



Queensland
Workers' Compensation
Scheme



*The Workers' Compensation
Regulatory Authority*

Statistics Reporting 2003-2004

This report was prepared by the Scheme Analysis and Systems Support Unit of Q-COMP using available data at the time of preparation. Inquiries regarding technical aspects of this publication should be forwarded to the Data Analyst, Q-COMP on (07) 3235 4119 or by email to statistics@qcomp.com.au. For general inquiries contact the Research Officer, Q-COMP on (07) 3404 3468.

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The Workers' Compensation Regulatory Authority



INTRODUCTION

This is the fifth annual statistical report published by Q-COMP to disseminate scheme-wide data from the Queensland workers' compensation scheme (ie. covering both WorkCover Queensland and self-insurers).

Introduction

Q-COMP's Statistics Report has been expanded this year to report on all aspects of the Queensland workers' compensation scheme, including:

- Claims information reported by WorkCover Queensland and self-insured employers (numbers, average costs and payments) for:
 - Statutory claims; and
 - Common Law claims.
- Scheme-wide information about the major regulatory services provided by Q-COMP for insurer and medical issues:
 - administrative review;
 - Appeals to the Industrial Magistrate; and
 - Medical Assessment Tribunals.

All figures reported are as at 30 June of the reporting year. The only exception to this is fatalities which are reported as at 30 June 2004.

About Q-COMP

The *Workers' Compensation and Rehabilitation Act 2003* (the Act) established the Workers' Compensation Regulatory Authority, Q-COMP from 1 July 2003.

Q-COMP's primary responsibility is to regulate the workers' compensation scheme in Queensland. In enforcing the Act, the Authority's functions are to:

- Monitor the compliance of insurers with the Act;
- Consider the performance of insurers under the Act, including the consistent application of the Act;
- Decide applications relating to self-insurance;
- Undertake reviews of insurer decisions and manage appeals against these reviews;
- Support and oversee the efficient administration of medical assessment tribunals;
- Undertake workplace rehabilitation accreditation and compliance activities;
- Provide rehabilitation advisory services;
- Maintain a database for scheme-wide reporting;
- Promote education about the workers' compensation scheme; and
- Collect fees, administer grants and other functions required.



INTRODUCTION

Background

The major recent legislative changes for workers' compensation include:

1 February 1997

WorkCover Queensland Act 1996

1 July 1997

WorkCover Queensland Act 1996

- Change in the definition of "worker" from anybody working under a contract of service, regardless of their taxpaying status to a PAYE taxpayer.
- Changes to the definition of "injury" from requiring employment to be "a significant contributing factor" causing the injury to be "the major contributing factor" to the injury.
- Provision for large employers to self-insure their workers' compensation risk.

1 July 1999

WorkCover Queensland Amendment Act 1999

- Changes to the definition of "injury" from requiring employment to be "the major contributing factor" causing the injury to be "a significant contributing factor" to the injury.
- Establishment of a Review Unit separate from WorkCover's commercial business.
- Establishment of a Review Council to monitor the Review Unit and Medical Assessment Tribunals.

1 July 2000

WorkCover Queensland Amendment Act 1999

- Change in the definition of "worker" from a PAYE taxpayer to a person working under a contract of service, regardless of their taxpaying status.

1 July 2001

WorkCover Queensland Amendment Act 2001

- Increase in the lump sum benefit payable to dependants on the death of a worker to \$250,000.
- Increase in the maximum statutory benefit able to be received by an injured worker to \$150,000. The new maximum amounts apply to injuries occurring on or after 1 July 2001

1 July 2003

Workers' Compensation and Rehabilitation Act 2003

- Establishes the Workers' Compensation Regulatory Authority, Q-COMP, as a statutory body to regulate the workers' compensation scheme in Queensland.
- Maintains WorkCover as a fully commercial statutory body and retains all other provisions from the *WorkCover Queensland Act 1996*.
- Amends the definition of "worker" to provide greater certainty by applying a "results test" in addition to the existing legislative criteria for determining whether a person is a worker. Under the "results test" a person will be considered a "worker" unless it can be shown that the person meets all the elements of the "results test".



STATUTORY CLAIMS

1

Intimations

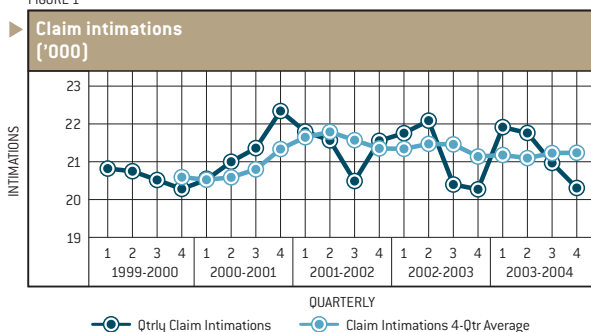
Many factors influence the number of claims intimated by injured workers. Some of these factors which may have contributed to changes in numbers of intimations over the years include:

- Changing industry economics;
- Variations in the overall numbers in the workforce; and
- Work process changes within industry, eg. automation, improved workplace health and safety practices

In 2003-2004 there were 84,950 claims intimated in the Queensland workers' compensation scheme. This represents a 0.5% increase from 2002-2003. The figure below illustrates claim intimations per quarter between 1999-2000 and 2003-2004.

Since 2001-2002, claims appear to be relatively stable after experiencing an increase in the 2000-2001 year.

