DRN-5535451

The complaint

Mrs K complains that Western Provident Association Limited ("WPA") declined her claim under a private health insurance policy.

What happened

Mrs K has a representative on the complaint. For ease of reading, I've only referred to Mrs K in my decision. Any reference to her includes any information given by her representative.

Mrs K is covered under a private health insurance policy with WPA. The policy was transferred from another provider on 1 March 2017 on a Continued Medical Exclusions ("CPME") basis. This meant exclusions were added on the policy, and the relevant one for Mrs K was for inflammatory arthritis and related conditions.

Mrs K made a claim under the policy due to osteoarthritis. WPA declined the claim as it said this was a related condition to inflammatory arthritis. So, it said Mrs K's personal exclusion applied.

Mrs K said her consultant orthopaedic surgeon's diagnosis was primary osteoarthritis, and there was no sign of any inflammatory arthropathy. So, she didn't think WPA had acted fairly or reasonably by saying the conditions were related in her circumstances.

One of our investigators looked into what had happened. At first, he didn't think WPA had done enough to show it could fairly apply the exclusion on Mrs K's claim. But after WPA sent further evidence, our investigator changed his opinion. Ultimately, he thought WPA had done enough to show it had acted fairly and reasonably by declining Mrs K's claim due to her personal exclusion on the policy.

Mrs K didn't agree with our investigator's findings. As no agreement was reached, the complaint has been passed to me to decide.

What I've decided – and why

I've considered all the available evidence and arguments to decide what's fair and reasonable in the circumstances of this complaint.

Industry rules set out by the regulator (the Financial Conduct Authority) say insurers must handle claims fairly and shouldn't unreasonably reject a claim. I've taken these rules, and other industry guidance, into account when deciding what I think is fair and reasonable in the circumstances of Mrs K's complaint.

Key evidence

The relevant exclusion on Mrs K's policy says the following:

> *"[Mrs K] is not eligible for any investigations or treatment that is for, resulting from, or related to the following:*

- *Inflammatory arthritis*
- *Polymyositis*

[…]
A related condition is where a current UK body of reasonable medical opinion considers another symptom/disease, illness or injury to be associated with the excluded condition."

Mrs K's consultant orthopaedic surgeon provided a report in which he said the following:

> *"I confirm that I have had a good look at the x-ray images of both knees. They show bilateral primary Osteoarthritis affecting both medial and patellofemoral compartments, and also the lateral compartments of both knees to a lesser extent. I attach the x-ray report.*
>
> *There are no signs of any inflammatory arthropathy such as bone erosions, and no evidence of synovitis. Just to be clear therefore the diagnosis bilateral primary Osteoarthritis of both knees."*

WPA has referred to the NHS website for "Osteoarthritis" which says the following under "Causes of osteoarthritis":

> *"The exact cause is not known, but several things are thought to increase your risk of developing osteoarthritis, including: […]*
>
> - *other conditions (secondary arthritis) – osteoarthritis can happen in joints severely damaged by a previous or existing condition, such as rheumatoid arthritis or gout"*

Arguments made by both parties

Both parties have provided extensive arguments in support of their position. I've reviewed and considered everything they've said. However, I've focused on those that I consider to be material to the outcome of this complaint, as I'm required to do.

Mrs K has made the following key arguments:

- Medical literature confirms that inflammatory arthritis (or rheumatoid arthritis) and osteoarthritis are two distinct types of arthritis. And primary osteoarthritis occurs on its own with no known cause, and secondary occurs due to another underlying cause. Mrs K's consultant, an experienced orthopaedic surgeon, diagnosed her with *primary* osteoarthritis.

- Her consultant reviewed x-rays in 2023 and in 2024 and noted a deterioration in the condition in a relatively short period of time, leading to confirmation that the diagnosis was *primary* osteoarthritis.

- If primary osteoarthritis can't be diagnosed with x-rays alone, neither can secondary osteoarthritis which WPA considers Mrs K to have. However, the consultant also reviewed a high-resolution 3D CT scan to confirm diagnosis, and WPA hasn't requested a copy of this or the surgical notes.

