

## Severe injury to right upper limb following a fall at work

On 16 July 2010 a 56 year old scaffold labourer suffered severe right arm injuries after falling from height from scaffolding. The injuries he suffered were: Open fracture to his right wrist. Dislocation of his right elbow. Median nerve damage to his right arm. Psychological trauma.



### Rehabilitation

- The IP (injured party) was referred to the QBE Rehabilitation Team on 24 September 2010 by an external claims adjuster working on behalf of QBE. The IP had already received surgery to relocate, wire and pin his fractured wrist and manipulate his dislocated elbow back into position. Post surgery the IP had on-going sensation problems and was suffering from psychological flashbacks as a result of the accident.
- The IP had worked as a scaffold labourer since leaving school and had very limited English. Early medical information was limited however initial thoughts were that given the high physical demanding nature of his work that he would be unable to return to his previous employment. The IP had limited transferable vocational skills having only ever worked in a manual capacity so if a return to work was unachievable seeking alternative employment would be difficult. The insured had no scope for the IP to return on alternative or light duties so only a return to work back to pre-injury duties and hours was available.
- The employer contacted QBE directly to notify of the injury and enquire whether any assistance could be offered rehabilitation wise as the file was pre-claim. All parties agreed to rehabilitation input in line with the rehab code (2007) and an independent case manager was appointed on 10 October 2010. A rehabilitation assessment was conducted on 14 October 2010 to identify any rehabilitation needs that were not being met or delivered via the NHS.



*“Through early intervention, rehabilitation services assisted the Injured Party (IP) back to his pre-injury role and 10 months after his initial injury. To date no formal claim has been received for the above injury. If a formal claim had been made the loss of earning component of the claim could have been significant considering the IP was on a weekly wage of £600 and was 9 years off retiring, assuming the IP was planning to retire at 65.”*

*QBE external panel claims handler*

- The case manager identified the IP would benefit from psychological input in liaison with the IP’s GP. There was a significant waiting list for NHS psychological services therefore this treatment was expedited privately.
- The IP lived alone and could no longer drive due to the nature of his injuries. The IP lived in a remote location and public transport was poor and unreliable. The case manager organised a private taxi account to be set up so that he could attend his medical appointments.
- As medical treatment neared completion the case manager completed a worksite assessment to determine whether the IP could return to his pre-injury duties. After the worksite assessment it was established the IP could return to his pre-injury role.

**Key facts**

Total cost of rehabilitation	£5,050.90
Potential loss of earnings had a claim been made	£259,200
No formal claim received to date	

**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](http://www.QBEurope.com/rehabilitation) or contact your broker.

**The case manager**

- After surgery the IP received post operative physiotherapy via the NHS however the treating orthopaedic consultant advocated additional physiotherapy in order to maximise functional recovery. The case manager therefore organised additional hand physiotherapy input privately.
- At the time of assessment the IP was not receiving any care or investigations to establish a diagnosis and prognosis for his on-going sensation problems in his right arm. The case manager liaised with the IP’s GP and ensured the appropriate care was engaged via the NHS. It was established that the required treatment on the NHS could be accessed in a timely manner and there was a minimal waiting list and therefore there was no benefit or justification to fund this treatment privately.

**QBE Insurance Group**

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