

INTRODUCTION

The Division of Workers' Compensation prepared this report to provide information on work-related injuries, occupational illnesses and injuries resulting in fatalities that occurred in Colorado during calendar year 2012.¹ It will help to answer some of the most frequently asked questions about work-related injuries.

Lost-time claims², claims with a permanent disability rating, fatal claims, and denied claims are included.³ A lost-time claim is one in which the worker misses more than three days or three shifts of work because of the work-related injury or illness. The Division generally tracks only claims involving lost-time.

The information in this report is derived from documents filed by the employer, worker or the dependents of a deceased worker for an injury, illness or fatality that *occurred* during calendar year 2012.⁴ This does not mean that the claim was filed in 2012. There is a lag in the reporting of some claims, and generally, 80% of claims are filed in the year in which the injury, illness, or fatality occurs. The remaining 20% of the claims are filed over the next several years. Most of these are filed in the year immediately following the year of injury. Of the 26,757 lost-time claims included in this report, 94.9% were filed in 2012. The remaining 5.1% were filed through January 22, 2014, the closing date of the database for this report.

The characteristics of the injury or illness are derived from the *Employers First Report of Injury* filed by the employer, or a *Worker's Claim for Compensation* filed by a worker, and in most cases, are not based on a medical diagnosis.

The filing of a claim is the first step in a process that generally results in an admission or denial by the insurance carrier or self-insured employer that the worker's injury, illness or fatality is work-related.^{5,6} If the claim is admitted, the carrier or the self-insured employer pays authorized medical care. The worker also receives compensation benefits to partially replace the wages that would have otherwise been lost because of the disabling injury or illness. In other cases, the claim may be denied by the insurer or self-insured employer because the injury, illness or fatality is not work-related. Claims involving a dispute over whether the injury, illness or fatality is work-related, may end up in a hearing.

This year's report continues the presentation of tables with longitudinal data. Trends in: the number of claims received, lost-time claims filed (for both injuries and fatalities), the number and rate of injuries by part of body, nature of injury, cause of injury, and settlements, are available for 2003-2012.

Information about the development and use of the North American Industry Classification System (NAICS) can be found at the website of the U.S. Bureau of Labor Statistics, <http://www.census.gov/eos/www/naics/>.

¹ The only exception to this statement is the information on hearings reported in Tables 29 and 30 and the information on settlements reported in Tables 31 and 32. The hearing data are based on applications received, hearings held, or orders issued in 2012, regardless of the date of injury. Settlement information is based on claims that were settled during calendar year 2012. However, the claim itself may have initially been filed in a prior year.

² The Division receives some reports on claims that involve only medical benefits. In such claims, the worker receives medical care but does not lose more than three days or three shifts of work. Because the "med-only" claims that are filed with the Division are neither representative, nor a complete count of all claims of this type, information on indisputable "med-only" claims is, excluded from this report, as it has been in previous years.

³ Information on the reason for a denial is no longer collected with implementation of Electronic Data Interchange (EDI). Therefore, some tables from prior years with denial data do not appear in this report.

⁴ In the majority of fatalities, the worker's death occurs on the date of injury. This report is strictly based on the date of injury, so death due to an injury may not occur in the reporting year. If the death occurs after the date of download, it will not be included in this report.

⁵ The statistics reported in sections I through VII, Tables 21-26 and Table 28 refer to claims *filed*, without regard to whether the claims were admitted or denied.

⁶ The source of the codes for part of body, nature of injury, and cause of injury, in Tables 3-8, 11, 12, 21, and 22, is the National Council on Compensation Insurance, Inc., 901 Peninsula Corporate Circle, Boca Raton, FL 33487.