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.

Seronegative Polyarthritis

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 2 October 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 2 October 2025;
- A field medical record by the medical officer, Somalia, dated 18 March 1993;
- A dental examination by the dental officer, dated 8 August 2006;
- A deployed health record and pathology by the medical officer, Afghanistan, dated 15 May 2007;
- A pre-treatment examination by the gastroenterologist, dated 12 November 2009;
- An occupational hygiene review by the occupational hygienist, dated 15 June 2009;
- An outpatient health record by the medical officer, Base medical centre, dated 10 March 2010;
- A rheumatology consultation by the x-rays and ultrasound, Rheumatologist, dated 21 April 2010;
- A hepatitis C retreatment plan by the gastroenterologist, dated 10 June 2013;
- An outpatient health record by the medical officer, Base medical centre, dated 15 July 2013;
- X-rays of hands and feet and rheumatology review by the rheumatologist, dated 30 September 2013.

Your service

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

22 January 1990 and 27 March 2015

Seronegative Polyarthritis

You have stated that your condition was caused by:

- *smoking at least five pack-years of cigarettes, or the equivalent thereof in other tobacco products, before the clinical onset of rheumatoid arthritis, and where smoking has ceased, the clinical onset of rheumatoid arthritis has occurred within ten years of cessation*
- *inhaling respirable crystalline silica dust, at the time material containing crystalline silica was being: (a) produced; (b) excavated; (c) drilled, cut or ground; or (d) used in construction, manufacturing, cleaning or blasting; for a cumulative period of at least 5 000 hours within the ten years before the clinical onset of rheumatoid arthritis*
- *being treated with a drug from the specified list of drugs within the eight weeks before the clinical onset of rheumatoid arthritis*
- *having periodontitis for at least the three months before the clinical onset of rheumatoid arthritis*
- *being obese for at least five years within the ten years before the clinical onset of rheumatoid arthritis*

Diagnosis: Seronegative Polyarthritis

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 2 October 2025, and is supported by a rheumatology consultation by the x-rays and ultrasound, Rheumatologist, dated 21 April 2010.

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

Statement of Principles concerning Rheumatoid Arthritis (Balance of Probabilities) (No. 51 of 2017)

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 five pack-years of cigarettes, or the equivalent thereof in other tobacco products, before the clinical onset of rheumatoid arthritis, and where smoking has ceased, the clinical onset of rheumatoid arthritis has occurred within ten years of cessation*
- *inhaling respirable crystalline silica dust, at the time material containing crystalline silica was being: (a) produced; (b) excavated; (c) drilled, cut or ground; or (d) used in construction, manufacturing, cleaning or blasting; for a cumulative period of at least 5 000 hours within the ten years before the clinical onset of rheumatoid arthritis*
- *being treated with a drug from the specified list of drugs within the eight weeks before the clinical onset of rheumatoid arthritis*
- *having periodontitis for at least the three months before the clinical onset of rheumatoid arthritis*

- *being obese for at least five years within the ten years before the clinical onset of rheumatoid arthritis*

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 painful swelling and stiffness of the small joints of both hands, both wrists and the forefeet, with morning stiffness lasting two hours, fatigue and difficulty gripping tools.You now have chronic pain and stiffness in the hands, wrists and feet, reduced grip strength, deformity of the right second and third metacarpophalangeal joints, and fatigue, and you cannot operate machinery or perform heavy manual work on 10 March 2010.

The diagnosis was confirmed by a rheumatologist on 21 April 2010 on a symmetrical inflammatory polyarthritis of the metacarpophalangeal, wrist and metatarsophalangeal joints persisting for seven weeks, with synovitis on ultrasound and raised inflammatory markers. This meets the Statement of Principles definition: a symmetric, inflammatory, peripheral polyarthritis persisting for at least six weeks, characterised by inflammatory synovitis.

This has then led to further investigations and the diagnosis of your condition of *Seronegative Polyarthritis*. I have accepted your condition of *Seronegative Polyarthritis*.

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 3 March 2010.

Seronegative Polyarthritis (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 2 October 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 2 October 2025;
- A field medical record by the medical officer, Somalia, dated 18 March 1993;
- A dental examination by the dental officer, dated 8 August 2006;
- A deployed health record and pathology by the medical officer, Afghanistan, dated 15 May 2007;
- A pre-treatment examination by the gastroenterologist, dated 12 November 2009;
- An occupational hygiene review by the occupational hygienist, dated 15 June 2009;
- An outpatient health record by the medical officer, Base medical centre, dated 10 March 2010;
- A rheumatology consultation by the x-rays and ultrasound, Rheumatologist, dated 21 April 2010;
- A hepatitis C retreatment plan by the gastroenterologist, dated 10 June 2013;
- An outpatient health record by the medical officer, Base medical centre, dated 15 July 2013;
- X-rays of hands and feet and rheumatology review by the rheumatologist, dated 30 September 2013.

