# *Administrative and Judicial Settlement of Medical Disputes in Algerian Social Security Law*

## *التسوية الإدارية والقضائية للنزاعات الطبية في قانون الضمان الاجتماعي الجزائري*



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**Abstract:** Medical disputes in social security law refer to disagreements between insured persons and social security institutions concerning medical assessments rather than the interpretation of legal provisions. These disputes typically arise from the evaluation of a health condition, the determination of disability rates, or the consequences of work-related accidents and occupational diseases. Due to their technical nature, their resolution depends primarily on specialized medical expertise. The legislator has therefore established a specific procedural framework adapted to their medical and professional character.

Algerian Law No. 08-08 provides for mandatory internal settlement mechanisms prior to judicial review, notably through medical expertise procedures and Provincial Disability Committees. While medical expert findings are generally binding, judicial intervention remains possible to ensure procedural legality and the protection of insured persons' rights. The social judge exercises supervisory authority over compliance with legal requirements and the conformity of administrative decisions with expert conclusions. This dual system aims to balance procedural efficiency with effective judicial protection.

**Keywords:** Medical disputes; Medical expertise; Social security law; Disability assessment; Judicial review.

**الملخص:** تشير المنازعات الطبية في قانون الضمان الاجتماعي إلى الخلافات بين المؤمَّن عليهم ومؤسسات الضمان الاجتماعي بشأن التقييمات الطبية، وليس تفسير الأحكام القانونية وتنشأ هذه المنازعات عادةً من تقييم الحالة الصحية، أو تحديد نسب العجز، أو تبعات حوادث العمل والأمراض المهنية. ونظرًا لطبيعتها الفنية، يعتمد حلها في المقام الأول على الخبرة الطبية المتخصصة. ولذلك، وضع المشرّع إطارًا إجرائيًا خاصًا يتناسب مع طابعها الطبي والمهني .

ينص القانون الجزائري رقم 08-08 على آليات تسوية داخلية إلزامية قبل اللجوء إلى القضاء، لا سيما من خلال إجراءات الخبرة الطبية ولجان العجز المحلية. وبينما تُعدّ نتائج الخبراء الطبيين ملزمة عمومًا، يبقى التدخل القضائي ممكنًا لضمان شرعية الإجراءات وحماية حقوق المؤمَّن عليهم. ويمارس القضاء سلطة إشرافية على الامتثال للمتطلبات القانونية ومطابقة القرارات الإدارية مع استنتاجات الخبراء. ويهدف هذا النظام المزدوج إلى تحقيق التوازن بين كفاءة الإجراءات وفعالية الحماية القضائية."

الكلمات المفتاحية: المنازعة الطبية، الخبرة الطبية، التسوية الداخلية، التسوية القضائية.

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## Introduction:

Medical disputes in social security law arise from disagreements concerning medical assessments rather than the interpretation of legal rules. They relate to the evaluation of an insured person's health condition, the determination of disability rates, or the recognition of occupational diseases and work-related accidents. Because their resolution depends primarily on specialized medical expertise, these disputes possess a technical character that distinguishes them from ordinary administrative or civil litigation. They therefore require specific procedural mechanisms capable of integrating medical assessment within a legal framework.

In Algeria, Law No. 08-08 establishes mandatory internal settlement procedures prior to judicial review. Medical expertise and Provincial Disability Committees function as primary mechanisms for resolving disputes before recourse to the social courts. Although medical findings are generally binding when conducted in accordance with legal requirements, judicial oversight remains available to ensure procedural legality and the protection of insured persons' rights.

The importance of this subject lies in the direct impact of medical determinations on entitlement to social benefits and income security. A decision recognizing or rejecting disability may significantly affect the insured person's social and economic stability. Ensuring fairness and procedural clarity in resolving such disputes is therefore essential for maintaining confidence in the social security system.