FIGURE 1



Claim rates

Claim rates have been calculated for 1999-2000 to 2003-2004. It is calculated as the number of claims intimated per 100,000 persons covered by the scheme. These allow for comparison of the number of claim intimations relative to the number of people employed in Queensland. Due to the increased coverage of the scheme following the change to the definition of “worker” and “injury”, the claim rate decreased in 2000-2001.

Although the number of claims intimated has remained relatively constant over the past 5 years, a decrease in the rate has been observed with a decrease of 1.5% in 2003-2004.

FIGURE 2

	Annual Comparison				
	1999-2000	2000-2001	2001-2002	2002-2003	2003-2004
QUEENSLAND LABOUR FORCE					
Average number of employed people ('000) ^a	1,651.3	1,680.0	1,732.2	1,799.4	1,826.6
- Change from previous year		1.7%	3.7%	3.9%	1.5%
Average number of employees covered ('000) ^b	1,374.2	1,591.5	1,652.8	1,713.0	1,747.0
- Change from previous year		15.8%	4.4%	3.6%	2.0%
QUEENSLAND WORKERS' COMPENSATION SCHEME					
Intimated claims					
Number	82,335	85,340	85,407	84,551	84,950
- Change from previous year		3.6%	0.1%	[1.0%]	0.5%
Claim rate					
Number per 100,000 employees covered ^b	5,991.5	5,362.2	5,167.4	4,935.8	4,862.6
- Change from previous year		[10.5%]	[3.6%]	[4.5%]	[1.5%]

^a Australian Bureau of Statistics, Labour Force, Queensland Average of May Quarter to February Quarter – for each of the above years), Cat No 6201.3.

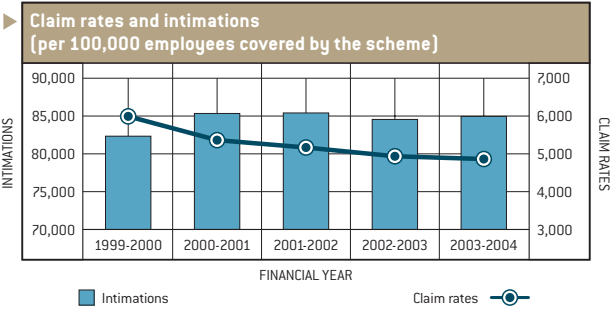
^b “Employees covered” is a subset of all employed persons depending on the legislation in place (see Statutory Definitions, Appendices page 3).



STATUTORY CLAIMS

The following chart shows claim intimations versus the claim rate over the past five years. Although the number of claim intimations has remained relatively constant over the past four years, the claim rate has decreased due to the increasing size of the labour force. More specifically, on 1 July 2000, there was an increase in the coverage of the scheme due to the change of definition of "worker" from PAYE taxpayer to a person working under a contract of service, regardless of their taxpaying status. This increased the scheme coverage by 15.8% from 1 July 2000, while the number of claims only increased 3.6% over the following financial year (2000-2001). The combined result of this was a 10.5% decrease in the claim rate from 1999-2000 to 2000-2001.

FIGURE 3



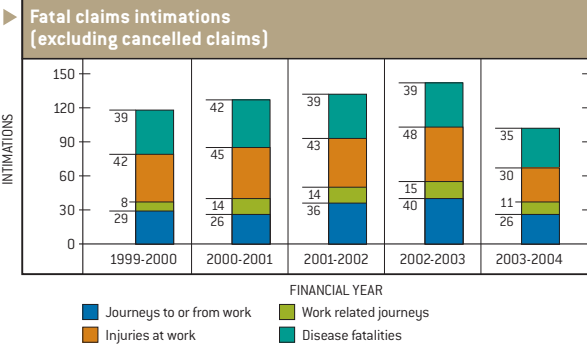


STATUTORY CLAIMS

Fatalities

Compensated fatalities are included in the year that the workers' compensation claim was lodged, not the year the worker died. With fatalities, considerable time could elapse between claim lodgement and the death of the injured worker. Therefore, these figures are subject to change.

FIGURE 4



There were 102 fatalities intimated in 2003-2004, including disease fatalities.

- A quarter (25.5%) of fatalities resulted from journeys to or from work.
- Work-related journeys accounted for 10.8% of fatalities.
- Almost a third (29.4%) of fatalities intimated were due to injuries at work.
- Disease-related fatalities represented over a third (34.3%) of fatalities intimated.

The industries recording the highest number of fatal injury intimations in 2003-2004 were construction (15.7%, n = 16), manufacturing (14.7%, n = 15), transport and storage (13.7%, n = 14), and retail trade (7.8%, n = 8).



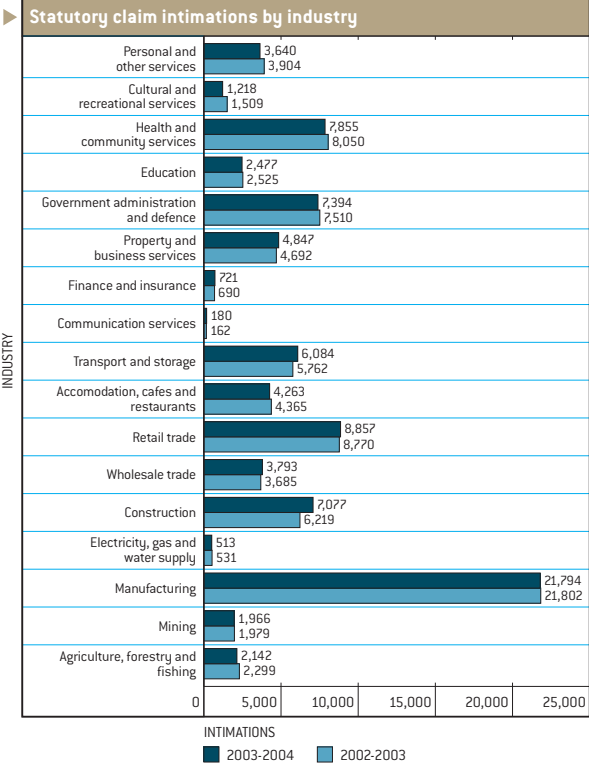
STATUTORY CLAIMS

Industry

Manufacturing represents the highest proportion of claims intimated in the Queensland scheme, mainly due to the size of the workforce and the nature of the work. It has accounted for a quarter (25.7%) of all intimations in 2003-2004.

