

State of California, Department of Industrial Relations
Division of Workers' Compensation
Workers' Compensation Information System (WCIS)

Table 9: FROI and SROI Data Summary, by Year of Injury, 2000 - 2014

TABLE	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	TOTAL
TABLE 10 - FROI, TOTAL REPORTED INJURIES	759,478	963,021	918,258	878,234	827,169	774,195	747,943	718,070	667,224	589,825	588,851	579,235	591,219	583,703	586,525	10,772,950
TABLE 11 - SROI, TOTAL REPORTED MEDICAL ONLY	176,373	290,337	284,900	241,201	254,647	251,671	236,043	219,658	196,330	187,473	203,269	207,691	201,696	197,831	195,334	3,344,454
TABLE 12 - SROI, TOTAL REPORTED INDEMNITY	115,416	216,157	217,213	211,363	183,022	161,605	151,639	146,944	139,384	124,888	127,950	125,362	125,090	117,938	105,512	2,269,483
TABLE 12a - SROI Indemnity Claims, No Medical	25,446	35,414	31,026	34,463	31,204	27,681	36,373	45,372	39,424	29,564	27,784	25,069	25,289	24,169	25,272	463,550
TABLE 12b - SROI Indemnity Claims, With Medical	89,970	180,743	186,187	176,900	151,818	133,924	115,266	101,572	99,960	95,324	100,166	100,293	99,801	93,769	80,240	1,805,933
TABLE 13 - TOTAL DENIED CLAIMS	28,739	48,197	53,699	58,219	54,800	53,598	53,065	56,427	56,307	56,522	56,056	57,584	57,500	57,611	51,418	799,742
TABLE 14 - TOTAL OTHER CLAIMS (NOC)	438,950	408,330	362,446	367,451	334,700	307,321	307,196	295,041	275,203	220,942	201,576	188,598	206,933	210,323	234,261	4,359,271

First Report of Injury (FROI) -- Injured workers' claims based upon the reported calendar year of injury from 2000 - 2014 using DN 31 (date of injury). These are unique counts of Jurisdiction Claim Numbers (DN5) processed in the Workers' Compensation Information System (WCIS).

Subsequent Report of Injury (SROI), Medical Only -- These are claims with the following benefit type codes (DN 95 - Paid To Date/Reduced Earnings/Recoveries): Payments to Physicians (350), Hospital Cost (360), Other Medical Cost (370), Unallocated Prior Medical (440), Compromised Medical (501), Pharmaceutical (450), and Physical Therapy (460). Medical-only SROI counts exclude both denials and SROI claims with indemnity payments (\$ > 0). Medical-only claims include those with reported benefit payments (\$ > 0).

Subsequent Report of Injury (SROI), Indemnity -- These claims are defined as those with the following benefit type codes (DN 85 - Payment/Adjustment):

- **Specific Permanent Disability (PD) Claims** -- Permanent Total (020), Permanent Total Supplemental (021), Permanent Partial Scheduled (030), Permanent Partial Unscheduled (040), Permanent Partial Disfigurement (090), and Fatal (010);
- **Specific Temporary Disability (TD) Claims** -- Temporary Total (050), Temporary Total Catastrophic (051), Temporary Partial (070), Employers Liability (080), and Employer Paid (240);
- **Supplemental Job Displacement Benefit (SJDB) Claims** -- Vocational Rehabilitation Maintenance (410); Vocational Rehabilitation Evaluation Paid to Date (380), Vocational Rehabilitation Education Paid to Date (390), and Other Vocational Rehabilitation Paid to Date (400); and
- **Compromised Indemnity Claims** -- Unspecified (500), Fatal (510), Permanent Total (520), Permanent Total Supplemental (521), Employer Paid (524), Permanent Partial Scheduled (530), Permanent Partial Unscheduled (540), Vocational Rehabilitation Maintenance (541), Temporary Total (550), Temporary Total Catastrophic (551), Temporary Partial (570), Employers Liability (580), and Permanent Partial Disfigurement (590).
- **NOTE** -- The italicized codes included in the lists above should no longer be sent to the WCIS. Examples are: Temporary Total Catastrophic (051) and (551); Employers Liability (080) and (580); As of 1/1/2005, Partial Unscheduled (040) and (540); As of 1/1/2009, Vocational Rehabilitation Maintenance (410) and (541).

SROI Indemnity, No Medical -- Medical--These indemnity claim counts (Table 12a) exclude those with medical claims and denied claims, and include claims with benefit payments (\$ > 0).

SROI Indemnity, With Medical -- These indemnity claim counts (Table 12b) include those claims with benefit payments (\$ > 0) and with medical costs, and exclude denials defined under Table 13.

Denied Claims -- The aggregate monthly count of denied claims is by year of injury. Claims based on the earliest denial date (DN 3 - MTC_DATE) and SROI transaction record (DN 2 - Maintenance Type Code), ie. MTC = '04' (Denial).

Other Claims, Not Otherwise Classified (NOC) -- These are reported FROI claims that are not included in the categories of SROI Medical Only, SROI Indemnity, and Denials (Tables 11 thru 13). In other words, only a FROI has been reported for that claim.

A significant amount of variation across years results from noncompliance and late reporting of claims. DWC believes that its database is representative of claims in California's workers' compensation (WC) industry.