

Perpetual Sick Leave and Seeking Disability Certificate in Patients with Osteo-Muscular Diseases

Case Report

Volume 1 Issue 2- 2024

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Article History

Received: October 04, 2024 Accepted: October 22, 2024 Published: October 23, 2024

Abstract

Diseases of the osteo-muscular system are among the leading in terms of the length of sick leave and declaration of disability of patients. This paper presents the case of a 62-year-old retired worker who was retired after a long-term sick leave with a low disability pension. He worked as an anti-corrosion worker in the shipyard for a total of 28 years, and for the last 10 years he was on sick leave, carrying out long-term physical therapies. He had surgery of the rotator cuff of the shoulder with the resulting contracture and a recognized disability of 30%. He also suffers from ankylosing spondylitis B 27, cervical and lumbar polydiscopathy, femoral pseudoarthrosis, and incipient knee osteoarthritis. The patient sued the Croatian Pension Insurance Institute, seeking additional disability benefits for his diagnoses, which were denied by the institutional expert bodies. An independent court expert in occupational medicine concurred with the findings of the official experts, as according to the Compulsory Health Insurance Act, he cannot receive greater disability status or financial compensation, since it does not involve a work-related injury or an occupational disease.

Keywords: Expert Witness, Osteomuscular Diseases, Physical Therapies, Occupational Medicine

Introduction

Arthritis is an inevitable part of the natural aging process [1]. Osteoarthritis, accompanied by joint destruction, is the leading cause of disability in the elderly population [2]. The most common cause of dislocation in the glenohumeral joint is X-ray-proven arthropathy [3]. Of course, various dislocations can also be influenced by increased physical activity and hard labor, as seen in the case of the worker described in this paper. This paper presents the case of a 62-year-old anti-corrosion worker who was granted disability retirement with 30% disability recognized due to contracture of the left shoulder following a rotator cuff surgery. The patient was declared unfit for work due to his diagnosis but with a low percentage of disability, which consequently resulted in very low pension income from the pension fund.

Case Report

This case presents a 62-year-old anti-corrosion worker at a shipyard who was retired due to incapacity for work. According to List I of disabilities from the Compulsory Health Insurance Act, People Gazette No 80/2013, the worker was recognized with 30% disability due to contracture of the left shoulder joint (he can raise his arm to shoulder

height) [4]. Cervical and lumbar polydiscopathy with EMG findings showing mild spinal nerve damage does not qualify the patient for disability benefits. The same applies to early-stage gonarthrosis and coxarthrosis. It should be noted that the patient was examined by a physiatrist, can perform a squat, and is able to stand on his heels and toes. The patient was diagnosed with HLA-B27 Ankylosing Spondylitis for which he receives immunotherapy from the physiatrist. The patient was retired with a small pension and is now suing the Croatian Health Insurance Fund (HZZO) and the Croatian Pension Insurance Institute (HZMO), seeking an increase in his disability percentage, which he believes he is entitled to.

Discussion

The court expert received an order from the Administrative Court to assess the mentioned case. The case is 'pro bono,' meaning it falls under the free legal aid system, which the patient/plaintiff was granted due to his small pension, so the expert is obliged to carry out the assessment free of charge. The expert immediately noticed the excessive volume of the case file, as the case has been ongoing for several years without resolution. The file approximately weighs around 15kg, so the expert had to use a large travel bag to carry it home for review.



It is evident from the court file that the patient/plaintiff tends to exaggerate, as there is practically no organic tissue that hasn't been examined. The patient complains of asthma, but all spirometry values are near 100%, indicating completely normal spirometry results. Additionally, the patient attempted to claim occupational asthma due to a proven allergy to rubber. He used a mask with rubber edges while working as an anti-corrosion worker at the shipyard. The dermatologist specialist was not provided with the mask for review, so the dermatologist could not conclude that it was an occupational disease, as neither could the specialists in occupational medicine whom he consulted at that time.

The patient is attempting to 'push' the condition of Ankylosing Spondylitis B27 [5] under neurological diseases, which, according to the Compulsory Health Insurance Act, is not acceptable. It is true that patients with spondylitis have a significantly higher occurrence of the abnormal gene compared to idiopathic spondylitis [6], but the patient is under treatment, and his mobility is satisfactory. In fact, movement and physical activity are recommended, according to professional conclusions [7].

In conclusion, the expert finds that the institutional expert bodies assessed the case correctly, and the patient/plaintiff is not entitled to a higher disability percentage.

Furthermore, the expert believes that such court proceedings should be urgently stopped to avoid wasting the time of the Court and the court expert, as well as the state's budget funds.

Generally, physiatrists, as well as family physicians, are unnecessarily burdened, and the scope of treatment needs to be brought within prescribed limits.

References

1. Dick L Willems (2021) System disease or wear and tear? *Ned Tijdschr* 165:D5994.
2. Swensson (2001) Arthrosis among the elderly. Conservative therapy as a first choice. *Lakartidningen* 98(18):2190-2195.
3. R L Samilson, V Prieto (1993) Dislocation arthropathy of the shoulder. *J Bone Joint Surg Am*65(4):456-460.
4. People Gazette (2013) The Law of Compulsory Health Insurance 80.
5. Muhammad A Khan (2023) HLA B 27 and Ankylosing Spondylitis: 50 years of insight and discoveries. *Curr Rheumatol Rep*25(12):327-340.
6. Fangjun Luo, Zhigang Zhao, Jianhang Leng (2019) Comparison of HLA B 27 subtypes between Chinese patients with ankylosing spondylitis and non ankylosing spondylitis carriers. *J Int Med Res*47(7):3171-3178.
7. Anne Kathrin Raush Osthoff, Karin Nieddermann, Jurgen Braun (2018) EULAR recommendation for physical activity in people with inflammatory arthritis and osteoarthritis. *Ann rheum Dis*77:1251-1260.