The construction industry experienced the largest increase in intimations (13.7%) from 6,227 in 2002-2003 to 7,077 in 2003-2004, however covered employees in the construction industry increased 13.2% over this period.

FIGURE 5



A more detailed breakdown of industry is included in the Appendices page 1.



STATUTORY CLAIMS

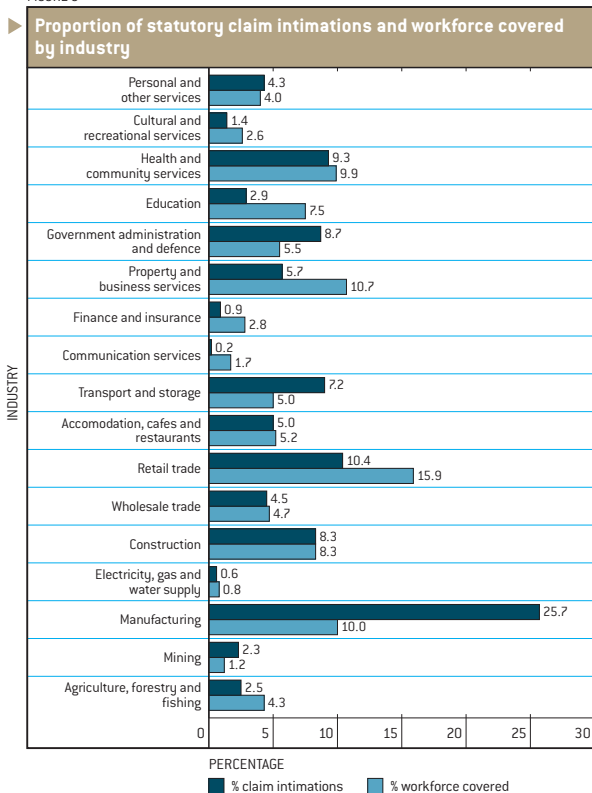
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Industry

Although manufacturing represents the highest proportion of claims intimated in the Queensland scheme (25.7% of all intimations in 2003-2004), it accounts for 10.0% of the workforce covered by the scheme. Other industries where the proportion of claim intimations is higher than the workforce covered include mining (2.3% of intimations; 1.2% of workforce covered) and government administration and defence (8.7% of intimations; 5.5% of workforce covered).

Industries where the proportion of claim intimations is lower than the workforce covered include retail trade (10.4% of intimations; 15.9% of workforce covered), property and business services (5.7% of intimations; 10.7% of workforce covered), and education (2.9% of intimations; 7.5% of workforce covered).

FIGURE 6





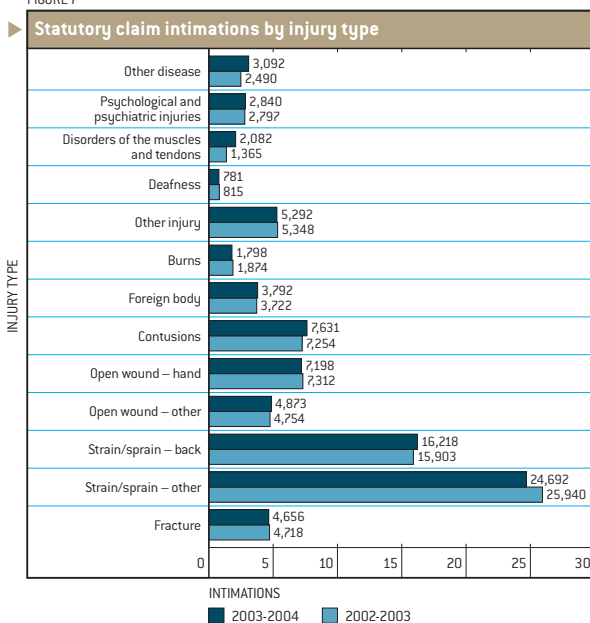
STATUTORY CLAIMS

Injury type

Sprain and strain injuries accounted for almost half (48.2%) of all injuries intimated in 2003-2004. Of these, sprains and strains to the back were the major body location (accounting for almost one fifth or 19.1% of all intimations).

Injuries experiencing an increase in claim intimations were disorders of the muscles and tendons (up 52.5% from the 2002-2003 figure), other diseases (up 24.2%), contusions (up 5.2%), open wounds to locations other than the hand (up 2.5%), sprains and strains to the back (up 2.0%), foreign body injuries (up 1.9%) and psychological and psychiatric injuries (up 1.5%).

