

Memo on the results of Rehab's activities during its first two years of operations

by Jørgen Gawinetski



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In late 2002, twenty insurance companies and a rescue operator decided to set up Rehab a/s for the purpose of providing consultancy and assistance to its founding shareholders in cases involving claims for insurance benefits due to personal injury.

Rehab became operational in March 2003, and in the two years since then it has registered 190 cases of which several have not yet been concluded.

This may seem a relatively slim basis for drawing any final conclusions, but it is time to take stock and give a preliminary answer to the question 'Does Rehab make a difference?' The case studies below are typical of the kind of claims referred to Rehab.

Case study no. 1: Karl

This study is about a 42-year-old male – we will call him Karl – who lives with his wife and their two sons aged 10 and 11 in a newly-renovated house on what was previously a smallholding, in a rural setting in Northern Sealand.

In November, Karl was involved in a traffic accident. He was driving a moped when he was hit by a car. He was subsequently brought to the casualty ward complaining of pains in his left wrist, left knee and the lower part of his right arm. Two days after the accident Karl returned to the casualty ward with a severe throbbing headache, and it was decided to admit him for observation for concussion at the hospital in Helsingør.

At the time of the accident, Karl was a

student at a training college for preschool teachers and also worked as a temp in childcare institutions. He was originally trained as a metal worker and had worked for several years in that capacity. He also used to be an active trade unionist and was elected shop steward at one of the enterprises where he worked. Health problems in the form of hypermobile joints and the facet syndrome (back trouble) made him decide to leave the metal-working industry and find work that would be less of a burden for his back. He sent an application to the local welfare office asking for rehabilitation benefit for the duration of his studies at the teachers' training college, but the application was refused.

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Rehab got involved in the case at the stage when the refusal of the application was being considered by the welfare board on an appeal brought by Karl with the assistance of the trade union.

During his studies at the teachers' training college, Karl's sources of income were student grants and his work as a temp. Later, when his state of health made it impossible for him to attend classes, he had to put his studies on hold due to illness. This left him with sickness benefit from the local welfare office as the only source of income.

What did Rehab do?

The case was referred to Rehab by the insurance company of the driver at fault in February 2004, just under three months after the accident.

The medical data obtained in the case were insufficient, and Rehab's medical consultant obtained the necessary information before the first meeting between Karl and Rehab's social worker was arranged. At the meeting, which took place in Karl's home some two weeks after the referral to Rehab, it became clear to Rehab's employee that Karl's relationship with the local welfare office was somewhat strained due to a previous case in which he – as explained above – had submitted an application for rehabilitation benefit in connection with the switch from a job in the metalworking industry to the teachers' training college. It would therefore be upon Rehab to try to restore the relationship between Karl and the local welfare office, so that the parties could make a joint effort to plan a future for Karl, in particular in relation to his employment prospects.

Furthermore, Rehab's doctor found that, in order for Karl to move on, he would need to see a psychologist, not least because he found it difficult to think about the future after the accident.

What Rehab did was to arrange a meeting

between Karl's welfare officer, the welfare officer's superior, a representative from the trade union, Karl and Rehab's employee.

The outcome of the meeting was that the welfare office agreed to a review of Karl's case on the basis of the medical data now available. After an assessment of the case by the county authorities and a new meeting with representatives of the local welfare office, the latter decided to change its former decision. Karl was granted rehabilitation benefit enabling him to resume his studies at the teachers' training college.

It should be added that the insurance company took a positive view of the recommendation for sessions with a psychologist made by Rehab's medical consultant and granted Karl fifteen such sessions.

Did Rehab make a difference?

The answer is yes.

Karl established a reasonable relationship with the local welfare office as a result of which the latter changed its previous refusal and granted him rehabilitation benefit, thereby enabling him to take up his course of study.

Case study no. 2: Charlotte

In October 2003, Charlotte – aged 21 and a cabinetmaker's apprentice – was involved in a head-on collision with another car which, despite double continuous white lines, travelled on the wrong side of road. Charlotte was trapped in her seat and only got out of the car thanks to a rescue team. The car burned out.

Charlotte suffered a broken jaw and several broken ribs, both her heels were crushed and one of her knees was severely injured.

After a long period in hospital, Charlotte went to stay with her parents. She was still confined to bed, and it was not until two months after the accident that she became ambulatory.

What did Rehab do?

The case was referred to Rehab by the insurance company of the responsible motorist in March 2004, some 5 months after the accident. Already on the next day, a social worker from Rehab contacted Charlotte, who was still living with her parents although she has her own flat.

As mentioned above, Charlotte worked as an apprentice to a cabinetmaker, and her apprenticeship was scheduled to end in the summer of 2004. Because of the accident and the medical implications, she had had to put her in-school training and the final test to become a journeyman on hold.

Charlotte strongly doubted her prospects of ever being able to work as a cabinetmaker, in particular because of her knee injury.

