseases physician, dated 21 March 2000;
- An operation report by the ophthalmologist, dated 9 August 2002;
- A radiation oncology treatment summary by the radiation oncologist, dated 14 June 2005;
- An operation report and MRI postnasal space by the ENT surgeon and radiologist, dated 17 November 2005;
- A rheumatology consultation and CT sinuses by the rheumatologist, dated 22 August 2006;
- A pre-deployment ENT review by the ENT surgeon, dated 13 March 2007;
- A ship's sick bay record by the medical officer, dated 28 April 2007;
- CT temporal bones and audiogram by Role 3 hospital, dated 5 June 2007;
- A specialist consultation and microbiology report by the ENT surgeon, dated 2 July 2007.

Your service

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

20 January 1997 and 14 October 2016

Right Otitis Media

You have stated that your condition was caused by:

- *having an upper respiratory tract infection within the 28 days before the clinical onset of otitis media*
- *having partial or complete obstruction of the Eustachian tube of the affected side within the 7 days before the clinical onset of otitis media*
- *having allergic rhinitis or sinusitis within the 7 days before the clinical onset of otitis media*
- *having a space-occupying mass within the nasopharynx at the time of the clinical onset of otitis media*
- *undergoing a course of therapeutic radiation for cancer, where the head or upper neck was in the field of radiation, before the clinical onset of otitis media*
- *having an acute rupture of the tympanic membrane of the affected side within the 3 months before the clinical onset of otitis media*
- *having chronic perforation of the tympanic membrane of the affected side before the clinical onset of otitis media*
- *having an episode of otitic barotrauma involving the affected ear within the 7 days before the clinical onset of otitis media*
- *having tuberculosis or nontuberculous mycobacterial disease at the time of the clinical onset of otitis media*
- *having gastro-oesophageal reflux disease at the time of the clinical onset of otitis media*
- *swimming, diving or water-skiing, where such activities allow water to enter the oropharynx, within the 7 days before the clinical onset of otitis media*
- *having ascariasis or myiasis of the ear, nose or throat at the time of the clinical onset of otitis media*
- *having ANCA-associated vasculitis at the time of the clinical onset of otitis media*
- *having infection with human immunodeficiency virus before the clinical onset of otitis media*
- *taking an immunosuppressive drug for organ or tissue transplantation before the clinical onset of otitis media*

Diagnosis: Right Otitis Media

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 18 June 2025, and is supported by a ship's sick bay record by the medical officer, dated 28 April 2007.

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 Media (Reasonable Hypothesis) (No. 62 of 2022)

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

I am satisfied that you have met the following factor:

- *having an upper respiratory tract infection within the 28 days before the clinical onset of otitis media*
- *having partial or complete obstruction of the Eustachian tube of the affected side within the 7 days before the clinical onset of otitis media*
- *having allergic rhinitis or sinusitis within the 7 days before the clinical onset of otitis media*
- *having a space-occupying mass within the nasopharynx at the time of the clinical onset of otitis media*
- *undergoing a course of therapeutic radiation for cancer, where the head or upper neck was in the field of radiation, before the clinical onset of otitis media*
- *having an acute rupture of the tympanic membrane of the affected side within the 3 months before the clinical onset of otitis media*
- *having chronic perforation of the tympanic membrane of the affected side before the clinical onset of otitis media*
- *having an episode of otitic barotrauma involving the affected ear within the 7 days before the clinical onset of otitis media*
- *having tuberculosis or nontuberculous mycobacterial disease at the time of the clinical onset of otitis media*
- *having gastro-oesophageal reflux disease at the time of the clinical onset of otitis media*
- *swimming, diving or water-skiing, where such activities allow water to enter the oropharynx, within the 7 days before the clinical onset of otitis media*
- *having ascariasis or myiasis of the ear, nose or throat at the time of the clinical onset of otitis media*
- *having ANCA-associated vasculitis at the time of the clinical onset of otitis media*
- *having infection with human immunodeficiency virus before the clinical onset of otitis media*
- *taking an immunosuppressive drug for organ or tissue transplantation before the clinical onset of otitis media*

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 right ear pain, fever, a blocked feeling and reduced hearing in the right ear, and purulent discharge through the tympanostomy tube, following a week of nasal congestion, facial pain and ear popping on 28 April 2007.

The diagnosis was made clinically on 28 April 2007 by the ship's medical officer, who found a red, bulging right tympanic membrane with purulent otorrhoea through the T-tube, fever of 38.6 degrees and severe otalgia following an upper respiratory tract infection. These are the features

of acute suppurative otitis media and meet the Statement of Principles definition of otitis media as inflammation of the middle ear.

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

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 28 April 2007.

Right Otitis Media (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 18 June 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 18 June 2025;
- A casualty evacuation and ophthalmology record by the hospital ship, East Timor, dated 16 December 1999;
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- A radiation oncology treatment summary by the radiation oncologist, dated 14 June 2005;
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- A rheumatology consultation and CT sinuses by the rheumatologist, dated 22 August 2006;
- A pre-deployment ENT review by the ENT surgeon, dated 13 March 2007;
- A ship's sick bay record by the medical officer, dated 28 April 2007;
- CT temporal bones and audiogram by Role 3 hospital, dated 5 June 2007;
- A specialist consultation and microbiology report by the ENT surgeon, dated 2 July 2007.

