

**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 - 2013

TABLE	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	TOTAL
TABLE 10 - FROI, TOTAL REPORTED INJURIES	753,442	956,991	914,335	877,772	826,728	773,527	745,889	716,339	665,874	588,257	584,672	571,013	583,795	578,111	10,136,745
TABLE 11 - SROI, TOTAL REPORTED MEDICAL ONLY	175,729	289,882	284,288	240,319	254,230	250,848	234,109	215,281	191,632	183,377	194,683	194,907	189,730	164,862	3,063,877
TABLE 12 - SROI, TOTAL REPORTED INDEMNITY	115,190	215,750	216,827	210,972	182,530	160,903	150,944	146,093	138,621	124,188	126,611	123,447	121,808	111,551	2,145,435
TABLE 12a - SROI Indemnity Claims, No Medical	25,464	35,367	30,964	34,393	31,013	27,277	36,010	44,946	39,302	29,572	27,871	25,056	25,207	25,156	437,598
TABLE 12b - SROI Indemnity Claims, With Medical	89,714	180,373	185,853	176,565	151,502	133,609	114,923	101,142	99,311	94,612	98,736	98,385	96,591	86,378	1,707,694
TABLE 13 - TOTAL DENIED CLAIMS	28,685	48,153	53,597	58,139	54,716	53,501	52,911	56,218	55,994	56,093	55,332	56,548	55,708	54,115	739,710
TABLE 14 - TOTAL OTHER CLAIMS (NOC)	433,840	403,209	359,625	368,348	335,254	308,280	307,930	298,747	279,629	224,602	208,047	196,113	216,553	247,595	4,187,772

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