Table 9. California Workers' Compensation Claims: FROI and SROI Data Summary, by Year of Injury 2000 - 2013

Table#	TABLE	Y2000	Y2001	Y2002	Y2003	Y2004	Y2005	Y2006	Y2007	Y2008	Y2009	Y2010	Y2011	Y2012	Y2013	TOTAL
10	FROI, TOTAL REPORTED INJURIES	747,731	948,531	908,137	872,131	821,006	766,228	740,625	711,025	659,427	582,025	580,643	567,227	570,425	561,702	10,036,863
11	SROI, TOTAL REPORTED MEDICAL ONLY	175,652	289,389	283,791	240,288	254,148	250,674	234,053	215,301	191,707	183,604	195,105	195,143	191,003	165,697	3,065,555
12	SROI, TOTAL REPORTED INDEMNITY	114,552	214,458	215,576	209,888	181,676	160,119	150,069	144,819	137,517	122,772	124,081	119,245	115,109	99,280	2,109,161
12a	*SROI Indemnity Claims, No Medical*	*24,964*	*34,234*	*29,871*	*33,469*	*30,346*	*26,730*	*35,369*	*44,036*	*38,782*	*28,905*	*26,603*	*23,022*	*22,432*	*21,665*	*420,428*
12b	*SROI Indemnity Claims, With Medical*	*89,588*	*180,224*	*185,705*	*176,419*	*151,330*	*133,389*	*114,700*	*100,783*	*98,735*	*93,867*	*97,478*	*96,223*	*92,677*	*77,615*	*1,688,733*
13	TOTAL DENIED CLAIMS	28,585	47,698	53,200	57,694	54,312	53,070	52,547	55,859	55,400	55,304	54,202	54,698	51,794	51,794	719,702
14	TOTAL, OTHER CLAIMS (NOC)	428,942	396,986	355,570	364,261	330,870	302,365	303,956	295,046	274,803	220,345	207,255	198,141	212,519	251,386	4,142,445

First Report of Injury (FROI)--Injured workers' claims based upon the reported calendar year of injury from 2000 through 2013 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.

Source: WCIS Database, 10 June 2014