FIGURE 7

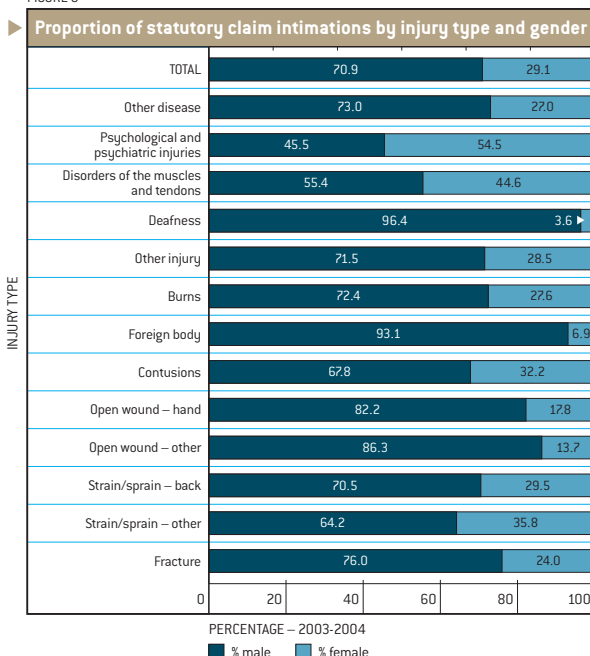


Gender

In 2003-2004, males represented 70.9% (n = 60,192) of the 84,950 claims intimated in the Queensland workers' compensation scheme. Injuries where males represented a much higher proportion of claims than females were deafness (96.4%) and foreign body injuries (93.1%).

The only injury type where females represented more than males was psychological and psychiatric injuries, where females represented 54.5% of claims intimated for this injury type.

FIGURE 8





CLAIM PAYMENTS

7

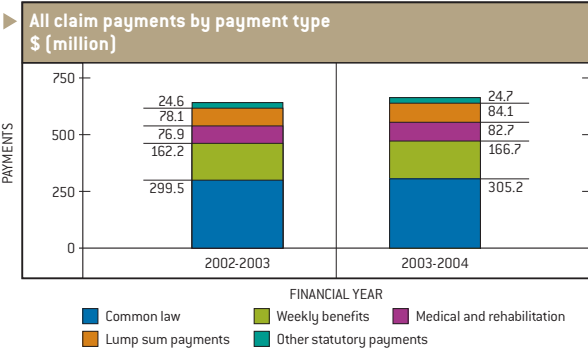
This section compares the statutory and common law claim payments made by the scheme in 2002-2003 and 2003-2004. These payments include all payments made by workers' compensation insurers on claims in the given year.

In 2003-2004, workers' compensation insurers paid \$663.4 million in benefits to injured workers and their providers (up 3.5% from the \$641.2 million in 2002-2003). The breakdown of these payments in 2003-2004 shows almost half (46.0%) of claim payments paid were for common law.

The statutory payments are made up of four main components - weekly benefits, medical and rehabilitation (includes hospital payments), lump sum and other statutory payments such as travel, statutory legal costs, medical reports etc. Payments for weekly benefits accounted for 25.1% of payments and lump sum payments accounted for a further 12.7% of payments.

The largest increase in claim payments was for lump sum payments (up 7.7% from \$78.1 million in 2002-2003 to \$84.1 million in 2003-2004), followed by medical and rehabilitation payments (up 7.6% from \$76.9 million in 2002-2003 to \$82.7 million in 2003-2004).

FIGURE 9



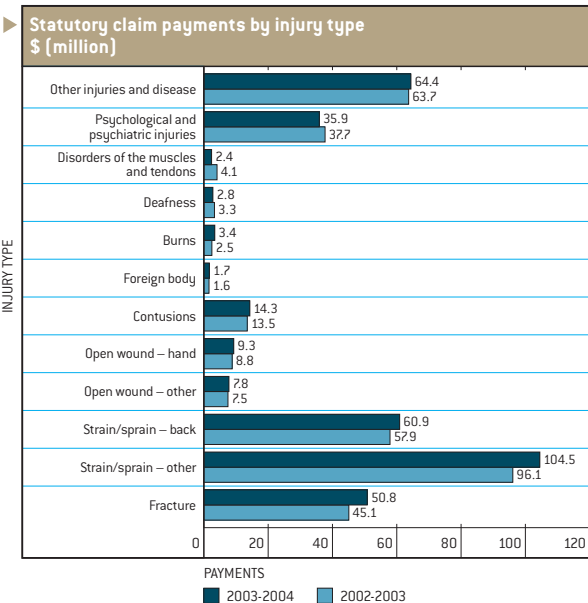
Statutory claim payments by injury and industry

Injury type

The majority of statutory claim payments in 2003-2004 were for claims with a primary injury type of sprains and strains to locations other than the back, accounting for 29.2% of all statutory claim payments. Although psychological and psychiatric injuries account for only 3.3% of claims intimated in 2003-2004, they represent 10.0% of statutory claim payments made in 2003-2004.

Burns was the injury type that experienced the largest increase in statutory claim payments, up 33.0% from \$2.5 million in 2002-2003 to \$3.4 million in 2003-2004.

