



**Australian Government**  
**Department of Veterans' Affairs**

## Rehabilitation & Entitlements Policy Group

Intranet site: <http://sharepoint/servingourcustomers/compensation/dsu>



# SOP Bulletin No. 161



3 September 2012

**THE FOLLOWING RMA SOPS AND DECLARATION ARE TO TAKE EFFECT ON**  
**5 SEPTEMBER, 2012**

<b>New SOPs</b>	<b>Moderate to severe traumatic brain injury Concussion</b>
<b>Revocations &amp; Replacements</b>	<b>Physical injury due to munitions discharge Aplastic anaemia Mesangial IgA glomerulonephritis Deep vein thrombosis Pulmonary thromboembolism Otitis externa Asthma</b>
<b>Amendments</b>	<b>Fibrosing interstitial lung disease Macular degeneration</b>
<b>Declaration</b>	<b>'Post concussion syndrome'</b>

### NOTEWORTHY FEATURES

<b>Moderate to severe traumatic brain injury</b>	<b>New – 62 &amp; 63 of '12</b>
<b>Concussion</b>	<b>New – 64 &amp; 65 of '12</b>
<b>'Post concussion syndrome'</b>	<b>Not a disease or injury</b>

- The RMA has issued new SOPs for moderate to severe traumatic brain injury and for concussion and has declared that post concussion syndrome is not a disease or injury.

- The new SOPs cover only the direct effects of brain injury. The concussion SOPs cover mild traumatic brain injuries where there are temporary neurological symptoms and no evident structural damage to the brain on imaging (CT, MRI). The moderate to severe traumatic brain injury SOPs cover more serious injuries, including any where there is brain damage on imaging.
- The RMA has determined that post concussion syndrome, [i.e. reported persistent symptoms attributed to the physical effects of a mild traumatic brain injury (mTBI), such as: impaired memory; confusion; irritability; headaches; and sleep disturbance] is not a discrete disease or injury for the purposes of the VEA or MRCA. Therefore, claims covered by 'post concussion syndrome' cannot be accepted. However, alternative diagnoses for the reported symptoms (particularly psychiatric diagnoses, but not mTBI), still need to be considered.
- Longer term or ongoing effects of moderate to severe or recurrent brain trauma are covered by a range of other SOPs.
- These new SOPs cover the direct effects of brain injury from any cause, including falls, sporting injuries, vehicle accidents and the effects of projectiles and explosions.

<b>Physical injury due to munitions discharge</b>	<b>Revocation – 48 &amp; 49 of '12</b> Replaces 09 and 10 of '00
---	---

- This SOP has been updated in format, but is effectively unchanged.
- The coverage of this SOP overlaps with the new brain injury SOPs (above). In some cases both this SOP and one of the brain injury SOPs could apply and a decision will need to be made as to which is more appropriate. For munitions injuries to the brain only, it will probably be best to use one of the new SOPs (above), whereas for more widespread injuries this SOP may be more suitable.
- When applying this SOP, the name of the SOP should not be used as the diagnosis for a claim. The diagnosis should be changed to one that accurately and comprehensively describes the injuries.

<b>Aplastic anaemia</b>	<b>Revocation – 50 &amp; 51 of '12</b> Replaces 01 and 02 of '01
-------------------------	---

- There are new factors for non-steroidal anti-inflammatory drugs (as specified), autoimmune diseases, being pregnant and having a thymoma or thymic carcinoma.
- The drugs factor now has a definition with a (much extended) definitive list of drugs or drug classes. The list is different in the RH and BOP SOPs.
- Previous limitations specifying types of hepatitis in both the hepatitis and liver transplant factors have been removed.
- There are changes to the benzene factor, with less exposure now required.

<b>Mesangial IgA glomerulonephritis</b>	<b>Revocation – 52 &amp; 53 of '12</b> Replaces 63 and 64 of '01 as amended by 75 of '02
---	--

- The previous Henoch-Schönlein purpura factor has been removed and the definition now excludes (secondary mesangial IgA glomerulonephritis due to) Henoch-Schönlein purpura, which is a separate, non-SOP disease.
-

- There are a range of new onset and worsening factors concerning: infections; transplants; autoimmune disorders; drugs; malignant neoplasms; and chronic liver disease.
- There are new worsening only factors for smoking and being overweight/obese.
- The previous onset and worsening factor for solvents is now for worsening only.

