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.

Sinus - Sinusitis

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 16 June 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 16 June 2025;
- A radiotherapy completion summary by the radiation oncologist, dated 10 March 2006;
- A base health centre record by the medical officer, RAAF base, dated 11 November 2008;
- A nasendoscopy report by the ear, nose and throat surgeon, dated 26 November 2008;
- A nasendoscopy follow-up by the ear, nose and throat surgeon, dated 18 February 2009;
- A pre-deployment medical examination by the medical officer, RAAF base health centre, dated 12 January 2009;
- A deployed medical record by the medical officer, Middle East air base, dated 14 June 2009;
- A deployed dental record by the dental officer, Middle East air base, dated 19 June 2009;
- A deployed medical record by the medical officer, Middle East air base, dated 24 June 2009;
- CT paranasal sinuses and specialist consultation by the radiologist and ear, nose and throat surgeon, dated 30 June 2009;
- A deployed dental record by the dental officer, Afghanistan, dated 14 February 2012;
- A role 1 medical record and microbiology report by the medical officer, Afghanistan, dated 18 April 2012;
- CT paranasal sinuses by the radiologist, dated 5 September 2012;
- An operation report by the ear, nose and throat surgeon, dated 21 March 2013.

Your service

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

22 July 1997 and 14 April 2017

Sinus - Sinusitis

You have stated that your condition was caused by:

- *having impaired drainage of the sinus at the time of the clinical onset of sinusitis*
- *having a viral, bacterial or fungal respiratory tract infection at the time of the clinical onset of sinusitis*
- *being in an immunocompromised state as specified at the time of the clinical onset of sinusitis*
- *having a specified medical condition at the time of the clinical onset of sinusitis*
- *undergoing a course of therapeutic radiation for cancer, where the nasal cavity and paranasal sinuses were in the field of radiation, before the clinical onset of sinusitis*
- *smoking at least one pack-year of cigarettes, or the equivalent thereof in other tobacco products, before the clinical onset of sinusitis, and: (a) smoking commenced at least one year before the clinical onset of sinusitis; and (b) where smoking has ceased, the clinical onset of sinusitis has occurred within three months of smoking cessation*
- *being exposed to second-hand smoke: (a) for at least 1 000 hours before the clinical onset of sinusitis; and (b) where the first exposure to second-hand smoke commenced at least one year before the clinical onset of sinusitis; and (c) where the last exposure to second-hand smoke occurred within the three months before the clinical onset of sinusitis*
- *inhaling a drug or irritant substance which results in: (a) acute nasal symptoms or signs within 48 hours of the inhalation; and (b) scarring or erosion of the nasal or sinus mucosa; before the clinical onset of sinusitis*
- *inhaling airborne dusts, smoke from fires, or fumes or vapours from fuel or a chemical agent within the 48 hours before the clinical onset of sinusitis*
- *for sinusitis affecting the maxillary sinus only, having a specified dental condition affecting the tissues adjacent to the affected maxillary sinus at the time of the clinical onset of sinusitis*

Diagnosis: Sinusitis

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 16 June 2025, and is supported by CT paranasal sinuses and specialist consultation by the radiologist and ear, nose and throat surgeon, dated 30 June 2009.

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

Statement of Principles concerning Sinusitis (Reasonable Hypothesis) (No. 73 of 2018)

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

I am satisfied that you have met the following factor:

- *having impaired drainage of the sinus at the time of the clinical onset of sinusitis*
- *having a viral, bacterial or fungal respiratory tract infection at the time of the clinical onset of sinusitis*
- *being in an immunocompromised state as specified at the time of the clinical onset of sinusitis*
- *having a specified medical condition at the time of the clinical onset of sinusitis*
- *undergoing a course of therapeutic radiation for cancer, where the nasal cavity and paranasal sinuses were in the field of radiation, before the clinical onset of sinusitis*
- *smoking at least one pack-year of cigarettes, or the equivalent thereof in other tobacco products, before the clinical onset of sinusitis, and: (a) smoking commenced at least one year before the clinical onset of sinusitis; and (b) where smoking has ceased, the clinical onset of sinusitis has occurred within three months of smoking cessation*
- *being exposed to second-hand smoke: (a) for at least 1 000 hours before the clinical onset of sinusitis; and (b) where the first exposure to second-hand smoke commenced at least one year before the clinical onset of sinusitis; and (c) where the last exposure to second-hand smoke occurred within the three months before the clinical onset of sinusitis*
- *inhaling a drug or irritant substance which results in: (a) acute nasal symptoms or signs within 48 hours of the inhalation; and (b) scarring or erosion of the nasal or sinus mucosa; before the clinical onset of sinusitis*
- *inhaling airborne dusts, smoke from fires, or fumes or vapours from fuel or a chemical agent within the 48 hours before the clinical onset of sinusitis*
- *for sinusitis affecting the maxillary sinus only, having a specified dental condition affecting the tissues adjacent to the affected maxillary sinus at the time of the clinical onset of sinusitis*