FIGURE 10





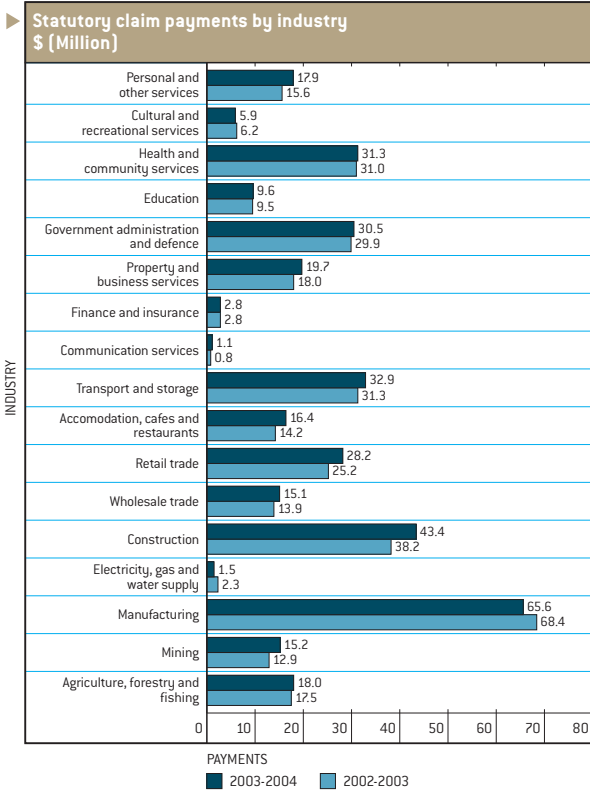
CLAIM PAYMENTS

Industry

In 2003-2004 the manufacturing industry had the highest level of statutory claim payments (18.3% of all payments).

The communication services industry experienced the largest increase in statutory claim payments (24.7%) from \$0.8 million in 2002-2003 to \$1.1 million in 2003-2004.

FIGURE 11



A more detailed breakdown of industry is included in Figure 39 Appendices page 1.



STATUTORY CLAIM DECISIONS

1

In 2003-2004 there were 74,079 claims where an initial decision about insurer liability was made. The following table shows the types of decisions made at the initial decision stage.

FIGURE 12

Decisions made and average time to decide by decision type and injury type 2003-2004					
Injury type	Number of decisions			Proportion of decisions (%)	
	Admitted	Rejected	Total	Admitted	Rejected
Fracture	3,970	105	4,075	97.4	2.6
Sprain/strain – other	22,388	887	23,275	96.2	3.8
Sprain/strain – back	13,740	575	14,315	96.0	4.0
Open wound – other	4,253	59	4,312	98.6	1.4
Open wound – hand	6,414	44	6,458	99.3	0.7
Contusions	6,693	98	6,791	98.6	1.4
Foreign body	3,381	28	3,409	99.2	0.8
Burns	1,590	12	1,602	99.3	0.7
Other injury	4,059	215	4,274	95.0	5.0
Deafness	546	86	632	86.4	13.6
Disorders of the muscles and tendons	601	37	638	94.2	5.8
Psychological and psychiatric injuries	1,193	914	2,107	56.6	43.4
Other disease	1,960	231	2,191	89.5	10.5
All injury types	70,788	3,291	74,079	95.6	4.4
Injury type	Average decision Time (days)				
	Admitted	Rejected	Total		
Fracture	9.8	11.4	9.8		
Sprain/strain – other	15.3	26.5	15.8		
Sprain/strain – back	14.4	24.1	14.8		
Open wound – other	6.4	18.6	6.5		
Open wound – hand	5.6	9.2	5.6		
Contusions	8.5	16.6	8.6		
Foreign body	5.2	8.9	5.2		
Burns	5.8	11.2	5.9		
Other injury	12.9	20.5	13.3		
Deafness	52.0	35.2	49.7		
Disorders of the muscles and tendons	18.4	51.6	20.3		
Psychological and psychiatric injuries	58.4	33.7	47.7		
Other disease	31.1	34.5	31.4		
All injury types	13.4	27.4	14.0		

The majority of decisions made are to admit the claim, taking an average of 13.4 days in 2003-2004 to make the decision. Rejections account for 4.4% of decisions made in 2003-2004, taking an average of 27.4 days.

Other claim decisions made that have not been reported include no action required, cancelled and common law only. These represent 11.9% of all decisions made in 2003-2004, but are not reported as they do not represent a decision about insurer liability.

Reasons for rejection

For claims that were decided on or after 1 July 2003, data has been collected on the reasons for the rejection. The following table shows the reasons for rejection for the 3,291 claims that were rejected in 2003-2004.

FIGURE 13

Claims rejected by reason for rejection 2003-2004		
Reason for rejection	Number claims	% of Claims
Not an injury – S.32	2,486	75.5
Invalid application – S.132	195	5.9
Out of time – excluded under S.131	109	3.3
Not a worker – S.11	104	3.2
Industrial deafness – excluded under S.125 – initial application	56	1.7
Journey – substantial delay, interruption or deviation – S.36(2)(b)	46	1.4
Not a journey – S.35	29	0.9
Other	266	8.1
Total	3,291	100

Note: Other reasons for rejection included employment outside Queensland (S.113), insurer not liable (S.87) and compensation under corresponding law (S.116).

Over three-quarters (75.5%) of rejections in 2003-2004 were due to the application not being for an injury (ie. employment was not a significant contributing factor to the injury). This included the rejections related to a psychological and psychiatric injury that had been rejected due to reasonable management action having been taken by the employer or insurer.



STATUTORY CLAIM FINALISATIONS

2

This section compares the claims that have been finalised in the scheme over the past two years.

There were 80,771 claims finalised by insurers in 2003-2004. These claims are made up of time lost claims, medical expense only claims, and other claim types (ie. fatal claims; lump sum only claims etc).

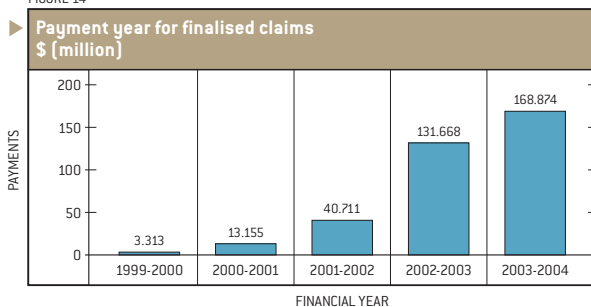
The breakdown of these claim types in 2003-2004 shows that over half (53.9%) of finalised claims were time lost claims. Medical expense only claims accounted for 40.6% and other claim types accounted for the remaining 5.5% of finalised claims.