The central issue addressed in this study concerns the extent to which Algerian social security law succeeds in reconciling the binding authority granted to medical expertise and internal disability bodies with the insured person's right to effective judicial protection. In this regard, the study raises the following question: **To what extent has Algerian social security law succeeded in balancing the technical and mandatory nature of internal settlement mechanisms for medical disputes with the insured person's right to effective judicial protection?**

This study relies on a descriptive and analytical legal approach. The descriptive method is used to present the legal framework governing medical disputes in Algerian social security law, while the analytical method is employed to examine the relevant legal provisions, the procedural role of medical expertise

and disability committees, and the scope of judicial review exercised by the social courts.

This study addresses the question of whether the Algerian framework successfully reconciles the binding authority of medical expertise with the right to judicial protection. It first examines the internal settlement mechanisms governing medical disputes and then analyzes the scope of judicial review exercised by the social courts, highlighting the balance between technical expertise and legal control.

## Chapter One: Internal Settlement Mechanisms for Medical Disputes in Social Security Law

nternal settlement constitutes the primary stage in resolving medical disputes within the framework of social security law. It reflects the legislator's intention to address technically complex disagreements through specialized administrative mechanisms before resorting to judicial intervention. Given the medical nature of such disputes, their initial examination by competent medical bodies ensures both procedural efficiency and professional accuracy. This preliminary phase embodies the principle of prior administrative settlement, which seeks to reconcile rapid resolution with the protection of insured persons' rights.

Within this framework, internal settlement is structured around mechanisms adapted to the subject matter of the dispute. Disagreements concerning medical assessments are primarily addressed through medical expertise, whereas disputes relating to disability determinations are entrusted to the competent Provincial Disability Committee. Together, these mechanisms constitute the core of the internal settlement system and define the preliminary procedural path that must be followed before judicial review.

### Section One: Medical Expertise as an Internal Settlement Mechanism

Medical disputes in the field of social security are inherently technical in nature, as they arise from disagreements over medical evaluations concerning the insured person's health condition or degree of incapacity. Consequently, their settlement requires clarification of the legal meaning and nature of medical expertise, as the main procedural framework through which such disputes are initially examined.

This mechanism functions as the primary internal avenue of challenge against medical decisions issued by social security bodies. It enables the reassessment of contested medical determinations by an independent expert, according to specific procedural rules and legal effects, thereby ensuring that technical disagreements

are resolved on a professional and objective basis before any recourse to judicial review.

**Subsection One: The Legal Concept and Nature of Medical Expertise**

Understanding the legal concept of medical expertise is essential to determining its role within the settlement of social security disputes. This requires examining its definition, identifying its legal basis, and clarifying its specific nature in social security litigation, in order to assess the procedural and evidentiary effects arising from it.

**First: Definition of Medical Expertise**

Medical expertise constitutes a technical evaluative process entrusted to an independent and neutral physician for the purpose of assessing the physical or mental condition of an individual. In the context of social security disputes, it operates as a specialized mechanism for resolving disagreements between the insured person and the social security institution concerning medical determinations. It is not merely an advisory opinion, but a structured procedural instrument designed to clarify contested medical issues[1].

**Second: Legal Basis of Medical Expertise**

The legislator defined medical expertise in Article 95 of Executive Decree No. 92-276 relating to the Code of Medical Ethics[2]. According to this provision, medical expertise is an act through which a physician or dental surgeon appointed by a judicial authority or another competent body provides technical assistance to assess a person's physical or mental condition and to evaluate its legal consequences. This definition highlights the auxiliary yet decisive role of expertise in disputes of a technical nature.

**Third: Legal Nature of Medical Expertise in Social Security Disputes**

Although traditionally associated with judicial proceedings, medical expertise in social security law functions primarily as an internal administrative settlement mechanism. It serves as a preliminary stage of contestation against medical decisions issued by social security bodies. Its technical character justifies its central role in resolving disputes where legal consequences depend directly on medical findings, particularly in matters of incapacity and entitlement to benefits[3].

**Subsection Two: Procedural Framework and Legal Effects of Medical Expertise**

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[1]Smati El-Tayeb, *Medical and Technical Disputes in the Field of Social Security under the New Law*, Dar Al-Houda, Algeria, p 132.

[2] Executive Decree No. 92-276 of 6 July 1992, containing the Code of Medical Ethics, Official Gazette of the People's Democratic Republic of Algeria, No. 56.