Your service

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

20 January 1997 and 14 October 2016

Right Otitis Media (Worsening)

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

- *having an upper respiratory tract infection within the 28 days before the clinical worsening of otitis media*
- *having partial or complete obstruction of the Eustachian tube of the affected side within the 7 days before the clinical worsening of otitis media*

- *having allergic rhinitis or sinusitis within the 7 days before the clinical worsening of otitis media*
- *having a space-occupying mass within the nasopharynx at the time of the clinical worsening of otitis media*
- *undergoing a course of therapeutic radiation for cancer, where the head or upper neck was in the field of radiation, before the clinical worsening of otitis media*
- *having an acute rupture of the tympanic membrane of the affected side within the 3 months before the clinical worsening of otitis media*
- *having chronic perforation of the tympanic membrane of the affected side before the clinical worsening of otitis media*
- *having an episode of otitic barotrauma involving the affected ear within the 7 days before the clinical worsening of otitis media*
- *having tuberculosis or nontuberculous mycobacterial disease at the time of the clinical worsening of otitis media*
- *having gastro-oesophageal reflux disease at the time of the clinical worsening of otitis media*
- *swimming, diving or water-skiing, where such activities allow water to enter the oropharynx, within the 7 days before the clinical worsening of otitis media*
- *having ascariasis or myiasis of the ear, nose or throat at the time of the clinical worsening of otitis media*
- *having ANCA-associated vasculitis at the time of the clinical worsening of otitis media*
- *having infection with human immunodeficiency virus before the clinical worsening of otitis media*
- *taking an immunosuppressive drug for organ or tissue transplantation before the clinical worsening of otitis media*
- *inability to obtain appropriate clinical management for otitis media*

Diagnosis: Right Otitis Media (Worsening)

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 18 June 2025, and is supported by a ship's sick bay record by the medical officer, dated 28 April 2007.

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 Media (Reasonable Hypothesis) (No. 62 of 2022)

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

I am satisfied that you have met the following factor:

- *having an upper respiratory tract infection within the 28 days before the clinical worsening of otitis media*
- *having partial or complete obstruction of the Eustachian tube of the affected side within the 7 days before the clinical worsening of otitis media*
- *having allergic rhinitis or sinusitis within the 7 days before the clinical worsening of otitis media*
- *having a space-occupying mass within the nasopharynx at the time of the clinical worsening of otitis media*
- *undergoing a course of therapeutic radiation for cancer, where the head or upper neck was in the field of radiation, before the clinical worsening of otitis media*
- *having an acute rupture of the tympanic membrane of the affected side within the 3 months before the clinical worsening of otitis media*
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- *having ANCA-associated vasculitis at the time of the clinical worsening of otitis media*
- *having infection with human immunodeficiency virus before the clinical worsening of otitis media*
- *taking an immunosuppressive drug for organ or tissue transplantation before the clinical worsening of otitis media*
- *inability to obtain appropriate clinical management for otitis media*

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 right ear pain, fever, a blocked feeling and reduced hearing in the right ear, and purulent discharge through the tympanostomy tube, following a week of nasal congestion, facial pain and ear popping on 28 April 2007.

The diagnosis was made clinically on 28 April 2007 by the ship's medical officer, who found a red, bulging right tympanic membrane with purulent otorrhoea through the T-tube, fever of 38.6 degrees and severe otalgia following an upper respiratory tract infection. These are the features

of acute suppurative otitis media and meet the Statement of Principles definition of otitis media as inflammation of the middle ear.

After the condition arose, it was worsened during your service. A second upper respiratory tract infection began on 24 May 2007 aboard the frigate on warlike service, within the 28 days before the worsening on 5 June 2007. Right Eustachian tube obstruction recurred from 30 May 2007 on warlike service, within the 7 days before the worsening on 5 June 2007, confirmed by a flat tympanogram. Sinusitis flared again from 29 May 2007 during dusty boarding operations on warlike service, within the 7 days before the worsening on 5 June 2007. The right nasopharyngeal cyst was present on CT at the worsening on 5 June 2007. The 2005 radiotherapy to the right ear and upper neck preceded the worsening on 5 June 2007. A barotraumatic perforation of the right tympanic membrane on 30 May 2007 during a helicopter transfer on warlike service, and the myringotomy of 6 March 2007, both fall within the 3 months before the worsening on 5 June 2007. The right T-tube remained in place up to the worsening on 5 June 2007. Otitic barotrauma occurred on 30 May 2007 during a helicopter transfer on warlike service in the Northern Arabian Gulf, within the 7 days before the worsening on 5 June 2007. The Mycobacterium marinum infection was still active and under treatment at the worsening on 5 June 2007 on warlike service. Gastro-oesophageal reflux disease remained present at the worsening on 5 June 2007. On 31 May 2007 you completed a further sea survival swim from the frigate on warlike service, with water entering your nose and oropharynx, within the 7 days before the worsening on 5 June 2007. Ascariasis, with an adult worm expelled through the nose and throat on 27 May 2007, was acquired from food eaten during boarding operations on warlike service and was present at the worsening on 5 June 2007. Granulomatosis with polyangiitis was active, with a rising PR3-ANCA titre, at the worsening on 5 June 2007. HIV infection acquired on warlike service in East Timor in 1999 preceded the worsening on 5 June 2007. Oral ciclosporin for the 2002 corneal transplant continued throughout 2007, before the worsening on 5 June 2007. During warlike service at sea from 28 April to 14 June 2007 no culture, appropriate topical antibiotic or ENT review was available and aeromedical transfer was deferred for operational reasons, so the infection progressed to the mastoid with a widened air-bone gap.

This has then led to further investigations and the diagnosis of your condition of *Right Otitis Media (Worsening)*. I have accepted your condition of *Right Otitis Media (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 5 June 2007.

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