

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 2009.¹ 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 2009.⁴ This does not mean that the claim was filed in 2009. 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 26,557 lost-time claims included in this report, 85.5% were filed in 2009. The remaining 14.5% were filed through December 28, 2010, the closing date of the database for this report.

The characteristics of the injury or illness are derived from the first report of injury filed by the employer or worker, and in most cases it is 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 medical care. The worker also receives compensation benefits to partially replace the wages that would have otherwise been lost due to 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 or not the injury, illness, or fatality is work-related may end up in a hearing.

Trends in the number of claims received and lost-time claims filed for injuries and fatalities, the number and rate of injuries by part of body, nature of injury, cause of injury, and settlements are available for 2000-2009.

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: www.bls.gov/bls/NAICS/htm.

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 2009, regardless of the date of injury. Settlement information is based on claims that were settled during calendar year 2009. 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 indisputably "med-only" claims is, as it has been in previous years, excluded from this report.

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 dies the same day as 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.