[3] Smati El-Tayeb, Op. cit, p 138.

Medical expertise in social security disputes is governed by a specific procedural framework designed to ensure both technical reliability and legal certainty.

Its binding character is not absolute but depends on strict compliance with statutory requirements regulating its initiation, conduct, and effects. The following analysis therefore examines the procedural stages of expertise and the legal consequences arising from its findings**.**

**First: Initiation of the Expertise Procedure**

The procedure begins with a written request submitted by the insured person within fifteen (15) days from notification of the contested medical decision, in accordance with Article 20 of Law No. 08-08. The request must be accompanied by a medical report issued by the treating physician and deposited with the social security institution or sent by registered mail with acknowledgment of receipt. Failure to respect the statutory deadline results in forfeiture of the right to request expertise[1].

**Second: Appointment of the Medical Expert**

Pursuant to Articles 22 to 24 of Law No. 08-08, the medical expert is appointed by mutual agreement between the insured person—assisted by the treating physician—and the social security institution represented by its medical advisor. The institution must propose at least three experts from the approved list within eight (8) days of receiving the request.

In the absence of agreement, the institution appoints an expert from the official list within thirty (30) days, provided that procedural requirements are respected[2].

**Third: Conduct of the Expertise and Duties of the Expert**

Once appointed, the expert receives the complete medical file, including the opinions of both the treating physician and the medical advisor, as well as a summary of the dispute.

The expert must examine the insured person and issue a reasoned report within fifteen (15) days from receipt of the file, pursuant to Article 26 of Law No. 08-08. The insured is required to attend the examination, as unjustified absence leads to forfeiture of the right to expertise under Article 28[3].

**Fourth: Legal Effect and Binding Nature of the Expertise**

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[1] Law No. 08-08 of 02/02/2008 relating to Social Security Disputes, Official Gazette No. 11, issued on 23/02/2008, Article 20.

[2] Law No. 08-08, Op. cit.

[3] Law No. 08-08, Op. cit.

Article 19 of Law No. 08-08 provides that the results of medical expertise are binding upon the parties once conducted in accordance with legal requirements[1].

The binding force is conditioned upon procedural regularity and clarity of findings. While the expertise is intended to have final effect at the internal stage, judicial review remains admissible in cases involving procedural irregularities, lack of clarity, or non-conformity between the administrative decision and the expert's conclusions[2].

## Section Two: The Qualified Provincial Disability Committee

Pursuant to Article 31 of Law No. 08-08, the Qualified Provincial Disability Committee constitutes a decentralized administrative body established at the level of each province (wilaya). Its legal status and institutional composition reflect its specialized function in examining disability-related disputes within the social security system.

It exercises original jurisdiction to examine appeals lodged against decisions issued by social security institutions concerning disability, whether resulting from a work-related accident, an occupational disease, or an illness within the framework of social insurance. This competence is carried out according to specific procedural rules governing the filing of appeals, the conduct of deliberations, and the legal effects of its decisions[3].

Recourse to this Committee is a mandatory preliminary procedural requirement of public order. Failure to submit the dispute to the Committee prior to judicial action renders the claim inadmissible, while its decisions remain subject to judicial review before the competent court in order to ensure legality and protect the insured person's rights [4].

### Subsection One: Legal Status and Composition of the Provincial Disability Committee

The Provincial Disability Committee occupies a distinct position within the internal settlement system of social security disputes. Understanding its legal nature, institutional composition, and the rules governing the appointment and duration of its members is essential to determining the scope of its authority and

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[1] Law No. 08-08, Op. cit..

[2] Ben Sari Yassine, *Social Security Disputes in Algerian Legislation*, Dar Houma, Algeria, 2009.

[3] Law No. 08-08, Op. cit..

[4] Abdelrahman Khalifi, *Concise Guide to Labor and Social Security Disputes*, Dar Al-Ouloum for Publishing and Distribution, Annaba, 2008, p. 214.

the extent of judicial review over its decisions.

**First: Legal Nature of the Committee**

The Provincial Disability Committee is an administrative body created under Article 30 of Law No. 08-08. Although administrative in nature, it performs a quasi-adjudicative function by examining appeals against medical determinations related to disability.

