

Table 9. California Workers' Compensation Claims: FROI and SROI Data Summary, by Year of Injury 2000 - 2012

| Table# | TABLE | Y2000 | Y2001 | Y2002 | Y2003 | Y2004 | Y2005 | Y2006 | Y2007 | Y2008 | Y2009 | Y2010 | Y2011 | Y2012 | TOTAL |
|---------|--------------------------------------------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|-----------|
| Tab 10 | FROI, TOTAL REPORTED INJURIES | 744,332 | 946,092 | 906,403 | 870,029 | 817,942 | 767,042 | 741,933 | 710,893 | 658,207 | 577,608 | 571,313 | 551,971 | 534,873 | 9,398,638 |
| Tab 11 | SROI, TOTAL REPORTED MEDICAL ONLY | 175,611 | 289,270 | 283,738 | 240,192 | 254,011 | 250,490 | 233,881 | 215,011 | 191,341 | 182,740 | 194,189 | 192,986 | 159,128 | 2,862,588 |
| Tab 12 | SROI, TOTAL REPORTED INDEMNITY | 112,480 | 210,396 | 210,874 | 204,699 | 176,948 | 155,920 | 146,302 | 140,505 | 132,223 | 116,502 | 115,432 | 107,734 | 95,544 | 1,925,559 |
| Tab 12a | <i>SROI Indemnity Claims, No Medical</i> | 24,622 | 33,912 | 29,242 | 32,587 | 29,397 | 25,885 | 34,693 | 43,442 | 38,151 | 28,009 | 25,219 | 21,292 | 24,505 | 390,956 |
| Tab 12b | <i>SROI Indemnity Claims, With Medical</i> | 87,858 | 176,484 | 181,632 | 172,112 | 147,551 | 130,035 | 111,609 | 97,063 | 94,072 | 88,493 | 90,213 | 86,442 | 71,039 | 1,534,603 |
| Tab 13 | TOTAL DENIED CLAIMS | 28,412 | 47,393 | 52,740 | 57,119 | 53,888 | 52,891 | 52,453 | 55,542 | 54,694 | 54,025 | 51,797 | 50,566 | 42,063 | 653,583 |
| Tab 14 | TOTAL OTHER CLAIMS (NOC) | 427,829 | 399,033 | 359,051 | 368,019 | 333,095 | 307,741 | 309,297 | 299,835 | 279,949 | 224,341 | 209,895 | 200,685 | 238,138 | 3,956,908 |

First Report of Injury (FROI)--Injured workers' claims based upon the reported calendar year of injury from 2000 through 2012 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--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.

