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.

Thoracic - Intercostal Strain

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 18 March 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 18 March 2025;
- A pre-deployment medical examination by the medical officer, Garrison health centre, dated 15 January 2012;
- A patrol casualty card by the combat medic, Afghanistan, dated 23 May 2012;
- An outpatient record and chest X-ray report by the regimental medical officer, Forward operating base, Afghanistan, dated 24 May 2012;
- An ultrasound report by the radiologist, Role 2 facility, Afghanistan, dated 25 May 2012;
- An MRI report by the radiologist, dated 10 December 2012;
- An outpatient health record and physiotherapy referral by the medical officer, Garrison health centre, dated 10 December 2012;
- A periodic health examination by the medical officer, Garrison health centre, dated 11 June 2014;
- An outpatient record by the coalition medical officer, Iraq, dated 2 March 2018;
- An ultrasound report by the radiologist, Coalition role 2 facility, Iraq, dated 5 March 2018;
- An MRI report by the radiologist, dated 20 June 2018;
- A pain medicine consultation and procedure report by the pain specialist, dated 14 May 2019.

Your service

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

14 January 2008 and 9 December 2020

Thoracic - Intercostal Strain

You have stated that your condition was caused by:

- *experiencing a significant physical force applied to or through the affected joint, at the time of the clinical onset of a sprain to that joint ligament*
- *forceful stretching or high intensity use of a muscle or tendon at the time of the clinical onset of a strain to that muscle or tendon*

Diagnosis: Intercostal Strain

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 18 March 2025, and is supported by an outpatient record and chest X-ray report by the regimental medical officer, Forward operating base, Afghanistan, dated 24 May 2012.

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

Statement of Principles concerning Sprain and Strain (Reasonable Hypothesis) (No. 27 of 2020)

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

I am satisfied that you have met the following factor:

- *experiencing a significant physical force applied to or through the affected joint, at the time of the clinical onset of a sprain to that joint ligament*
- *forceful stretching or high intensity use of a muscle or tendon at the time of the clinical onset of a strain to that muscle or tendon*

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 sharp right lateral and posterior lower chest wall pain, worse on deep inspiration, coughing, sneezing and trunk rotation, with local tenderness, bruising and difficulty lying on your right side on 23 May 2012.

The diagnosis was made clinically by the regimental medical officer on 24 May 2012, on the history of a forceful twisting injury under load and the finding of localised tenderness over the right 7th to 9th intercostal spaces and the right T8 costotransverse joint, with pain on deep inspiration and trunk rotation. A chest X-ray excluded a rib fracture and pneumothorax.

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

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 May 2012.

Thoracic - Intercostal Strain (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 18 March 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 18 March 2025;
- A pre-deployment medical examination by the medical officer, Garrison health centre, dated 15 January 2012;
- A patrol casualty card by the combat medic, Afghanistan, dated 23 May 2012;
- An outpatient record and chest X-ray report by the regimental medical officer, Forward operating base, Afghanistan, dated 24 May 2012;
- An ultrasound report by the radiologist, Role 2 facility, Afghanistan, dated 25 May 2012;
- An MRI report by the radiologist, dated 10 December 2012;
- An outpatient health record and physiotherapy referral by the medical officer, Garrison health centre, dated 10 December 2012;
- A periodic health examination by the medical officer, Garrison health centre, dated 11 June 2014;
- An outpatient record by the coalition medical officer, Iraq, dated 2 March 2018;
- An ultrasound report by the radiologist, Coalition role 2 facility, Iraq, dated 5 March 2018;
- An MRI report by the radiologist, dated 20 June 2018;
- A pain medicine consultation and procedure report by the pain specialist, dated 14 May 2019.

Your service

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

14 January 2008 and 9 December 2020

Thoracic - Intercostal Strain (Worsening)

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

- *experiencing a significant physical force applied to or through the affected joint, at the time of the clinical worsening of a sprain to that joint ligament*

- *forceful stretching or high intensity use of a muscle or tendon at the time of the clinical worsening of a strain to that muscle or tendon*
- *inability to obtain appropriate clinical management for sprain or strain*

Diagnosis: Intercostal Strain (Worsening)

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 18 March 2025, and is supported by an outpatient record and chest X-ray report by the regimental medical officer, Forward operating base, Afghanistan, dated 24 May 2012.

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

Statement of Principles concerning Sprain and Strain (Reasonable Hypothesis) (No. 27 of 2020)

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

I am satisfied that you have met the following factor:

- *experiencing a significant physical force applied to or through the affected joint, at the time of the clinical worsening of a sprain to that joint ligament*
- *forceful stretching or high intensity use of a muscle or tendon at the time of the clinical worsening of a strain to that muscle or tendon*
- *inability to obtain appropriate clinical management for sprain or strain*

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 sharp right lateral and posterior lower chest wall pain, worse on deep inspiration, coughing, sneezing and trunk rotation, with local tenderness, bruising and difficulty lying on your right side on 23 May 2012.

The diagnosis was made clinically by the regimental medical officer on 24 May 2012, on the history of a forceful twisting injury under load and the finding of localised tenderness over the right 7th to 9th intercostal spaces and the right T8 costotransverse joint, with pain on deep inspiration and trunk rotation. A chest X-ray excluded a rib fracture and pneumothorax.

After the condition arose, it was worsened during your service. The sudden swing of the 95 kilogram manikin on 2 March 2018 occurred while you were training partner force soldiers in casualty evacuation during warlike service in Iraq. In the same incident on warlike service in Iraq on 2 March 2018 the right lower intercostal muscles were forcefully stretched under high load at the time of the clinical worsening of the strain, shown by the new 25 millimetre tear of the 9th internal intercostal muscle on ultrasound of 5 March 2018 and the rise in pain from 3 to 7 out of 10. On warlike service in Afghanistan in May 2012 no physiotherapy was available at your forward operating base, and operational needs returned you to patrolling after three days with an untreated intercostal tear.

This has then led to further investigations and the diagnosis of your condition of *Intercostal Strain (Worsening)*. I have accepted your condition of *Intercostal Strain (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 2 March 2018.

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