Statement of Principles concerning
INTERNAL DERANGEMENT OF THE KNEE
(Reasonable Hypothesis)
(No. 7 of 2019)

The Repatriation Medical Authority determines the following Statement of Principles under subsection 196B(2) of the Veterans’ Entitlements Act 1986.

Dated 21 December 2018

The Common Seal of the
Repatriation Medical Authority
was affixed to this instrument
at the direction of:

Professor Nicholas Saunders AO
Chairperson
1 Name
This is the Statement of Principles concerning internal derangement of the knee (Reasonable Hypothesis) (No. 7 of 2019).

2 Commencement
This instrument commences on 28 January 2019.

3 Authority
This instrument is made under subsection 196B(2) of the Veterans' Entitlements Act 1986.

4 Repeal
The Statement of Principles concerning internal derangement of the knee No. 51 of 2010 (Federal Register of Legislation No. F2010L01664) made under subsection 196B(2) of the VEA is repealed.

5 Application
This instrument applies to a claim to which section 120A of the VEA or section 338 of the Military Rehabilitation and Compensation Act 2004 applies.

6 Definitions
The terms defined in the Schedule 1 - Dictionary have the meaning given when used in this instrument.

7 Kind of injury, disease or death to which this Statement of Principles relates

(1) This Statement of Principles is about internal derangement of the knee and death from internal derangement of the knee.

Meaning of internal derangement of the knee

(2) For the purposes of this Statement of Principles, internal derangement of the knee:

(a) means a chronic disorder of the knee due to a torn meniscus of the knee, or a torn or stretched collateral, cruciate or capsular ligament of the knee; and
(b) excludes chondromalacia patella and other disorders of the patella, congenital discoid meniscus, osteochondritis dissecans, cysts of the menisci, degenerative tears of the menisci, and other degenerative processes such as osteoarthritis and loose bodies in the knee joint.

Note: Internal derangement of the knee is characterised by ongoing or recurrent signs and symptoms of pain, swelling, instability, locking or altered mobility.
While internal derangement of the knee attracts ICD-10-AM code M23.2, M23.5, M23.8 or M23.9, in applying this Statement of Principles the meaning of internal derangement of the knee is that given in subsection (2).


**Death from internal derangement of the knee**

For the purposes of this Statement of Principles, internal derangement of the knee, in relation to a person, includes death from a terminal event or condition that was contributed to by the person's internal derangement of the knee.

Note: *terminal event* is defined in the Schedule 1 – Dictionary.

8 **Basis for determining the factors**

The Repatriation Medical Authority is of the view that there is sound medical-scientific evidence that indicates that internal derangement of the knee and death from internal derangement of the knee can be related to relevant service rendered by veterans, members of Peacekeeping Forces, or members of the Forces under the VEA, or members under the MRCA.

Note: *MRCA, relevant service and VEA* are defined in the Schedule 1 – Dictionary.

9 **Factors that must exist**

At least one of the following factors must as a minimum exist before it can be said that a reasonable hypothesis has been raised connecting internal derangement of the knee or death from internal derangement of the knee with the circumstances of a person's relevant service:

1. having a sprain involving a ligament of the affected knee within the one year before the clinical onset of internal derangement of the knee;

2. having an acute meniscal tear of the affected knee within the one year before the clinical onset of internal derangement of the knee;

3. having a sprain involving a ligament of the affected knee within the one year before the clinical worsening of internal derangement of the knee;

4. having an acute meniscal tear of the affected knee within the one year before the clinical worsening of internal derangement of the knee;
(5) inability to obtain appropriate clinical management for internal derangement of the knee.

10 Relationship to service

(1) The existence in a person of any factor referred to in section 9, must be related to the relevant service rendered by the person.

(2) The factors set out in subsections 9(3) to 9(5) apply only to material contribution to, or aggravation of, internal derangement of the knee where the person's internal derangement of the knee was suffered or contracted before or during (but did not arise out of) the person's relevant service.

11 Factors referring to an injury or disease covered by another Statement of Principles

In this Statement of Principles:

(1) if a factor referred to in section 9 applies in relation to a person; and

(2) that factor refers to an injury or disease in respect of which a Statement of Principles has been determined under subsection 196B(2) of the VEA;

then the factors in that Statement of Principles apply in accordance with the terms of that Statement of Principles as in force from time to time.
Schedule 1 - Dictionary

Note: See Section 6

1 Definitions

In this instrument:

**internal derangement of the knee**—see subsection 7(2).

**MRCA** means the *Military Rehabilitation and Compensation Act 2004*.

**relevant service** means:
(a) operational service under the VEA;
(b) peacekeeping service under the VEA;
(c) hazardous service under the VEA;
(d) British nuclear test defence service under the VEA;
(e) warlike service under the MRCA; or
(f) non-warlike service under the MRCA.

Note: **MRCA** and **VEA** are also defined in the Schedule 1 - Dictionary.

**terminal event** means the proximate or ultimate cause of death and includes the following:
(a) pneumonia;
(b) respiratory failure;
(c) cardiac arrest;
(d) circulatory failure; or
(e) cessation of brain function.

**VEA** means the *Veterans' Entitlements Act 1986*. 