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 right-sided facial pain and pressure worse on bending and on descent, purulent right nasal discharge, postnasal drip, nasal blockage, reduced smell, right upper toothache and fever on 24 June 2009.

The diagnosis was confirmed by CT of the paranasal sinuses on 30 June 2009, which showed complete opacification of the right maxillary sinus with an air-fluid level, right anterior ethmoid mucosal thickening and obstruction of the right ostiomeatal complex, with a Lund-Mackay score of 9. This is inflammation of the nasal cavity and paranasal sinuses with fluid within the sinuses and meets the Statement of Principles definition of sinusitis.

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

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 23 June 2009.

Sinus - Sinusitis (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 16 June 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 16 June 2025;
- A radiotherapy completion summary by the radiation oncologist, dated 10 March 2006;
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- A role 1 medical record and microbiology report by the medical officer, Afghanistan, dated 18 April 2012;
- CT paranasal sinuses by the radiologist, dated 5 September 2012;
- An operation report by the ear, nose and throat surgeon, dated 21 March 2013.

Your service

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

22 July 1997 and 14 April 2017

Sinus - Sinusitis (Worsening)

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

- *having impaired drainage of the sinus at the time of the clinical worsening of sinusitis*
- *having a viral, bacterial or fungal respiratory tract infection at the time of the clinical worsening of sinusitis*
- *being in an immunocompromised state as specified at the time of the clinical worsening of sinusitis*
- *having a specified medical condition at the time of the clinical worsening of sinusitis*
- *undergoing a course of therapeutic radiation for cancer, where the nasal cavity and paranasal sinuses were in the field of radiation, before the clinical worsening of sinusitis*
- *smoking at least one pack-year of cigarettes, or the equivalent thereof in other tobacco products, before the clinical worsening of sinusitis, and: (a) smoking commenced at least one year before the clinical worsening of sinusitis; and (b) where smoking has ceased, the clinical worsening of sinusitis has occurred within three months of smoking cessation*
- *being exposed to second-hand smoke: (a) for at least 1 000 hours before the clinical worsening of sinusitis; and (b) where the first exposure to second-hand smoke commenced at least one year before the clinical worsening of sinusitis; and (c) where the last exposure to second-hand smoke occurred within the three months before the clinical worsening of sinusitis*
- *inhaling a drug or irritant substance which results in: (a) acute nasal symptoms or signs within 48 hours of the inhalation; and (b) scarring or erosion of the nasal or sinus mucosa; before the clinical worsening of sinusitis*
- *inhaling airborne dusts, smoke from fires, or fumes or vapours from fuel or a chemical agent within the 48 hours before the clinical worsening of sinusitis*
- *for sinusitis affecting the maxillary sinus only, having a specified dental condition affecting the tissues adjacent to the affected maxillary sinus at the time of the clinical worsening of sinusitis*
- *for sinusitis with nasal polyps only, using a drug belonging to the nonselective (COX-1 and COX-2 inhibitors) nonsteroidal anti-inflammatory class of drugs, at the time of the clinical worsening of sinusitis*
- *inability to obtain appropriate clinical management for sinusitis*

Diagnosis: Sinusitis (Worsening)

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 16 June 2025, and is supported by CT paranasal sinuses and specialist consultation by the radiologist and ear, nose and throat surgeon, dated 30 June 2009.

