

# Susan case study

## Injury notification: Friday, 11 November 202X

Susan works as a Customer Service worker.

Susan has been off work since 3:30pm on 11 November 202X with a diagnosis of right wrist and forearm strain related to data entry.

Certificate of capacity indicates Susan has no capacity for work until 25 November (2 weeks).

## Early contact (week commencing 14 November)

### Phone call to employer on Monday, 14 November 202X

The employer was unable to determine the specific incident leading to injury. Susan had been having difficulty keeping up with her work over the last few months. The business had taken on a new contract resulting in an increase in work and changes to business systems and processes. Susan had raised concerns about her workload, and dissatisfaction and frustration in relation to recent changes.

On Friday, 11 November Susan advised her manager that she had experienced an increase in right wrist and forearm pain. Susan left work to attend a GP appointment that afternoon.

The employer attempted to contact Susan on the morning of 14 November. Susan's daughter answered and explained Susan 'was too upset to speak' and would not be attending work as she had 'been signed off' by her doctor. The certificate had been sent to the office over the weekend.

Susan's key responsibilities include data entry, accounts payable, customer service and complaints. The employer had not considered suitable work to support recovery.

### Phone calls to Susan

Susan reported increasing pain in her right (dominant) wrist and forearm over the past 6 months prior to reporting her injury. She thought she would get better at first and delayed reporting her symptoms as she was worried about causing problems at work. On her last day of work, before reporting the injury, she was required to enter data all day without breaks to meet an urgent request from her manager.

Susan indicated her work demands had increased over time. She felt she was unable to keep up with the demands of the role and felt her manager was 'overly critical and unsupportive'. Susan indicated that she was 'not ready to talk to her manager directly' as she was angry that nothing had been done before now, and she did not expect anything to change when she returned to work.



### Susan also reported:

- difficulty sleeping due to pain which was making her ‘tired and teary’
- she was upset about having to stop playing social tennis with friends due to her injury
- her injury had impacted her ability to care for her young grandchildren.

Susan explained her situation to Dr Adams who ‘signed her off work’ to give her time to start physiotherapy and sort out something at work. She didn’t know when she would be able to return to work (RTW).

### Contact with nominated treating doctor (NTD)

The insurer made a phone call to the NTD, but they were unable to talk as they were with a patient. As a result, the receptionist requested any information to be sent via email. The insurer sent an email to the NTD requesting injury information and recovery timeframe.

## Week two (week commencing 21 November)

### Insurer phone call to employer

The employer confirmed suitable work was available however the work involved typing/data entry and there were concerns this might aggravate Susan’s injury if she returns. The employer has had no further contact with Susan. The insurer explained the role of a workplace rehabilitation provider (WRP). The employer agreed to a workplace assessment.

### Insurer phone call to Susan

Susan advised she was still experiencing pain in her wrist and forearm however it had improved since she stopped working. She reported physiotherapy treatment had also been helpful, mainly because she understood more about what she could and couldn’t do.

Susan confirmed she had not spoken with her employer and was anxious about returning to work, although she recognised she was ‘going to have to do this at some stage’. Susan expressed concerns that her pain will increase when she returns to work because her job has not changed.

The insurer explained the role of a WRP. Susan agreed to the involvement of a WRP to do a workplace assessment, develop a RTW plan, and support her to communicate with her manager. The possibility of a case conference with Dr Adams was also discussed.

Susan felt that she did not need psychological support at this stage but agreed she would talk to Dr Adams about this at her review on Friday. Susan also agreed to speak to the doctor about the questions sent by the insurer and when she might be able to start a gradual RTW.

### Insurer contact with WRP

The insurer made a phone call to the WRP and provided relevant information for referral. The insurer requested the WRP contact Susan and the employer to schedule a workplace assessment and possible case conference. They also agreed the WRP will contact the physiotherapist. A referral was completed and emailed to the WRP.

## Week three (commencing 28 November)

### Email from WRP to insurer

The WRP confirmed contact had been made with Susan and her employer. A workplace assessment had been scheduled for Thursday. The insurer made a phone call to Dr Adams to schedule a case conference following a workplace assessment.

### Susan phone call to insurer

Susan advised Dr Adams had ‘signed her off work for another two weeks’ until her work situation had been addressed. Susan confirmed she had sent her certificate to her employer, the insurer and the WRP.

Susan confirmed she had spoken to the WRP by phone,

and a workplace assessment had been scheduled for Thursday. Susan expressed she was feeling ‘quite anxious’ about this, did not feel ready to ‘deal with all that’, and wanted to make sure her wrist was better before she returned to work.

The insurer discussed with Susan the purpose and development of her Injury Management Plan (IMP).

Susan confirmed her goals were to:

- return to her pre-injury work (safely and sustainably)
- gradually return to playing tennis
- return to being ‘her usual self’ (not feeling stressed or angry, able to enjoy work and her usual social activities).