Your service

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

22 January 1990 and 27 March 2015

Seronegative Polyarthritis (Worsening)

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

- *smoking at least five pack-years of cigarettes, or the equivalent thereof in other tobacco products, before the clinical worsening of rheumatoid arthritis, and where smoking has*

ceased, the clinical worsening of rheumatoid arthritis has occurred within two years of cessation

- *inhaling respirable crystalline silica dust, at the time material containing crystalline silica was being: (a) produced; (b) excavated; (c) drilled, cut or ground; or (d) used in construction, manufacturing, cleaning or blasting; for a cumulative period of at least 5 000 hours within the ten years before the clinical worsening of rheumatoid arthritis*
- *being treated with a drug from the specified list of drugs within the eight weeks before the clinical worsening of rheumatoid arthritis*
- *suddenly discontinuing treatment with a disease modifying antirheumatic drug after undergoing continuous disease modifying antirheumatic drug treatment for at least six months, within the six months before the clinical worsening of rheumatoid arthritis*
- *having periodontitis for at least the three months before the clinical worsening of rheumatoid arthritis*
- *being obese for at least five years within the ten years before the clinical worsening of rheumatoid arthritis*
- *inability to obtain appropriate clinical management for rheumatoid arthritis*

Diagnosis: Seronegative Polyarthritis (Worsening)

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 2 October 2025, and is supported by a rheumatology consultation by the x-rays and ultrasound, Rheumatologist, dated 21 April 2010.

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

Statement of Principles concerning Rheumatoid Arthritis (Balance of Probabilities) (No. 51 of 2017)

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 five pack-years of cigarettes, or the equivalent thereof in other tobacco products, before the clinical worsening of rheumatoid arthritis, and where smoking has ceased, the clinical worsening of rheumatoid arthritis has occurred within two years of cessation*
- *inhaling respirable crystalline silica dust, at the time material containing crystalline silica was being: (a) produced; (b) excavated; (c) drilled, cut or ground; or (d) used in construction, manufacturing, cleaning or blasting; for a cumulative period of at least 5 000 hours within the ten years before the clinical worsening of rheumatoid arthritis*
- *being treated with a drug from the specified list of drugs within the eight weeks before the clinical worsening of rheumatoid arthritis*

- *suddenly discontinuing treatment with a disease modifying antirheumatic drug after undergoing continuous disease modifying antirheumatic drug treatment for at least six months, within the six months before the clinical worsening of rheumatoid arthritis*
- *having periodontitis for at least the three months before the clinical worsening of rheumatoid arthritis*
- *being obese for at least five years within the ten years before the clinical worsening of rheumatoid arthritis*
- *inability to obtain appropriate clinical management for rheumatoid arthritis*

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 painful swelling and stiffness of the small joints of both hands, both wrists and the forefeet, with morning stiffness lasting two hours, fatigue and difficulty gripping tools.You now have chronic pain and stiffness in the hands, wrists and feet, reduced grip strength, deformity of the right second and third metacarpophalangeal joints, and fatigue, and you cannot operate machinery or perform heavy manual work on 10 March 2010.

The diagnosis was confirmed by a rheumatologist on 21 April 2010 on a symmetrical inflammatory polyarthritis of the metacarpophalangeal, wrist and metatarsophalangeal joints persisting for seven weeks, with synovitis on ultrasound and raised inflammatory markers. This meets the Statement of Principles definition: a symmetric, inflammatory, peripheral polyarthritis persisting for at least six weeks, characterised by inflammatory synovitis.

After the condition arose, it was worsened during your service. You smoked about 27 pack-years before stopping on 1 February 2012, and the worsening on 15 July 2013 occurred 1 year and 5 months after cessation, within two years. Between 3 July 2003 and December 2009 you accumulated about 5,250 hours of crystalline silica exposure while drilling, cutting and grinding concrete and rock, more than 5,000 hours within the ten years before the worsening. Hepatitis C relapsed and peginterferon alfa-2a was restarted on 10 June 2013, and given weekly throughout the eight weeks before the worsening, from 20 May 2013 to 15 July 2013. Methotrexate 20 mg weekly had been taken continuously from 1 June 2010. Periodontitis remained active, with tooth loss in 2012, throughout the three months before the worsening, from 15 April 2013 to 15 July 2013. You remained obese, with a BMI of 34.0 in 2013 after prednisolone treatment, from 2004 to the worsening, more than five years within the ten years before it. After the flare began, an urgent rheumatology review and an alternative to methotrexate were requested, but you waited ten weeks for review and biological therapy was not approved until December 2013.

This has then led to further investigations and the diagnosis of your condition of *Seronegative Polyarthritis (Worsening)*. I have accepted your condition of *Seronegative Polyarthritis (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 15 July 2013.

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