Average finalised claim costs

The average finalised claim cost is calculated on all statutory claim payments made on a claim that was ceased or finalised within the financial year – the payments made on these claims may have occurred over several years.

The figure below illustrates the payments made on claims finalised in 2003-2004. Over half of the payments to these claims occurred in previous years. Only 48.6% of the statutory payments made on claims finalised in 2003-2004 were paid in the 2003-2004 year. Over a third, 34.7%, of the payments were made in the 2002-2003 year with the other 16.6% of payments being made in years prior to this.

FIGURE 14



The claims that cost more to the scheme tend to be those that have longer durations. These usually occur over several years and therefore would not impact on the average finalised claim cost until the year the claim is ceased or finalised. Payments on these claims however, may have occurred over a number of years.

The table below shows the number of claims finalised in the past two years, and the average claim cost by claim type for time lost claims and medical expense only claims. These claim types account for 94.5% of all claims finalised in 2003-2004

FIGURE 15

Finalised claims and average claim cost by claim type

Claim type	No. claims			Average claim cost		
	2002-2003	2003-2004	% Variance	2002-2003	2003-2004	% Variance
Time lost claim	45,760	43,498	(4.9)	\$8,040	\$8,292	3.1
Medical expense only claim	33,362	32,818	(1.6)	\$754	\$910	20.7
Total	79,122	76,316	(3.5)	\$4,968	\$5,118	3.0

The average finalised claim cost increased by 3.0% from \$4,968 in 2002-2003 to \$5,118 in 2003-2004. This cost may vary depending on factors such as:

- The duration of claims – the longer an injured worker is away from work, the more weekly benefits and medical expenses the claim will incur, impacting on the time lost claims costs.
- Level of medical and other expenses required for the injury (the Health CPI increased 7.6% in the year as at March 2004 quarter; the level of benefits payable for lump sum payments increased by 18.1% from \$127,000 to \$150,000 for injuries occurring after 1 July 2001, which would still be impacting on the current average cost; increase in medical fees payable under the table of costs (up 6.7% for most item numbers)).
- Changes in industry claim rates and the average wages paid in industry.
- The mix of injuries intimated scheme-wide (the severity of injury can impact on the average finalised time lost claim duration and cost).
- Changes in practices by insurers can have an impact on claim finalisation and average costs.



STATUTORY CLAIM FINALISATIONS

3

The following table compares the increase in the average finalised claim cost to other indicators.

FIGURE 16

General cost compared to increases to average finalised claim cost 2003-2004	
Indicator	% Change
Average finalised claim cost	3.0
Average finalised time lost claim cost	3.1
Average finalised medical expense only claim cost	20.7
Consumer Price Index^a	
Average All Groups, Brisbane (excluding GST)	2.5
Health, Brisbane (excluding GST)	7.6
Full Time Adult Ordinary Time Earnings^b	5.4

^a Australian Bureau of Statistics, Consumer Price Index, Australia, Cat No 6401.0

– All Groups CPI and Health CPI Brisbane, % change from June 2004 to the corresponding quarter of previous year.

^b Australian Bureau of Statistics, Average Weekly Earnings, Australia, Cat No 6302.0

– Change in full-time adult ordinary time earnings from February 2003 to February 2004.

Finalised time lost claims

Due to the large number of finalised claims that are time lost claims, and the higher costs associated with these claim types, this section looks at a further breakdown of the average costs and durations of finalised time lost claims.

Average finalised time lost claim durations

Average finalised time lost claim durations are calculated using finalised time lost claims over a financial year. Over 2003-2004, the number of finalised time lost claims decreased 4.9% to 43,498 in 2003-2004 from 45,760 in 2002-2003.

Over the past two years, durations for finalised time lost claims including the excess paid by the employer (where applicable) has decreased by 1.3% from 41.2 days in 2002-2003 to 40.7 days in 2003-2004.

Approximately three-quarters of time lost claims have 40 workdays lost or less (76.0%), while the median workdays lost for all time lost claims is 10 days. This illustrates how the small number of long term claims impact on the average duration. Only 8.4% of time lost claims have more than 130 workdays lost (it is at this point (26 weeks) where the level of compensation benefits payable decreases (the Act, s150)).

FIGURE 17

Number of time lost claims by workdays lost bands 2003-2004		
Workdays lost bands	Number claims	Proportion of time lost claims (%)
1 – 5 days	15,153	34.8
6 – 10 days	6,911	15.9
11 – 20 days	5,790	13.3
21 – 40 days	5,201	12.0
41 – 65 days	3,078	7.1
66 – 130 days	3,677	8.5
131 – 260 days	2,467	5.6
> 260 days	1,221	2.8
Total time lost claims	43,498	100

*Note: The above timebands are in workdays lost, e.g. 5 workdays lost = 1 working week.

Average finalised time lost claim cost

The average cost of finalised time lost claims has increased 3.1% from \$8,040 in 2002-2003 to \$8,292 in 2003-2004.



