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 Wrist - De Quervain Tendinopathy

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 24 February 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 24 February 2025;
- A trauma admission and CT brain by the regional hospital, dated 18 June 2009;
- An endocrinology consultation and insulin tolerance test by the endocrinologist, dated 3 March 2010;
- An endocrinology review by the endocrinologist, dated 2 August 2010;
- A role 2 attendance and X-ray right wrist by the medical officer, Afghanistan, dated 12 January 2011;
- A deployed health record by the medical officer, Afghanistan, dated 20 February 2011;
- A post-deployment medical review by the medical officer, Garrison health centre, dated 4 April 2011;
- An outpatient health record by the medical officer, Garrison health centre, dated 10 May 2011;
- An outpatient health record by the nursing officer, Garrison health centre, dated 20 June 2011;
- An outpatient health record by the medical officer, Garrison health centre, dated 15 August 2011;
- An ultrasound right wrist by the radiologist, dated 19 August 2011;
- A sports medicine consultation and injection report by the sports physician, dated 14 September 2011;
- A deployed health record by the medical officer, Iraq, dated 3 October 2016;

- An outpatient health record by the medical officer, Garrison health centre, dated 6 February 2017;
- An ultrasound right wrist and specialist consultation by the hand surgeon, dated 20 March 2017;
- An MRI right wrist by the radiologist, dated 5 April 2017;
- An operation report by the hand surgeon, dated 12 June 2017.

Your service

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

7 February 2003 and 19 July 2019

Right Wrist - De Quervain Tendinopathy

You have stated that your condition was caused by:

- *performing repetitive activities or forceful activities using the affected hand or wrist, for a cumulative period of at least 500 hours within the six months before the clinical onset of de Quervain tendinopathy*
- *having acute trauma involving the affected wrist or tendon, within the one year before the clinical onset of de Quervain tendinopathy*
- *being treated with or using growth hormone within the one year before the clinical onset of de Quervain tendinopathy*
- *being treated with a fluoroquinolone antibiotic within the six months before the clinical onset of de Quervain tendinopathy*
- *being treated with an aromatase inhibitor within the one year before the clinical onset of de Quervain tendinopathy*

Diagnosis: De Quervain Tendinopathy

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 24 February 2025, and is supported by an ultrasound right wrist by the radiologist, dated 19 August 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 De Quervain Tendinopathy (Balance of Probabilities) (No. 42 of 2019)

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

I am satisfied that you have met the following factor:

- *performing repetitive activities or forceful activities using the affected hand or wrist, for a cumulative period of at least 500 hours within the six months before the clinical onset of de Quervain tendinopathy*
- *having acute trauma involving the affected wrist or tendon, within the one year before the clinical onset of de Quervain tendinopathy*
- *being treated with or using growth hormone within the one year before the clinical onset of de Quervain tendinopathy*
- *being treated with a fluoroquinolone antibiotic within the six months before the clinical onset of de Quervain tendinopathy*
- *being treated with an aromatase inhibitor within the one year before the clinical onset of de Quervain tendinopathy*

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 pain and swelling over the radial side of the right wrist and the base of the thumb, worse with gripping knives, lifting and pouring from heavy pots, whisking and wringing cloths, with weakness of pinch grip and occasional catching of the thumb on 15 August 2011.

The diagnosis was made clinically on 15 August 2011 and confirmed by ultrasound on 19 August 2011. You had localised pain and tenderness over the first extensor compartment at the radial styloid, swelling, pain exacerbated by movement of the thumb and wrist and a strongly positive Finkelstein test. Ultrasound showed thickening of the abductor pollicis longus and extensor pollicis brevis tendons with a sheath effusion and Doppler hyperaemia. This meets the Statement of Principles definition of entrapment of the tendons in the first extensor compartment producing localised pain and tenderness exacerbated by thumb or wrist movement.

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

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 8 August 2011.