Its composition reflects its technical orientation, as the majority of its members are medical professionals, thereby ensuring that decisions are grounded in specialized expertise[1].

**Second: Institutional Composition**

Article 2 of Executive Decree No. 09-73 specifies the Committee's composition as follows:

- A representative of the Governor (Wali), serving as Chairperson;
- Two expert physicians proposed by the Provincial Director of Health after consultation with the Regional Medical Ethics Council;
- Two medical advisors, one representing the National Fund for Social Insurance of Salaried Workers and the other representing the National Fund for Non-Salaried Workers;
- One representative of salaried workers nominated by the most representative trade union;
- One representative of non-salaried workers nominated by the most representative professional organization.

The Committee may also consult any qualified expert whose assistance is deemed necessary for its deliberations[2].

**Third: Duration of Membership**

Members are appointed for a renewable term of three (3) years by decision of the Minister in charge of Social Security. The legislator has not imposed a limit on the number of renewals, thereby leaving renewal discretionary within the administrative framework[3].

**Subsection Two: Procedural Operation and Decision-Making Process**

This subsection outlines the procedural framework governing the

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[1]Abbas Djamel, *Settlement of Medical Disputes in Algerian Social Security Law*, PhD Thesis, Faculty of Law, University of Oran, 2011, p. 178.

[2] Executive Decree No. 09-73 of 07/02/2009 determining the composition of the Qualified Provincial Disability Committee, Official Gazette of the People's Democratic Republic of Algeria, Article 2.

[3] Executive Decree No. 09-73 , Op. cit.

Committee's operation and decision-making process. It defines the conditions for valid deliberations, the appeal procedure and time limits, and the legal effects of its decisions. These rules ensure transparency, protect the insured person's rights, and uphold proper administrative functioning**.**

**First: Functioning and Deliberation**

The Committee convenes in ordinary session once per month upon the Chairperson's summons. It may also meet in extraordinary session at the request of the Chairperson or two-thirds (2/3) of its members. Decisions are adopted by simple majority pursuant to Article 5 of Executive Decree No. 09-73, with the Chairperson holding the casting vote in the event of a tie. Meetings are valid only if a majority of members are present; failing quorum, a second meeting is convened within fifteen (15) days regardless of the number of members present. Decisions are recorded in signed minutes and entered into a numbered and authenticated register[1].

**Second: Appeal Procedure Before the Committee**

The insured person may challenge a disability-related decision within thirty (30) days from notification of the contested decision, in accordance with Article 33 of Law No. 08-08. The appeal must be submitted in writing, accompanied by a medical report issued by the treating physician, and deposited with the Committee's secretariat against acknowledgment of receipt or sent by registered mail[2].

The Committee must render its decision within sixty (60) days from receipt of the written appeal. It is empowered to take all necessary investigative measures, including appointing medical experts, conducting examinations, or requesting complementary medical assessments[3].

**Third: Notification and Legal Effects of the Committee's Decision**

The Committee must notify its decision to the insured person and to the Provincial Director of the Social Security Agency within twenty (20) days of issuance, either by registered mail with acknowledgment of receipt or through an authorized officer. Filing an appeal before the Committee does not suspend the execution of the contested administrative decision, which remains enforceable

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[1] Executive Decree No. 09-73 of 07/02/2009 determining the composition and functioning of the Qualified Provincial Disability Committee, Official Gazette of the People's Democratic Republic of Algeria, Article 5.

[2] Law No. 08-08 of 02/02/2008 relating to Social Security Disputes, Official Gazette No. 11, issued on 23/02/2008, Article 33.

[3] Law No. 08-08 of 02/02/2008 relating to Social Security Disputes, Official Gazette No. 11, issued on 23/02/2008, Article 33.

until the Committee renders its final determination[1].