STATUTORY CLAIM FINALISATIONS

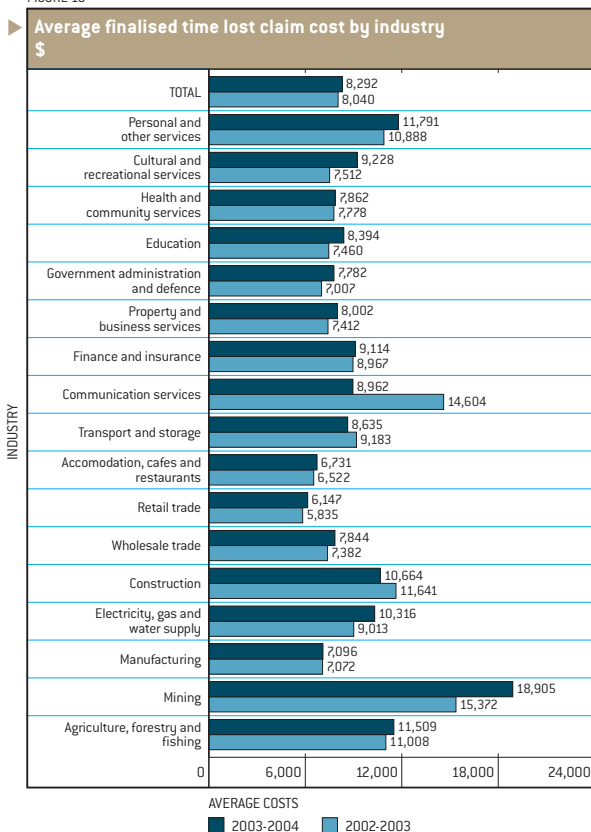
Industry

Of all industry claims, mining industry claims had the highest average finalised time lost claim cost (\$18,905) partially due to the higher wages paid in the industry. The Australian average weekly earnings (full time adults) for employees in the mining industry (\$1,464) is much higher than the Queensland average (\$885) [Source: ABS, Average Weekly Earnings, Cat No 6302.0, February 2004].

Similarly, industries that tended to have lower average finalised time lost claim cost – retail trade and accommodation, cafes and restaurants – also had the lowest Australian average weekly earnings of all industries [between \$712 and \$685].

The largest increase in average finalised time lost claim cost was in the mining industry up 23.0% from \$15,372 in 2002-2003 to \$18,905 in 2003-2004. The cultural and recreational services industry also experienced a larger than average increase of 22.8% [from \$7,512 to \$9,228].

FIGURE 18



A more detailed breakdown of industry is included in Figure 39 Appendices page 1.



STATUTORY CLAIM FINALISATIONS

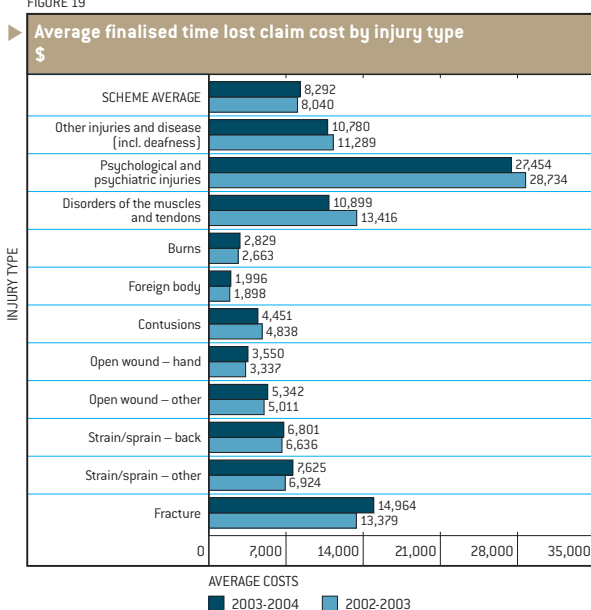
Injury type

Although psychological and psychiatric injuries account for only 3.3% of all claims, they are the most expensive with an average finalised time lost claim cost of \$27,454 in 2003-2004, however this was a 4.5% decrease on the 2002-2003 figure [\$28,734]. In particular, the duration of psychological and psychiatric claims impacts on the average finalised time lost claim cost. The average duration of these claims is 140.6 days for psychological and psychiatric injuries compared with the scheme average of 40.7 days.

The second most expensive injury type, fractures (\$14,964), also accounted for only a small proportion of injuries (5.5%).

The largest increases in average cost were experienced by fractures (up 11.8%) and sprains and strains to locations other than the back (up 10.1%).

FIGURE 19





STATUTORY CLAIM FINALISATIONS

6

Permanent Impairment

This section looks at finalised claims that have been assessed for a permanent impairment. A permanent impairment from an injury is an impairment that is stable and stationary and not likely to improve with further medical or surgical treatment. Where a worker has a permanent impairment, the worker will be assessed for the degree of work-related impairment. The table below shows the number of claims finalised and those that had a work-related impairment in 2003-2004.

FIGURE 20

Finalised claims with a work-related impairment	
	2003-2004
Finalised claims	80,771
Work-related impairment	8,548
proportion of finalised claims with a pi assessment	10.6%
Work-related impairment (WRI) range	
< 20%	8,077
20% - 49.9%	350
50% - 99.9%	53
100%	68

In 2003-2004, 10.6% of finalised claims were finalised with a work-related impairment. The majority of these claims (94.5%) had a work-related impairment of less than 20%.



