

Compensation claims following ACL injuries reported to the patient insurance company (Löf) in Sweden in 2005-2014

Osama Omar 1, Dzan Rizvanovic 2, Markus Walden 3, Karl Eriksson 1, Björn Barenius 1, Anders Stålmán 4

1 Department of Orthopedics, Södersjukhuset, Karolinska Institute, Stockholm

2 Department of Orthopedics, Växjö Central Hospital, Stockholms sports trauma research center, Karolinska institute, Stockholm

3 Department of Orthopedics Hässeholm-Kristianstad Hospital, Linköping University

4 Capio Arthro clinic, Stockholms Sport Trauma Research Center, Karolinska Institute, Stockholm.

Acta Orthopaedica 2022; 93: 97–102

Background

Patients in the Swedish health care system are insured against avoidable adverse events via the Swedish national insurance company (Löf). We assessed the reasons for compensation claims reported to Löf following an ACL injury.

Methods

Claims in the patient insurance register with ACL injury 2005–2014 (ICD10 codes S83.5, S83.6, S83.7 or M23.5 + matching with SNKLR) n = 734

Claims excluded after review of medical records (n = 204):
 – not ACL related, 191
 – not entitled to compensation, care provider not included in the insurance, 13

Claims related to ACL injury n = 530

Accepted claims (n = 352):
 – postoperative septic arthritis, 158
 – suboptimal surgery, 67
 – delay in diagnosis and treatment, 55
 – nerve injuries, 35
 – wound and scars, 16
 – compartment syndrome, 4
 – others, 17

Denied claims (n = 178):
 – delay in diagnosis and treatment, 65
 – pain and stiffness, 42
 – suboptimal surgery, 18
 – wound and scars, 15
 – nerve injuries, 13
 – thrombosis, 8
 – others, 17

Results

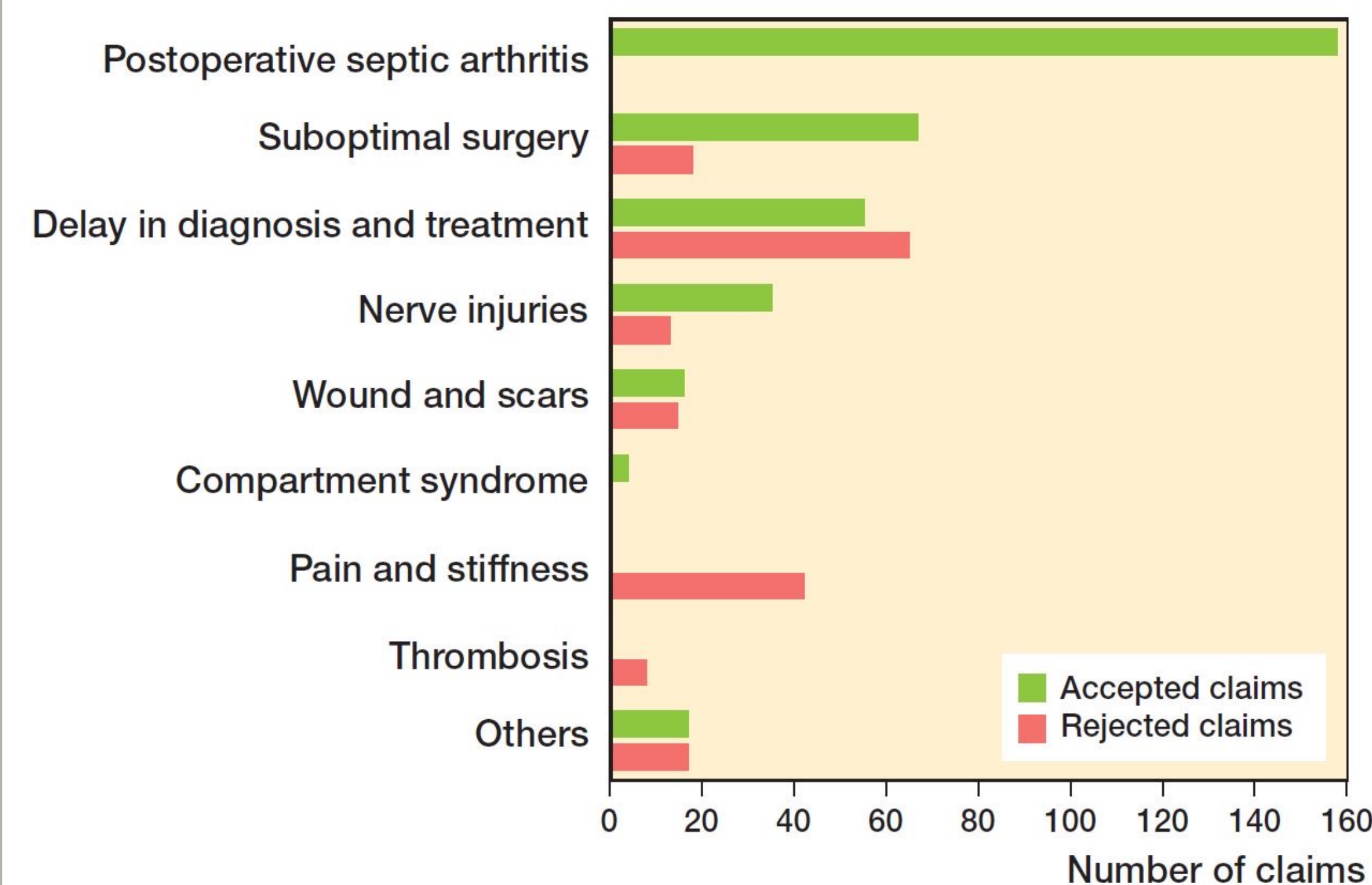


Figure 2. Number of accepted and rejected claims related to ACL injury in Sweden in 2005–2014 categorized according to cause.

- Post-operative septic arthritis was the most common cause for an accepted claim, followed by suboptimal surgery and delay in diagnosis and treatment.
- Fewer than 1% of ACL surgeries had a treatment error that was reported and deemed to be valid by Löf.
- We found evidence that there is a considerable degree of underreporting of patient injuries after ACL reconstructions.

- This study highlights the difference between complications and treatment errors that merit compensation; for example, a rejected claim was regarding a young patient who suffered pulmonary embolism 8 weeks after ACL reconstruction that led to death. Thorough assessment by the medical experts at Löf could not find any medical error and the compensation claim was rejected, although it was a catastrophic complication

Conclusions

- There are different reasons for accepting a compensation claim following an ACL injury, that represent different treatment errors that can be avoided.
- It is important that healthcare providers secure an active follow-up of ACL-injured patients, and in the case of adverse events, inform them of the opportunity to file a claim.
- For the surgeon, awareness of complications remains the prime prevention and wise surgeons take note.

Figure 1. Flow chart of patients and methods