### Subsection Three: Judicial Review of the Committee's Decisions

After notification of the Committee's decision, the parties may challenge it before the competent judicial authority within thirty (30) days from receipt of notification, pursuant to Article 35 of Law No. 08-08[2]. The Committee's decisions are therefore subject to judicial review, ensuring conformity with legal standards and safeguarding the right to litigation at two levels. This appellate possibility reinforces the balance between specialized administrative adjudication and judicial oversight within the social security dispute resolution system[3].

## Chapter Two: Judicial Settlement of Medical Disputes in Social Security Law

Although the legislator has sought, through the various provisions governing social security disputes, to entrench the principle of prior internal settlement before recourse to judicial proceedings, such mechanisms do not always suffice to resolve disagreements.

Insured persons may continue to contest medical decisions relating to their health status or challenge determinations issued by specialized disability committees concerning the degree of incapacity. This persistence of disputes reveals the need to examine judicial intervention both in matters arising from medical expertise procedures and in those relating to disability assessments.

Accordingly, judicial settlement represents the ultimate stage in the resolution of medical disputes, ensuring legality, procedural fairness, and the protection of rights. It therefore raises the central question of how courts intervene in supervising expertise-related procedures and reviewing disability determinations, and what role the social judge plays within this technically specialized domain.

### Section One: Judicial Settlement of Disputes Relating to Medical Expertise Procedures

Although Article 19 of Law No. 08-08 grants binding and ostensibly final authority to medical expertise findings, judicial review remains available where procedural irregularities or substantive inconsistencies arise. In practice, disputes frequently concern the conditions under which expertise-related claims may be

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[1] Law No. 08-08 of 02/02/2008 relating to Social Security Disputes, Official Gazette No. 11, issued on 23/02/2008, Article 34.

[2] Law No. 08-08 of 02/02/2008 relating to Social Security Disputes, Official Gazette No. 11, issued on 23/02/2008, Articles 34–35.

[3] Abdelrahman Khalifi, *Concise Guide to Labor and Social Security Disputes*, Dar Al-Ouloum for Publishing and Distribution, Annaba, 2008, p. 221.

brought before the competent court, as well as the legality, clarity, and completeness of expert reports.

Judicial settlement therefore serves as a corrective mechanism, ensuring that the binding force of expertise is conditioned upon strict compliance with legal requirements. It also defines the supervisory role of the social judge in verifying procedural regularity, assessing the conformity of administrative decisions with expert conclusions, and safeguarding the rights of insured persons.

**Subsection One: Referral of Expertise-Related Disputes to the Competent Court**

Judicial intervention in expertise-related disputes requires prior determination of the competent court and the applicable jurisdictional framework. This necessarily involves clarifying the jurisdiction of the Social Court, the conditions governing the admissibility of claims, and the procedural remedies available, in order to ensure procedural regularity and effective judicial protection.

**First: Jurisdiction of the Social Court**

Pursuant to Article 19 of Law No. 08-08 and Article 500 of the Code of Civil and Administrative Procedure, jurisdiction over disputes relating to medical expertise procedures lies with the Social Division of the court of first instance.

Territorial jurisdiction is determined by the domicile of the social security fund, which is generally the defendant in medical disputes[1].

**Second: Admissibility Requirements**

For the claim to be admissible, it must satisfy the general procedural conditions set out in Articles 13, 14, and 15 of the Code of Civil and Administrative Procedure[2].

The statement of claim must be accompanied by a copy of the contested administrative decision and must clearly invoke violations of Articles 19 and subsequent provisions of Law No. 08-08 governing expertise procedures[3].

Judicial review is justified where procedural defects are alleged, such as irregular appointment of the expert, failure to respect statutory time limits, appointment outside the approved list, lack of clarity or completeness in the expert report, or inconsistency between the administrative decision and the expert's

[1] Law No. 08-08, Op. cit.
[2] Law No. 08-09 of 25/02/2008 containing the Code of Civil and Administrative Procedure, Official Gazette No. 21, Article 500.
[3] Law No. 08-08 , Op. cit.

findings[1].

**Third: Time Limits and Remedies**

Law No. 08-08 does not expressly prescribe a specific time limit for initiating judicial proceedings concerning expertise procedures, given the binding nature of expert findings. However, the social security institution is required to notify the insured of the expertise report within ten (10) days pursuant to Article 27. Judgments rendered by the Social Division are subject to appeal and cassation in accordance with general procedural rules[2].

