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.

URTI - 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 17 April 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 17 April 2025;
- An emergency attendance and X-ray report by the medical officer and radiologist, dated 14 September 1999;
- An operation report by the ENT surgeon, dated 22 September 1999;
- An outpatient health record and skin prick testing by the medical officer, Fleet base health centre, dated 18 March 2001;
- A histopathology report by the pathologist, dated 14 October 2004;
- A radiotherapy completion summary by the radiation oncologist, dated 18 February 2005;
- A pre-deployment diving medical examination by the medical officer, dated 14 January 2006;
- A deployed health record by the medical officer, dated 21 April 2006;
- A nasendoscopy report by the medical officer, dated 2 May 2006;
- A deployed health record and dental record by the medical officer and dental officer, dated 6 June 2006;
- A deployed health record by the medical officer, dated 19 June 2006;
- CT paranasal sinuses by the radiologist, Coalition role 3 hospital, dated 26 June 2006;
- A specialist consultation by the ENT surgeon, dated 25 September 2006;
- An operation and histopathology reports by the ENT surgeon and pathologist, dated 30 November 2006;
- A pre-deployment review by the respiratory physician, dated 2 March 2015;
- A role 2 treatment record by the medical officer, dated 13 July 2015;

- A deployed dental record by the dental officer, dated 24 July 2015;
- CT paranasal sinuses and microbiology report by the radiologist and pathologist, dated 10 August 2015;
- An operation report by the ENT surgeon, dated 15 December 2015.

Your service

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

9 February 1996 and 14 June 2019

URTI - 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 17 April 2025, and is supported by CT paranasal sinuses by the radiologist, Coalition role 3 hospital, dated 26 June 2006.

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 severe right cheek and upper tooth pain, worse on bending forward and on diving, purulent right nasal discharge, right nasal obstruction, fever and headache on 19 June 2006.

The diagnosis was made clinically on 19 June 2006 by a deployed Medical Officer, who found purulent secretions from the right middle meatus, right maxillary tenderness and fever following a viral upper respiratory infection, and was confirmed by CT of the paranasal sinuses on 26 June 2006, which showed an air-fluid level and mucosal thickening confined to the right maxillary sinus with occlusion of the right ostiomeatal complex by polypoid tissue. This meets the accepted definition of sinusitis as inflammation of the mucosa of a paranasal sinus.

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 18 June 2006.

URTI - 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 17 April 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 17 April 2025;
- An emergency attendance and X-ray report by the medical officer and radiologist, dated 14 September 1999;
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- CT paranasal sinuses by the radiologist, Coalition role 3 hospital, dated 26 June 2006;
- A specialist consultation by the ENT surgeon, dated 25 September 2006;
- An operation and histopathology reports by the ENT surgeon and pathologist, dated 30 November 2006;
- A pre-deployment review by the respiratory physician, dated 2 March 2015;
- A role 2 treatment record by the medical officer, dated 13 July 2015;
- A deployed dental record by the dental officer, dated 24 July 2015;
- CT paranasal sinuses and microbiology report by the radiologist and pathologist, dated 10 August 2015;
- An operation report by the ENT surgeon, dated 15 December 2015.

Your service

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

9 February 1996 and 14 June 2019

URTI - 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 17 April 2025, and is supported by CT paranasal sinuses by the radiologist, Coalition role 3 hospital, dated 26 June 2006.

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 severe right cheek and upper tooth pain, worse on bending forward and on diving, purulent right nasal discharge, right nasal obstruction, fever and headache on 19 June 2006.

The diagnosis was made clinically on 19 June 2006 by a deployed Medical Officer, who found purulent secretions from the right middle meatus, right maxillary tenderness and fever following a viral upper respiratory infection, and was confirmed by CT of the paranasal sinuses on 26 June 2006, which showed an air-fluid level and mucosal thickening confined to the right maxillary sinus with occlusion of the right ostiomeatal complex by polypoid tissue. This meets the accepted definition of sinusitis as inflammation of the mucosa of a paranasal sinus.

After the condition arose, it was worsened during your service. At the worsening on 4 August 2015, during warlike service in Iraq, recurrent grade 3 polyps, the septal deviation and post-surgical scarring obstructed the right middle meatus, and the fresh chlorine-induced mucosal swelling further narrowed it. You acquired a viral upper respiratory infection in crowded shared accommodation on warlike service in Iraq, with symptoms from 2 August 2015, and it was active at the worsening on 4 August 2015. Prednisolone 40 mg daily, commenced on 13 July 2015 for chemical pneumonitis caused by the chlorine exposure on warlike service, was continuing at 30 mg daily at the worsening on 4 August 2015. Your allergic rhinitis was active during your warlike service in Iraq in 2015, aggravated by constant airborne dust, and you were using an intranasal corticosteroid and antihistamine at the time of the worsening on 4 August 2015. The 2005 radiotherapy course, with the right nasal cavity and right maxillary sinus in the field, preceded the worsening on warlike service in Iraq on 4 August 2015. By 2015 you had smoked about 21 pack-years since 1994, meeting (a), including heavy smoking during the first two months of your warlike service in Iraq. Your cumulative exposure exceeded 1,000 hours well before 2015, meeting (a), and began in March 1996, meeting (b). The chlorine inhalation of 12 July 2015 occurred on warlike service in Iraq during the exploitation of an improvised device cache. On 02 and 3 August 2015 you conducted training on an open range beside the base burn pit and generator compound during a dust storm, inhaling dust, burn pit smoke and diesel exhaust for about 10 hours each day. The sinusitis remained confined to the right maxillary sinus. The sinusitis is accompanied by nasal polyps. On both warlike deployments specialist ENT care and imaging were unavailable.

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 4 August 2015.

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.