- Mrs K's rheumatology consultant has also said her osteoarthritis wasn't secondary or related to her inflammatory arthritis as it had been stable and under control. The condition being under control is supported by Mrs K's medical history.

- WPA is relying on general knowledge of the conditions to apply the exclusion rather than assessing Mrs K's individual circumstances. WPA has also used non-UK based medical information in support of its position, which isn't in line with the policy wording.

WPA has made the following key arguments:

- WPA referred to the NHS website, as well as other (non-UK) medical sources which support that rheumatoid arthritis (which is a type of inflammatory arthritis) is a risk factor known to increase the risk of developing osteoarthritis. And that the current perception of osteoarthritis is that inflammation may also be one of the key factors in the occurrence and progression of the condition.

- Primary and secondary osteoarthritis are indistinguishable on an x-ray. Mrs K's consultant's letter only refers to him reviewing x-rays when confirming the diagnosis.

- Mrs K's medical records show that her knees have been symptomatic since 1998, and continuously since 2016. WPA also said that whilst Mrs K didn't have active inflammatory arthritis at the time her consultant examined her, this doesn't mean it wasn't the cause of her osteoarthritis. It said Mrs K had taken medication that helped to reduce inflammation for many years.

- Fundamentally, WPA says Mrs K's consultant hasn't explained why her conditions aren't related in sufficient detail.

- WPA noted that Mrs K also had inflammatory arthritis in other joints. Another consultant noted trouble with both 1st CMC joints in 2016. And in 2023 the consultant thought the pain in these joints was due to osteoarthritis. So, WPA considers that the osteoarthritis in Mrs K's joints is related to her long and well documented history of widespread inflammatory arthritis.

- Overall, WPA considers Mrs K's inflammatory arthritis to have contributed to her development of secondary osteoarthritis.

My findings

Firstly, it's important to note that both Mrs K's consultant, and WPA's medical advisor, are practicing orthopaedic surgeons. So, both parties have provided a medical opinion from equally qualified professionals in relation to the conditions in dispute here.

I'm satisfied that the NHS website information, as well as the medical sources WPA has referred to (albeit these are non-UK ones), support that rheumatoid arthritis increases the risk of developing osteoarthritis. So, I think WPA has done enough to show that these conditions are related as per the policy terms as the NHS considers the conditions to be associated with each other, whether the rheumatoid arthritis is previous or existing.

I've then considered if WPA applied the exclusion fairly in Mrs K's circumstances.

It's clear that Mrs K has a significant history of inflammatory arthritis in her knees. There are several medical reports between 2016 and 2023 where Mrs K's knees and inflammatory arthritis are mentioned. She was usually treated with injections to both knees. The first mention of osteoarthritis is in 2023 when Mrs K was diagnosed with severe osteoarthritis.

Mrs K's consultant diagnosed her with a primary osteoarthritis, but the only reference to how this diagnosis was arrived at was examining her x-rays. However, WPA has said whether the condition is primary or secondary is indistinguishable from an x-ray alone. I appreciate Mrs K's consultant may have reviewed other medical evidence as well, but this isn't detailed in the report. There's also no review of Mrs K's medical history mentioned.

Overall, I'm more persuaded by WPA's arguments on Mrs K's conditions being related based on the information on the NHS website and her medical history. WPA has said that if Mrs K's consultant can explain why, in his clinical opinion, he doesn't believe Mrs K's osteoarthritis is related to her inflammatory arthritis, it's happy to review its decision. I think this is fair and reasonable.

I'm sorry to disappoint Mrs K, but based on the information that's been provided so far, I don't think WPA has acted unfairly or unreasonably when it declined her claim, for the reasons it did.

My final decision

My final decision is that I don't uphold Mrs K's complaint.

Under the rules of the Financial Ombudsman Service, I'm required to ask Mrs K to accept or reject my decision before 17 July 2025.

Renja Anderson
Ombudsman