Right Wrist - De Quervain Tendinopathy (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 24 February 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 24 February 2025;
- A trauma admission and CT brain by the regional hospital, dated 18 June 2009;
- An endocrinology consultation and insulin tolerance test by the endocrinologist, dated 3 March 2010;
- An endocrinology review by the endocrinologist, dated 2 August 2010;
- A role 2 attendance and X-ray right wrist by the medical officer, Afghanistan, dated 12 January 2011;
- A deployed health record by the medical officer, Afghanistan, dated 20 February 2011;
- A post-deployment medical review by the medical officer, Garrison health centre, dated 4 April 2011;
- An outpatient health record by the medical officer, Garrison health centre, dated 10 May 2011;
- An outpatient health record by the nursing officer, Garrison health centre, dated 20 June 2011;
- An outpatient health record by the medical officer, Garrison health centre, dated 15 August 2011;
- An ultrasound right wrist by the radiologist, dated 19 August 2011;
- A sports medicine consultation and injection report by the sports physician, dated 14 September 2011;
- A deployed health record by the medical officer, Iraq, dated 3 October 2016;
- An outpatient health record by the medical officer, Garrison health centre, dated 6 February 2017;
- An ultrasound right wrist and specialist consultation by the hand surgeon, dated 20 March 2017;
- An MRI right wrist by the radiologist, dated 5 April 2017;
- An operation report by the hand surgeon, dated 12 June 2017.

Your service

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

7 February 2003 and 19 July 2019

Right Wrist - De Quervain Tendinopathy (Worsening)

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

- *performing repetitive activities or forceful activities using the affected hand or wrist, for a cumulative period of at least 500 hours within the six months before the clinical worsening of de Quervain tendinopathy*
- *having acute trauma involving the affected wrist or tendon, within the one year before the clinical worsening of de Quervain tendinopathy*
- *being treated with or using growth hormone within the one year before the clinical worsening of de Quervain tendinopathy*
- *being treated with a fluoroquinolone antibiotic within the six months before the clinical worsening of de Quervain tendinopathy*
- *being treated with an aromatase inhibitor within the one year before the clinical worsening of de Quervain tendinopathy*
- *inability to obtain appropriate clinical management for de Quervain tendinopathy*

Diagnosis: De Quervain Tendinopathy (Worsening)

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 24 February 2025, and is supported by an ultrasound right wrist by the radiologist, dated 19 August 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 De Quervain Tendinopathy (Balance of Probabilities) (No. 42 of 2019)

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

I am satisfied that you have met the following factor:

- *performing repetitive activities or forceful activities using the affected hand or wrist, for a cumulative period of at least 500 hours within the six months before the clinical worsening of de Quervain tendinopathy*
- *having acute trauma involving the affected wrist or tendon, within the one year before the clinical worsening of de Quervain tendinopathy*

- *being treated with or using growth hormone within the one year before the clinical worsening of de Quervain tendinopathy*
- *being treated with a fluoroquinolone antibiotic within the six months before the clinical worsening of de Quervain tendinopathy*
- *being treated with an aromatase inhibitor within the one year before the clinical worsening of de Quervain tendinopathy*
- *inability to obtain appropriate clinical management for de Quervain tendinopathy*

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 pain and swelling over the radial side of the right wrist and the base of the thumb, worse with gripping knives, lifting and pouring from heavy pots, whisking and wringing cloths, with weakness of pinch grip and occasional catching of the thumb on 15 August 2011.

The diagnosis was made clinically on 15 August 2011 and confirmed by ultrasound on 19 August 2011. You had localised pain and tenderness over the first extensor compartment at the radial styloid, swelling, pain exacerbated by movement of the thumb and wrist and a strongly positive Finkelstein test. Ultrasound showed thickening of the abductor pollicis longus and extensor pollicis brevis tendons with a sheath effusion and Doppler hyperaemia. This meets the Statement of Principles definition of entrapment of the tendons in the first extensor compartment producing localised pain and tenderness exacerbated by thumb or wrist movement.

After the condition arose, it was worsened during your service. After returning to garrison in November 2016, you worked about 45 hours a week as kitchen supervisor and cook, with heavy knife work and lifting, from late November 2016 to the worsening documented on 20 March 2017, about 600 hours within the six months before the worsening, which run from 20 September 2016 to 20 March 2017. On 14 February 2017 you slipped on a wet garrison kitchen floor and struck the radial side of your right wrist heavily on the edge of a stainless steel bench, five weeks before the worsening. Somatropin continued daily throughout the one year before the worsening, from 20 March 2016 to 20 March 2017. On 6 February 2017 you were treated with moxifloxacin 400 mg daily for seven days for community-acquired pneumonia, six weeks before the worsening. Anastrozole 1 mg twice weekly continued throughout the one year before the worsening. From the flare on 3 October 2016 to your return on 15 November 2016 you could not obtain a splint, physiotherapy or an ultrasound-guided injection on deployment, and you continued 12-hour kitchen shifts.

This has then led to further investigations and the diagnosis of your condition of *De Quervain Tendinopathy (Worsening)*. I have accepted your condition of *De Quervain Tendinopathy (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 20 March 2017.

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