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 Tibia - Microtrabecular Fracture Posterolateral Condyle

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 3 July 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 3 July 2025;
- Long-leg radiographs and orthopaedic consultation by the orthopaedic surgeon, dated 3 March 2005;
- A general practice record by the general practitioner, dated 11 September 2006;
- A pre-deployment medical examination by the medical officer, dated 21 February 2008;
- A deployed treatment record by the medic, Solomon Islands, dated 9 June 2008;
- A deployed treatment record and X-ray report by the medical officer, Solomon Islands, dated 26 June 2008;
- An MRI right knee report by the radiologist, dated 14 July 2008;
- A specialist consultation by the orthopaedic surgeon, dated 22 July 2008;
- A pathology and bone densitometry reports by the radiologist, dated 27 March 2009;
- An MRI right knee report and specialist review by the orthopaedic surgeon, dated 2 April 2009;
- An operation report by the orthopaedic surgeon, dated 18 August 2009.

Your service

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

6 July 1996 and 14 December 2011

Right Tibia - Microtrabecular Fracture Posterolateral Condyle

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: Microtrabecular Fracture Posterolateral Condyle

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 3 July 2025, and is supported by an MRI right knee report by the radiologist, dated 14 July 2008.

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 (Balance of Probabilities) (No. 63 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 sudden severe pain at the outer side of the right knee, swelling, inability to bear full weight and pain on squatting and on stairs on 26 June 2008.

The diagnosis was made on MRI on 14 July 2008, which showed a microtrabecular fracture of the posterolateral condyle of the right tibia with surrounding marrow oedema in a stress reaction pattern, after an acute valgus and rotational injury on 26 June 2008. The normal plain X-ray of 26 June 2008 is typical of this injury. This meets the Statement of Principles definition of fracture, an acquired break of bone from an applied force that ordinarily would cause bone

breakage in a healthy bone, and the stress reaction meets the description of a stress fracture from repetitive loading.

This has then led to further investigations and the diagnosis of your condition of *Microtrabecular Fracture Posterolateral Condyle*. I have accepted your condition of *Microtrabecular Fracture Posterolateral Condyle*.

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 peacetime service.

I have therefore accepted that this condition is related to your service with effect from 26 June 2008.

Right Tibia - Microtrabecular Fracture Posterolateral Condyle (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 3 July 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 3 July 2025;
- Long-leg radiographs and orthopaedic consultation by the orthopaedic surgeon, dated 3 March 2005;
- A general practice record by the general practitioner, dated 11 September 2006;
- A pre-deployment medical examination by the medical officer, dated 21 February 2008;
- A deployed treatment record by the medic, Solomon Islands, dated 9 June 2008;
- A deployed treatment record and X-ray report by the medical officer, Solomon Islands, dated 26 June 2008;
- An MRI right knee report by the radiologist, dated 14 July 2008;
- A specialist consultation by the orthopaedic surgeon, dated 22 July 2008;
- A pathology and bone densitometry reports by the radiologist, dated 27 March 2009;
- An MRI right knee report and specialist review by the orthopaedic surgeon, dated 2 April 2009;
- An operation report by the orthopaedic surgeon, dated 18 August 2009.

Your service

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

6 July 1996 and 14 December 2011

Right Tibia - Microtrabecular Fracture Posterolateral Condyle (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*
- *inability to obtain appropriate clinical management for fracture before clinical worsening*

Diagnosis: Microtrabecular Fracture Posterolateral Condyle (Worsening)

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 3 July 2025, and is supported by an MRI right knee report by the radiologist, dated 14 July 2008.

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 (Balance of Probabilities) (No. 63 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*
- *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 sudden severe pain at the outer side of the right knee, swelling, inability to bear full weight and pain on squatting and on stairs on 26 June 2008.

The diagnosis was made on MRI on 14 July 2008, which showed a microtrabecular fracture of the posterolateral condyle of the right tibia with surrounding marrow oedema in a stress reaction pattern, after an acute valgus and rotational injury on 26 June 2008. The normal plain X-ray of 26 June 2008 is typical of this injury. This meets the Statement of Principles definition of fracture, an acquired break of bone from an applied force that ordinarily would cause bone breakage in a healthy bone, and the stress reaction meets the description of a stress fracture from repetitive loading.

After the condition arose, it was worsened during your service. You smoked about 20 cigarettes a day throughout the treatment of the fracture, from 26 June 2008 to the diagnosis of non-union on 2 April 2009, as recorded by the orthopaedic surgeon on 22 July 2008 and 2 April 2009. You had type 2 diabetes mellitus diagnosed on 11 September 2006, treated with metformin. On deployment there was no MRI and no orthopaedic surgeon, so the fracture was not diagnosed for 18 days.

This has then led to further investigations and the diagnosis of your condition of *Microtrabecular Fracture Posterolateral Condyle (Worsening)*. I have accepted your condition of *Microtrabecular Fracture Posterolateral Condyle (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 peacetime service.

I have therefore accepted that the worsening of this condition is related to your service with effect from 2 April 2009.

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