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

Statement of Principles concerning Sinusitis (Reasonable Hypothesis) (No. 73 of 2018)

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

I am satisfied that you have met the following factor:

- *having impaired drainage of the sinus at the time of the clinical worsening of sinusitis*
- *having a viral, bacterial or fungal respiratory tract infection at the time of the clinical worsening of sinusitis*
- *being in an immunocompromised state as specified at the time of the clinical worsening of sinusitis*
- *having a specified medical condition at the time of the clinical worsening of sinusitis*
- *undergoing a course of therapeutic radiation for cancer, where the nasal cavity and paranasal sinuses were in the field of radiation, before the clinical worsening of sinusitis*
- *smoking at least one pack-year of cigarettes, or the equivalent thereof in other tobacco products, before the clinical worsening of sinusitis, and: (a) smoking commenced at least one year before the clinical worsening of sinusitis; and (b) where smoking has ceased, the clinical worsening of sinusitis has occurred within three months of smoking cessation*
- *being exposed to second-hand smoke: (a) for at least 1 000 hours before the clinical worsening of sinusitis; and (b) where the first exposure to second-hand smoke commenced at least one year before the clinical worsening of sinusitis; and (c) where the last exposure to second-hand smoke occurred within the three months before the clinical worsening of sinusitis*
- *inhaling a drug or irritant substance which results in: (a) acute nasal symptoms or signs within 48 hours of the inhalation; and (b) scarring or erosion of the nasal or sinus mucosa; before the clinical worsening of sinusitis*
- *inhaling airborne dusts, smoke from fires, or fumes or vapours from fuel or a chemical agent within the 48 hours before the clinical worsening of sinusitis*
- *for sinusitis affecting the maxillary sinus only, having a specified dental condition affecting the tissues adjacent to the affected maxillary sinus at the time of the clinical worsening of sinusitis*
- *for sinusitis with nasal polyps only, using a drug belonging to the nonselective (COX-1 and COX-2 inhibitors) nonsteroidal anti-inflammatory class of drugs, at the time of the clinical worsening of sinusitis*
- *inability to obtain appropriate clinical management for sinusitis*

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 right-sided facial pain and pressure worse on bending and on descent, purulent right nasal discharge, postnasal drip, nasal blockage, reduced smell, right upper toothache and fever on 24 June 2009.

The diagnosis was confirmed by CT of the paranasal sinuses on 30 June 2009, which showed complete opacification of the right maxillary sinus with an air-fluid level, right anterior ethmoid mucosal thickening and obstruction of the right ostiomeatal complex, with a Lund-Mackay score

of 9. This is inflammation of the nasal cavity and paranasal sinuses with fluid within the sinuses and meets the Statement of Principles definition of sinusitis.

After the condition arose, it was worsened during your service. At the worsening on 18 April 2012, on warlike service in Afghanistan, bilateral nasal polyps, the septal deviation and synechiae obstructed the sinus openings, confirmed on CT on 5 September 2012. An upper respiratory tract infection acquired in shared accommodation in Afghanistan, with Staphylococcus aureus cultured on 18 April 2012, was present at the worsening. Oral prednisolone 25 mg daily, prescribed from 10 April 2012 for an asthma exacerbation on warlike service in Afghanistan, was being taken at the worsening. Sinus barotrauma on an operational sortie on 15 April 2012, together with asthma, allergic rhinitis and gastro-oesophageal reflux disease, was present at the worsening on warlike service. The 2006 radiotherapy with the right nasal cavity and sinuses in the field preceded the worsening on warlike service in 2012. You were smoking about 20 cigarettes a day on warlike service in Afghanistan in 2012, having smoked continuously since 1995, more than 12 pack-years before the worsening. After more than 5,000 hours of exposure from 1997, you were again exposed nightly in enclosed shared accommodation in Afghanistan, last on 17 April 2012. The chlorine inhalation of November 2008, with acute symptoms and lasting mucosal scarring, occurred before the worsening on warlike service in 2012. On 16 and 17 April 2012, within the 48 hours before the worsening, you worked on the airfield in Afghanistan through a dust storm with smoke from the burn pit and fuel vapour from aircraft refuelling. The oro-antral fistula into the right maxillary sinus followed extraction of the right upper first molar by the deployed dental officer on warlike service on 14 February 2012 and was unrepaired at the worsening. With nasal polyps present, you were taking ibuprofen 400 mg three times a day, issued in theatre for back pain from cargo handling on warlike service, at the worsening on 18 April 2012. On warlike service in Afghanistan in 2012 you could not obtain CT, ear, nose and throat review or repair of the oro-antral fistula, and you continued to fly with active sinusitis.

This has then led to further investigations and the diagnosis of your condition of *Sinusitis (Worsening)*. I have accepted your condition of *Sinusitis (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 18 April 2012.

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.