### **Deep vein thrombosis**

**Revocation – 54 & 55 of '12**

Replaces 74 and 75 of '08  
as amended by 45 & 46 of '09

- There has been a substantial reorganisation of this SOP, with a number of previous separate factors now incorporated into combined factors, with defined lists, for: cardiac diseases; drugs; autoimmune diseases/vasculitis; hypercoagulability states; and specified illness and injury.
- These new grouped factors also cover a range of new drugs, illnesses and injuries.
- There are stand alone new factors for: smoking; an intravascular device (e.g. pacemaker, central venous catheter); osteomyelitis, abscess or other local infection; HIV infection; cytomegalovirus infection; chronic bronchitis and emphysema; nephrotic syndrome or renal disease requiring dialysis or transplant; high altitude (RH only); depressive disorder (RH only); and snake bite.
- A previous factor for varicose veins has been removed.
- This SOP has no worsening factors, apart from inability to obtain appropriate clinical management. Deep vein thrombosis (DVT) is an event rather than an ongoing disease. Any subsequent DVT would be a new event, rather than a worsening of a previous DVT. To recognise this, the site of the DVT should be included in the diagnostic label where possible.

### **Pulmonary thromboembolism**

**Revocation – 56 & 57 of '12**

Replaces 03 and 04 of '01

- This SOP has been reviewed in conjunction with the DVT SOP. Pulmonary thromboembolisms (PTEs) mostly arise from DVTs (there are some exceptions, for which there are separate SOP factors), The PTE SOP has a factor for DVT, but PTE can also occur without the underlying DVT being detectable.
- For that reason, many factors from the DVT SOP have been added as new factors to the PTE SOP. Those DVT SOP factors not included are ones that relate to localised effects on deep veins (for which, the site of the DVT would need to be known).
- The comment above re DVT and worsening factors applies equally to PTE.

### **Otitis externa**

**Revocation – 58 & 59 of '12**

Replaces 73 and 74 of '01  
as amended by 42 & 43 of '02

- There are new factors for: ionising radiation; trauma; and occluding the canal or covering the ear (with ear plugs, muffs and other devices).
  - “Other aquatic activities” has been added to the previous swimming or diving factor.
  - The specified (skin) conditions factor has an expanded list of conditions.
  - There is a new factor concerning otomycosis (fungal ear infection).
-

**Asthma****Revocation – 60 & 61 of '12**

Replaces 85 and 86 of '01  
as amended by 36 & 37 of '04

- The previous (separate) onset factors for occupational antigens and an antigenic stimulus have been replaced with one factor for an immunologic or non-immunologic stimulus (in this context “antigenic” and “immunologic” are synonyms). The corresponding worsening factor remains.
- There are new onset and worsening factors for being overweight and taking specified drugs.
- There are new worsening only factors for smoking, passive smoking and depressive disorder.

**Fibrosing interstitial lung disease****Amendment – 66 & 67 of '12**

Amends 35 and 36 of '09  
as amended by 59 & 60 of '10 and 79 & 80 of '11

- There is a new RH only, worsening only factor for gastro-oesophageal reflux disease.
- Smoking factors (onset and worsening) have been added to the BOP SOP and amended in the RH SOP (with lower doses).
- A reminder: Asbestosis is a form of fibrosing interstitial lung disease but is covered by a separate SOP. A diagnosis of asbestosis and the application of the asbestosis SOP should be considered when dealing with a claim involving lung fibrosis.

**Macular degeneration****Amendment – 68 of '12**

Amends 13 of '09  
as amended by 47 of '12

- A factor numbering error in the previous amendment has been rectified.

**Contact Officers for this bulletin:**

Dr Jon Kelley	48412
Dr Edwin Nicoll	48583