**Subsection Two: The Role of the Social Judge in Expertise-Related Disputes**

The intervention of the social judge in expertise-related disputes is primarily supervisory in nature. It aims to ensure that the binding force of medical expertise remains dependent on procedural legality, while allowing the judge, where necessary, to assess substantive inconsistencies and apply appropriate procedural consequences.

**First: Review of Procedural Legality**

The binding and final character of medical expertise is contingent upon the regularity of its procedure. The social judge verifies compliance with statutory time limits, proper appointment of the expert, respect for the adversarial principle, and the clarity and completeness of the report. Where procedural irregularities are established, the judge may annul the contested administrative decision[3].

**Second: Judicial Powers in Substantive Assessment**

Where necessary, the judge may order a judicial expertise before ruling on the merits, particularly if the social security institution failed to act within prescribed time limits or if the expert report is ambiguous or incomplete.

If the administrative decision contradicts clear and valid expert findings favorable to the insured, the judge may annul the decision and uphold the binding conclusions of the expertise[4].

**Third: Procedural Sanctions**

Conversely, the judge may declare the claim inadmissible where the insured failed to comply with mandatory prior procedures, such as prematurely seizing the court without exhausting the internal expertise process. In this way, judicial intervention operates both as a mechanism of protection for insured persons and

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[1] Ben Sari Yassine, *Social Security Disputes in Algerian Legislation*, Dar Houma, Algeria, 2009, p. 143.

[2] Law No. 08-08, Op. cit.

[3] Abbas Djamel, , Op. cit, p. 203.

[4] Abdelrahman Khalifi, Op. cit, p. 247.

as a safeguard for procedural discipline within the social security dispute system[1].

## Section Two: Judicial Settlement of Disputes Relating to Disability Determinations

Article 35 of Law No. 08-08 provides that decisions issued by the Qualified Provincial Disability Committee may be challenged before the competent judicial authority within thirty (30) days from the date of notification. Judicial settlement thus constitutes the subsequent phase following the mandatory administrative review before the Committee. It ensures judicial oversight of disability-related determinations while preserving the insured person's right to litigation at two levels.

### Subsection One: Referral of Disability-Related Disputes to the Competent Court

The determination of the competent court in disability-related disputes reflects a significant evolution in legislative and judicial practice. Examining this development is essential to understanding the current jurisdictional framework governing appeals against decisions of the Provincial Disability Committee.

#### First: Evolution of Jurisdiction

Under the former Law No. 83-15 governing social security disputes, appeals against decisions of disability committees were brought directly before the Supreme Court. Following the amendment introduced by Law No. 99-10, jurisdiction was reassigned to the "competent judicial authority" without explicit clarification. Initially, the Supreme Court maintained jurisdiction, considering the quasi-judicial composition of disability committees, which were chaired by a judge of appellate rank[2].

However, under Law No. 08-08, judicial practice evolved[3]. Jurisdiction is now vested in the Social Division of the court of first instance. This development reflects the legislative intent to entrust substantive review to trial judges, thereby ensuring access to a two-tier judicial system with the possibility of cassation before the Supreme Court. The Supreme Court subsequently affirmed this interpretation in its decision of 7 January 2010 (No. 566311), explicitly recognizing the jurisdiction of the Social Division[4].

#### Second: Time Limits and Procedural Conditions

The appeal must be filed within thirty (30) days from notification of the

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[1] Ben Sari Yassine, , Op. cit, p. 158.

[2] Law No. 83-15 relating to Social Security Disputes; Law No. 99-10 of 11/11/1999 amending Law No. 83-15.

[3] Law No. 08-08, Op. cit.

[4] Supreme Court Decision of 07 January 2010, No. 566311.

Committee's decision, as stipulated in Article 35 of Law No. 08-08. Compliance with this time limit is mandatory[1]. Furthermore, recourse to the Provincial Disability Committee constitutes a prerequisite of public order; failure to exhaust this administrative stage renders the judicial claim inadmissible. The court may raise this procedural defect ex officio[2].

