



**Australian Government**  
**Repatriation Medical Authority**

**Statement of Principles**  
**concerning**  
**POLYMYALGIA RHEUMATICA**  
**(Reasonable Hypothesis)**  
**(No. 5 of 2025)**

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

Dated 17 December 2024.

Professor Terence Campbell AM  
Chairperson  
by and on behalf of  
The Repatriation Medical Authority

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**1 Name**

This is the Statement of Principles concerning *polymyalgia rheumatica (Reasonable Hypothesis)* (No. 5 of 2025).

**2 Commencement**

This instrument commences on 28 January 2025.

**3 Authority**

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

**4 Repeal**

The Statement of Principles concerning polymyalgia rheumatica (Reasonable Hypothesis) (No. 19 of 2016) (Federal Register of Legislation No. F2016L00249) made under subsection 196B(2) of the VEA is repealed.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 polymyalgia rheumatica and death from polymyalgia rheumatica.

*Meaning of polymyalgia rheumatica*

- (2) For the purposes of this Statement of Principles, polymyalgia rheumatica:
- (a) means an inflammatory rheumatic disorder with the following characteristics:
    - (i) bilateral aching and stiffness involving the shoulder or proximal regions of the arms; or the hip or proximal regions of the thighs; or the neck or lower back;
    - (ii) elevated acute phase reactants (erythrocyte sedimentation rate and/or C reactive protein) or systemic symptoms such as malaise, fatigue and a low-grade fever; and

- (iii) occurring in the absence of other diseases capable of causing the musculoskeletal system symptoms; and
- (b) excludes polymyalgia rheumatica coexistent with giant cell arteritis.

Note: In patients with polymyalgia rheumatica who can take corticosteroids, there is a rapid response to corticosteroid therapy.

- (3) While polymyalgia rheumatica attracts ICD-10-AM code M35.3, in applying this Statement of Principles the meaning of polymyalgia rheumatica is that given in subsection (2).
- (4) For subsection (3), a reference to an ICD-10-AM code is a reference to the code assigned to a particular kind of injury or disease in *The International Statistical Classification of Diseases and Related Health Problems, Tenth Revision, Australian Modification (ICD-10-AM)*, Tenth Edition, effective date of 1 July 2017, copyrighted by the Independent Hospital Pricing Authority, ISBN 978-1-76007-296-4.

#### *Death from polymyalgia rheumatica*

- (5) For the purposes of this Statement of Principles, polymyalgia rheumatica, in relation to a person, includes death from a terminal event or condition that was contributed to by the person's polymyalgia rheumatica.

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 polymyalgia rheumatica and death from polymyalgia rheumatica 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 polymyalgia rheumatica or death from polymyalgia rheumatica with the circumstances of a person's relevant service:

- (1) being treated with immune checkpoint inhibitors within the 1 year before clinical onset or clinical worsening;

Note: Examples of immune checkpoint inhibitors include atezolizumab, avelumab, cemiplimab, durvalumab, ipilimumab, nivolumab, and pembrolizumab.

- (2) having a COVID-19 vaccine within the 4 weeks before clinical onset or clinical worsening;

- (3) inability to obtain appropriate clinical management for polymyalgia rheumatica before clinical worsening.

## **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 clinical worsening aspects of factors set out in section 9 apply only to material contribution to, or aggravation of, polymyalgia rheumatica where the person's polymyalgia rheumatica 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:

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

**polymyalgia rheumatica**—see subsection 7(2).

**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 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*.