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.

Sinusitis (j01/

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 28 October 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 28 October 2025;
- A radiotherapy completion summary by the radiation oncologist, dated 22 July 1998;
- CT facial bones and operation report by the radiologist and maxillofacial surgeon, dated 9 June 2001;
- A dental implant record by the dental officer, dated 18 March 2002;
- A ship's medical record by the medical officer, dated 14 August 2002;
- A specialist consultation by the ear, nose and throat surgeon, dated 2 October 2002;
- A nasendoscopy follow-up by the ear, nose and throat surgeon, dated 11 December 2002;
- A pre-deployment medical examination by the medical officer, Naval health centre, dated 3 February 2003;
- A diving team medical log by the medic, Iraq, dated 7 April 2003;
- A deployed medical record by the medical officer, Iraq, dated 9 April 2003;
- CT paranasal sinuses and specialist consultation by the radiologist and ear, nose and throat surgeon, dated 15 April 2003;
- A ship's medical record and microbiology report by the medical officer, dated 22 October 2006;
- CT paranasal sinuses by the radiologist, dated 30 January 2007;
- An operation report by the ear, nose and throat surgeon, dated 14 June 2007.

Your service

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

13 January 1993 and 21 September 2012

Sinusitis (j01/

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 (j01/

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 28 October 2025, and is supported by CT paranasal sinuses and specialist consultation by the radiologist and ear, nose and throat surgeon, dated 15 April 2003.

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 left facial pain and pressure, left upper toothache, a purulent and initially bloody left nasal discharge, nasal blockage, reduced smell and fever on 9 April 2003.

The diagnosis was confirmed by CT of the paranasal sinuses on 15 April 2003, which showed opacification of the left maxillary sinus with an air-fluid level and blood products and narrowing of the left ostiomeatal complex, with a Lund-Mackay score of 7. This is inflammation of the nasal cavity and paranasal sinuses with fluid in the sinus and meets the Statement of Principles definition of sinusitis.

This has then led to further investigations and the diagnosis of your condition of *Sinusitis (j01/*. I have accepted your condition of *Sinusitis (j01/*.

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 8 April 2003.

Sinusitis (j01/ (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 28 October 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 28 October 2025;
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- CT paranasal sinuses and specialist consultation by the radiologist and ear, nose and throat surgeon, dated 15 April 2003;
- A ship's medical record and microbiology report by the medical officer, dated 22 October 2006;
- CT paranasal sinuses by the radiologist, dated 30 January 2007;
- An operation report by the ear, nose and throat surgeon, dated 14 June 2007.

Your service

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

13 January 1993 and 21 September 2012

Sinusitis (j01/ (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 (j01/ (Worsening)

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 28 October 2025, and is supported by CT paranasal sinuses and specialist consultation by the radiologist and ear, nose and throat surgeon, dated 15 April 2003.

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 left facial pain and pressure, left upper toothache, a purulent and initially bloody left nasal discharge, nasal blockage, reduced smell and fever on 9 April 2003.

The diagnosis was confirmed by CT of the paranasal sinuses on 15 April 2003, which showed opacification of the left maxillary sinus with an air-fluid level and blood products and narrowing of the left ostiomeatal complex, with a Lund-Mackay score of 7. This is inflammation of the

nasal cavity and paranasal sinuses with fluid in the sinus and meets the Statement of Principles definition of sinusitis.

After the condition arose, it was worsened during your service. At the worsening on 22 October 2006 on warlike service in the North Arabian Gulf, nasal polyps, fracture deformity and scarring obstructed the left sinus openings, confirmed on CT on 30 January 2007. A cold acquired aboard ship and a Haemophilus influenzae infection cultured on 22 October 2006 were present at the worsening on warlike service. Azathioprine 150 mg daily continued throughout your warlike service in the North Arabian Gulf and was being taken at the worsening. Sinus barotrauma from a hull search dive with a cold on 19 October 2006 on warlike service, and gastro-oesophageal reflux disease, were present at the worsening. The 1998 radiotherapy to a field including the nasal floor and left maxillary sinus preceded the worsening on warlike service in 2006. You resumed smoking in June 2003 after your warlike service in Iraq, to cope with its after-effects, and was smoking about 50 grams a week at the worsening, more than 5 pack-years in total. After more than 4,000 hours of exposure from 1993, you were exposed in an enclosed smoking space aboard ship on warlike service, last on 21 October 2006. The 2002 ammonia inhalation, with acute symptoms and persisting scarring and septal perforation, occurred before the worsening on warlike service in 2006. On 20 and 21 October 2006, within the 48 hours before the worsening, you worked on deck in dust haze blown off the coast and in diesel exhaust and fuel vapour during replenishment at sea, on warlike service. The endosseous implants and healed maxillary trauma adjacent to the left maxillary sinus were present at the worsening on warlike service. With nasal polyps present, you were taking diclofenac 50 mg three times a day, issued by the ship's medical staff for shoulder pain, at the worsening on 22 October 2006. On warlike service in the North Arabian Gulf you could not obtain CT or ear, nose and throat review and continued diving because no relief was available.

This has then led to further investigations and the diagnosis of your condition of *Sinusitis (j01/ (Worsening)*. I have accepted your condition of *Sinusitis (j01/ (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 22 October 2006.

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.