

Severe multiple upper limb fractures and nerve injury as a result of contact with hot steel bars

The 41 year old employee was going about his job as a steel foundry machine operator on 28 January 2011 when a machine fault with a crane caused two heavy very hot steel bars to hit him. The bars hit his right arm and due to their weight and heat they caused significant soft tissues injury, burns and multiple fractures.



Rehabilitation

- The fractures to his right upper and lower arm were significant and required internal fixation with metal work to facilitate healing. The Injured Party (IP) also had poor movement in his right arm due to nerve damage and required a nerve transplant from his leg to restore some function. Post surgery, the fractures were not uniting as expected and despite intensive NHS physiotherapy the IP continued to have reduced sensation and function in his right arm. Initially it seemed unlikely that he would be able to return to his pre-injury role which was very heavy in nature given he was struggling to perform activities of daily living such as eating and dressing.
- The case was referred to the QBE Rehabilitation Team in September 2011 who subsequently made a referral to one of their panel treatment providers to perform an assessment.

Key facts

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| Total cost of rehabilitation | £42,912 |
| Estimated Return to Work saving in days with Rehabilitation | RTW deemed unlikely using MDA* |
| Cost savings due to rehabilitation intervention | >£50,000 |

*MDA - Medical Disability Advisor



The case manager

- A face to face assessment was carried out on 6 September 2012 to determine the IP's immediate needs and help to develop a rehabilitation plan to assist his recovery and return to work. Following the assessment the case manager ordered home equipment to allow him to independently eat, dress and bathe.
- The case manager liaised with the IP's health professionals and helped organise x-rays, nerve conduction studies, physiotherapy and occupational therapy. Medical information collected by the case manager was able to be shared with all parties including the insured, claims handler and the claimant solicitor. Again initial feedback from the orthopaedic consultant indicated that the IP was unlikely to return to work (RTW) in his previous capacity.
- Following a period of further recovery his arm function increased, but after further investigations it was established the IP required additional surgery to remove the metal work in his arm.
- After additional surgeries the case manager conducted a work site assessment in February 2012 and a graded return to work programme was agreed by all parties. The agreed RTW plan made it simpler and quicker for the IP to commence work following his surgery with the consultant's agreement.
- The IP commenced his RTW on 5 March 2012. The return to work helped the claims handler facilitate settlement in March, only 13 months after receiving the letter of claim.

Results

- The IP commenced the graded return to work programme on 5 March 2012, 14 months after the date of injury. A RTW was achieved when initially it seemed unlikely. Had the IP been unable to return to work (RTW) with the insured alternative vocational options would have been limited as he had little transferrable vocational skills and would have meant he would have had to have undergone some costly vocational retraining. The RTW helped facilitate a quicker settlement which meant reduced claim costs.

Further information

If you would like any further information or advice on our rehabilitation service please contact the QBE Rehabilitation Team on +44 (0)20 7105 4000.

For more information on QBE visit:

www.QBEurope.com/rehabilitation or contact your broker.

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