**Subsection Two: The Role of the Social Judge in Reviewing Disability Committee Decisions**

In reviewing decisions of the Provincial Disability Committee, the social judge exercises control over both procedural compliance and formal validity. This review ensures that the Committee's determinations conform to statutory requirements and respect the guarantees of due process**.**

**First: Review of Procedural and Formal Legality**

The law requires that decisions of the Provincial Disability Committee be reasoned, substantiated, and free from contradiction. The social judge verifies the regularity of the Committee's composition, the proper designation and capacity of its members, compliance with statutory time limits, and adherence to its legally defined competence.

The judge also examines whether the decision adequately reflects the medical file, including examination results, the opinions of the treating physician and medical advisor, and any expert reports[3].

**Second: Substantive Review and Evidentiary Assessment**

Although the Committee's decision carries significant technical weight, it does not bind the court. The social judge retains full authority to assess the legality and merits of the contested determination. Where necessary, the judge may order a judicial expertise to reassess the insured person's health condition, determine the degree of incapacity, or clarify issues such as the date of recovery or stabilization. In this context, expert reports constitute evidentiary elements subject to the judge's discretionary evaluation[4].

**Third: Judicial Protection and Limits of Intervention**

Judicial review ensures that disability determinations comply with both procedural safeguards and substantive legality. While the Committee's decision may satisfy the parties and preclude further litigation, it remains subject to judicial control to guarantee the protection of insured persons' rights. At the same time,

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1 Law No. 08-08, Op. cit..
2 Ben Sari Yassine, Op. cit, p. 166.
3 Abbas Djamel, , Op. cit, p. 289.
4 Abdelrahman Khalifi, Op. cit, p. 269.

the judge enforces procedural discipline by declaring claims inadmissible where mandatory prior recourse to the Committee or statutory time limits have not been respected. Thus, judicial intervention operates as a mechanism of balance between administrative expertise and the rule of law.

**Conclusion:**

The settlement of medical disputes in Algerian social security law reflects a structured legal framework designed to address the technical nature of health-related disagreements while preserving judicial guarantees. The legislator has established a dual mechanism combining mandatory internal procedures—particularly medical expertise and review by the Provincial Disability Committee—with subsequent judicial oversight. This structure seeks to ensure that disputes grounded in medical assessment are initially resolved by specialized bodies, without excluding the supervisory role of the social courts.

At the same time, the system demonstrates a constant search for balance between administrative efficiency and effective judicial protection. While medical expertise is granted binding force when conducted in compliance with statutory requirements, such binding authority remains conditional upon procedural regularity and substantive clarity. Judicial intervention therefore operates not as a substitute for medical assessment, but as a safeguard ensuring legality, fairness, and the protection of insured persons' rights.

The study confirms that medical disputes constitute a distinct category within social security litigation, characterized by their technical specificity, their direct impact on social rights, and the mandatory nature of prior administrative recourse. Strengthening coherence between internal and judicial stages remains essential for enhancing legal certainty and reinforcing confidence in the system.

**Key Findings**

1. Medical disputes in social security law are fundamentally technical in nature, as they arise from medical assessments directly affecting entitlement to benefits.
2. The legislator has established mandatory internal settlement mechanisms that constitute preliminary procedural requirements of public order.
3. The binding force of medical expertise is conditional upon strict compliance with procedural safeguards and clarity of findings.
4. Judicial review plays a corrective and supervisory role, ensuring conformity of administrative decisions with legal and procedural standards.
5. The dual structure of administrative expertise and judicial oversight reflects an effort to reconcile technical specialization with the right to effective

judicial protection**.**

## Recommendations

1. Strengthen and clarify procedural safeguards governing medical expertise to ensure transparency and legal certainty.
2. Establish explicit statutory time limits for initiating judicial challenges concerning internal expertise findings.
3. Ensure strict adherence to medical specialization when appointing experts in both administrative and judicial phases.
4. Enhance the adversarial character of expertise procedures by allowing broader participation of relevant medical professionals.
5. Promote consistency between administrative decisions and expert findings to reduce litigation and improve institutional credibility.

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