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 Ring Finger - Mallet Finger Avulsion Fracture

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 19 February 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 19 February 2025;
- An entry medical examination by the army recruiting medical officer, dated 7 February 2000;
- An X-ray right ring finger and treatment record by the radiologist and medical officer, dated 19 June 2012;
- An X-ray right ring finger by the radiologist, dated 30 July 2012;
- A specialist letter by the respiratory physician, dated 11 April 2013;
- An outpatient health record and pathology by the medical officer, Garrison health centre, dated 9 September 2014;
- A pre-deployment medical examination by the medical officer, dated 18 November 2015;
- A role 2 treatment record and X-ray by the medical officer, Middle East, dated 14 March 2016;
- A CT right ring finger by the radiologist, dated 15 March 2016;
- A six-week fracture review and X-ray by the medical officer, Middle East, dated 25 April 2016;
- A CT right ring finger and pathology by the radiologist and medical officer, dated 12 July 2016;
- A dual-energy X-ray absorptiometry report by the radiologist, dated 2 August 2016;
- An operation report by the hand surgeon, dated 10 August 2016.

Your service

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

7 February 2000 and 15 June 2018

Right Ring Finger - Mallet Finger Avulsion Fracture

You have stated that your condition was caused by:

- *having significant physical force applied to or through the affected bone at the time of clinical onset*
- *for stress fracture only, having significant repetitive loading stress to the affected bone prior to clinical onset*
- *for stress fracture only, having significant chronic repetitive loading stress to the affected bone due to abnormal force intensity or direction of application, at the time of clinical onset*

Diagnosis: Mallet Finger Avulsion Fracture

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 19 February 2025, and is supported by a role 2 treatment record and X-ray by the medical officer, Middle East, dated 14 March 2016.

I am satisfied this is the appropriate diagnosis.
In determining your claim for this condition, I have applied the SOP:

Statement of Principles concerning Fracture (Reasonable Hypothesis) (No. 62 of 2024)

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

I am satisfied that you have met the following factor:

- *having significant physical force applied to or through the affected bone at the time of clinical onset*
- *for stress fracture only, having significant repetitive loading stress to the affected bone prior to clinical onset*
- *for stress fracture only, having significant chronic repetitive loading stress to the affected bone due to abnormal force intensity or direction of application, at the time of clinical onset*

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 immediate pain, swelling and bruising over the back

of the right ring fingertip, with a drooping fingertip and inability to actively straighten the distal interphalangeal joint on 14 March 2016.

The diagnosis was confirmed by X-ray at the role 2 facility on 14 March 2016, which showed an avulsion fracture of the dorsal base of the distal phalanx of the right ring finger involving about 35 per cent of the articular surface, and by CT on 15 March 2016, which showed that the avulsion extended through a pre-existing incomplete stress fracture. This is a fracture as defined in the Statement of Principles.

This has then led to further investigations and the diagnosis of your condition of *Mallet Finger Avulsion Fracture*. I have accepted your condition of *Mallet Finger Avulsion Fracture*.

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 14 March 2016.

Right Ring Finger - Mallet Finger Avulsion Fracture (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 19 February 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 19 February 2025;
- An entry medical examination by the army recruiting medical officer, dated 7 February 2000;
- An X-ray right ring finger and treatment record by the radiologist and medical officer, dated 19 June 2012;
- An X-ray right ring finger by the radiologist, dated 30 July 2012;
- A specialist letter by the respiratory physician, dated 11 April 2013;
- An outpatient health record and pathology by the medical officer, Garrison health centre, dated 9 September 2014;
- A pre-deployment medical examination by the medical officer, dated 18 November 2015;
- A role 2 treatment record and X-ray by the medical officer, Middle East, dated 14 March 2016;
- A CT right ring finger by the radiologist, dated 15 March 2016;
- A six-week fracture review and X-ray by the medical officer, Middle East, dated 25 April 2016;
- A CT right ring finger and pathology by the radiologist and medical officer, dated 12 July 2016;
- A dual-energy X-ray absorptiometry report by the radiologist, dated 2 August 2016;
- An operation report by the hand surgeon, dated 10 August 2016.

Your service

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

7 February 2000 and 15 June 2018

Right Ring Finger - Mallet Finger Avulsion Fracture (Worsening)

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

- *smoking at least 5 cigarettes per day, or the equivalent thereof in other tobacco products, during treatment for fracture prior to fracture non-union*
- *having diabetes mellitus at the time of the fracture non-union*
- *having osteoporosis at the time of the fracture non-union*
- *having vitamin D deficiency, with a serum 25(OH)D level of less than 50 nanomoles per litre at the time of the fracture non-union*
- *having a Body Mass Index (BMI) of 40 or greater at the time of the fracture non-union*
- *inability to obtain appropriate clinical management for fracture before clinical worsening*

Diagnosis: Mallet Finger Avulsion Fracture (Worsening)

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 19 February 2025, and is supported by a role 2 treatment record and X-ray by the medical officer, Middle East, dated 14 March 2016.

I am satisfied this is the appropriate diagnosis.
In determining your claim for this condition, I have applied the SOP:

Statement of Principles concerning Fracture (Reasonable Hypothesis) (No. 62 of 2024)

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

I am satisfied that you have met the following factor:

- *smoking at least 5 cigarettes per day, or the equivalent thereof in other tobacco products, during treatment for fracture prior to fracture non-union*
- *having diabetes mellitus at the time of the fracture non-union*
- *having osteoporosis at the time of the fracture non-union*
- *having vitamin D deficiency, with a serum 25(OH)D level of less than 50 nanomoles per litre at the time of the fracture non-union*
- *having a Body Mass Index (BMI) of 40 or greater at the time of the fracture non-union*
- *inability to obtain appropriate clinical management for fracture before clinical worsening*

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 immediate pain, swelling and bruising over the back of the right ring fingertip, with a drooping fingertip and inability to actively straighten the distal interphalangeal joint on 14 March 2016.

The diagnosis was confirmed by X-ray at the role 2 facility on 14 March 2016, which showed an avulsion fracture of the dorsal base of the distal phalanx of the right ring finger involving about

35 per cent of the articular surface, and by CT on 15 March 2016, which showed that the avulsion extended through a pre-existing incomplete stress fracture. This is a fracture as defined in the Statement of Principles.

After the condition arose, it was worsened during your service. On warlike service in the Middle East you smoked about 20 cigarettes a day throughout the treatment of the fracture from mid-March 2016 to the confirmation of non-union on 12 July 2016, as recorded on 25 April and 12 July 2016. You had type 2 diabetes mellitus, diagnosed on 9 September 2014, at the time of the non-union on 12 July 2016, when your HbA1c was 8.6 per cent. Dual-energy X-ray absorptiometry on 2 August 2016 showed osteoporosis, with a lumbar spine T-score of minus 2.8 and a total hip T-score of minus 2.5, three weeks after the non-union was confirmed. On 12 July 2016, the day the non-union was confirmed, your serum 25-hydroxyvitamin D level was 34 nmol/L. On 12 July 2016, at the time of the non-union, you weighed 128 kg at a height of 1.78 m, a BMI of 40.4. On warlike service you could not obtain a replacement splint for nine days after the original cracked on 2 April 2016, could not obtain a waterproof splint, and had no access to a hand therapist or hand surgeon.

This has then led to further investigations and the diagnosis of your condition of *Mallet Finger Avulsion Fracture (Worsening)*. I have accepted your condition of *Mallet Finger Avulsion Fracture (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 12 July 2016.

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