According to the Rehab employee, Charlotte got such strong support from her family that it would be possible to focus Rehab's assistance on her employment prospects. Charlotte realised that, although she might be able to complete the apprenticeship process and become a journeyman, she was unlikely ever to work as a cabinetmaker. She believed this to be a great loss, and Rehab would now have to help her get retrained for a profession that she would be able to handle.

In June a meeting was held with the local welfare office. Charlotte's case was discussed, and the welfare office acknowledged that Charlotte was entitled to rehabilitation benefit.

Charlotte was depressed because of her future job situation, especially now when the time for the final journeyman's test was approaching. Rehab's doctor recommended sessions with a psychologist, and Charlotte later stated that she had found these sessions very useful. Rehab arranged for the number of sessions to be raised, and part of the resulting costs were later paid by the insurance company.

As early as in August, Charlotte began preparing for attending the local Adult Vocational Training Centre, and she enrolled on a

couple of courses under the Higher Preparatory Examination programme in an attempt to find another career path than the one she had planned for before the accident.

Did Rehab make a difference?

The answer is yes, perhaps.

- Charlotte got a full overview of her rights with regard to rehabilitation benefit from the local welfare office. She had not been aware of this opportunity until Rehab's employee informed her about it.
- A dialogue was established with the local welfare office.
- Sessions with a psychologist were arranged and had a beneficial effect.
- Throughout the process, Rehab's employee acted as sparring partner to Charlotte in her deliberations on the future.

I use the word 'perhaps' because of the very strong support given to Charlotte by her parents. She might have been able to move on with her life on the basis of their help alone. However, whether or not that is the case, despite her physical disabilities Charlotte is now more optimistic about her future.

Case study no. 3: John

In November 2003, John – aged 35 and working as a pre-school teacher in a public institution – was involved in a collision with another car whose driver failed to yield right-of-way. When the accident happened, John was driving his eldest child to school. A younger child was at home, alone and in bed due to illness.

While the child suffered only minor injuries in the accident, the father probably sustained a whiplash injury. They were both taken to hospital in an ambulance after the accident, but the driver at fault was also in the ambulance and John found this to be highly traumatic.

John couldn't stop thinking about the ill child who was left at home alone, and he

therefore refused to be taken to the casualty ward.

John did go to work the next day, but after a couple of days he began experiencing the well-defined symptoms of a whiplash injury, and this caused him to be off work for a long period. The local welfare office took over and put pressure upon him to return to work.

What did Rehab do?

The case was referred to Rehab by the insurance company in April 2004, some 5 months after the accident. At this stage John was once more off work due to illness. He had tried to return to work on a part-time basis but had been forced to give it up after six weeks due to pains in his arms, neck and left leg.

The insurance company referred the case to Rehab fearing that, depressed by the slow or non-existing improvement in his state of health, John might give up the fight and suffer a considerable loss of employability.

Immediately upon the referral of the case, Rehab's social worker arranged a home visit during which an action plan was agreed with John. The main objective was to establish a sustainable personal contact with John in order to identify the ways in which the accident had affected him and his wife and their three children. This would be followed by a mapping out of the medical implications, and there would also have to be interviews with local welfare officers and John's employer.

Rehab's medical consultant was asked to have a look at the case, and she found the medical data available to be insufficient. The local welfare officer agreed, and so Rehab arranged for John to undergo examinations, including a scan, at the local hospital.

This revealed an injury to one of the vertebrae in the neck – but it was not until now, almost 9 months after the accident, that the injury was discovered.

Against this background it became Rehab's primary duty to arrange for a full medical

examination of the injury and, on that basis, to organise a relevant medical pathway for John with the ultimate goal of enabling him to get back to work.

It should be noted that Rehab's records clearly show that, because of the long period of uncertainty from the time of the accident and until the diagnosis was made, John had actually lost courage and, more specifically, had lost faith in a 'system' in which his own GP and the welfare office had been able to handle the case on a very slim basis.

John later attended job training and worked at a library.

Did Rehab make a difference?

The answer is yes.

Rehab got involved in the case at a time when it had reached deadlock due to a lack of communication between the GP and the local welfare office. Rehab intervened by arranging a full medical examination of John by a specialist and a hospital. This solved the deadlock problem by providing a basis for an evaluation of John's prospects of employment.

Postscript

The cases quoted above clearly show that it is difficult to judge whether or not they have had any financial implications for the insurance companies involved. However, it is my preliminary conclusion that, in cases involving serious personal injury, intervention in the medical pathway, etc., may help contain the potential costs of long periods of income loss and reduced employability. However, it is not possible at the present stage to express this in monetary terms.

I further expect that, because of Rehab's intervention in the settlement of these cases, fewer of them are likely to be reopened at a later stage. This would be in keeping with the experience gained in Norway.