CLAIMS FOR DAMAGES AT COMMON LAW

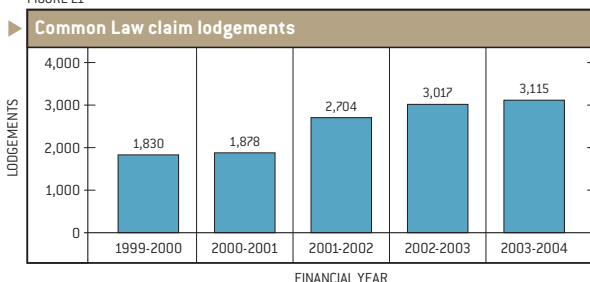
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This section reports information about claims for damages at common law (common law claims).

Lodgements

After several years of relatively stable common law claim lodgements the scheme experienced a large increase in 2001-2002 (up 44.0%), a further 11.6% increase in 2002-2003 followed by a 3.2% increase in 2003-2004. In total, over the past five years, the common law claim lodgements increased 70.2% (from 1,830 in 1999-2000 to 3,115 in 2003-2004).

FIGURE 21

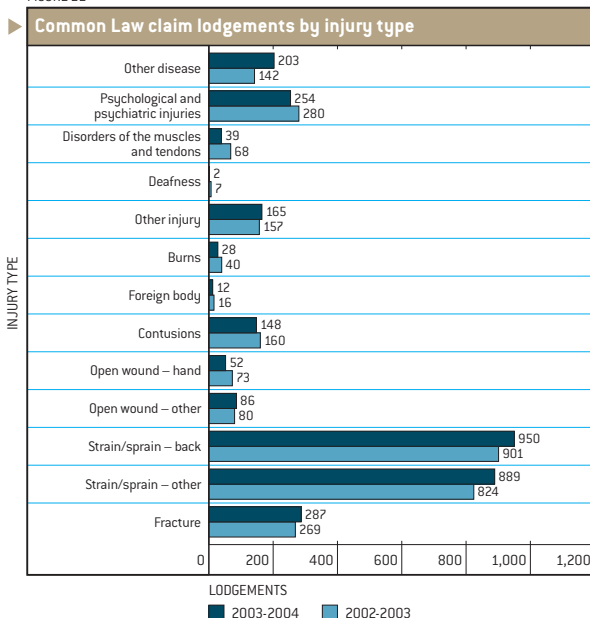


Injury type

Sprain and strain injuries accounted for over half (59.0%) of all common law claim lodgements in 2003-2004. Of these, sprains and strains to the back were the major body location (accounting for almost one third or 30.5% of all lodgements).

The largest increase in common law claim lodgements was experienced by other diseases, which increased 43.0% from 142 in 2002-2003 to 203 in 2003-2004.

FIGURE 22





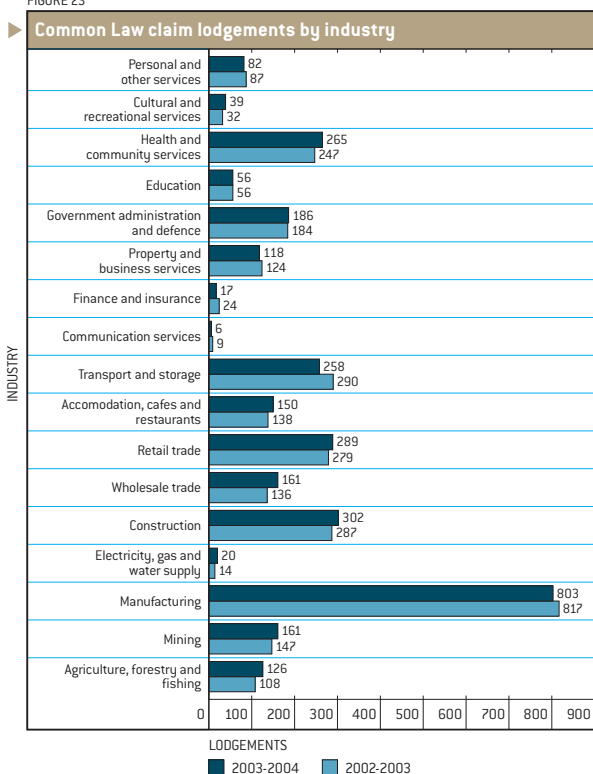
CLAIMS FOR DAMAGES AT COMMON LAW

Industry

Manufacturing represents the highest proportion of common law claims lodged in the Queensland scheme, accounting for a quarter (25.8%) of all common law claim lodgements in 2003-2004.

One of the largest changes in common law claim lodgements was experienced by the wholesale trade industry, which increased 18.4% from 136 in 2002-2003 to 161 in 2003-2004.

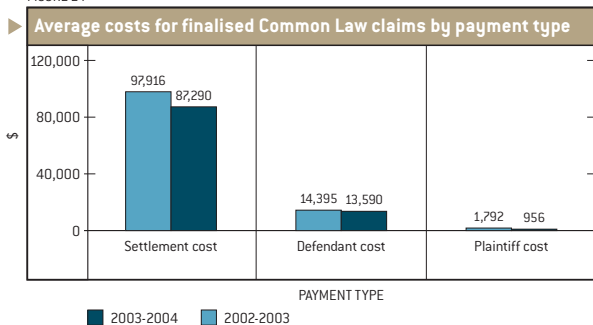
FIGURE 23



Average costs

Over the past two years, the average settlement cost of a finalised common law claim has decreased 10.9% from \$97,916 in 2002-2003 to \$87,290 in 2003-2004. The average defendant's cost has decreased 5.6% from \$14,395 in 2002-2003 to \$13,590 in 2003-2004, while the average plaintiff's cost has decreased 46.7% from \$1,792 in 2002-2003 to \$956 in 2003-2004. It should be noted that restrictions on awarding of plaintiff costs was introduced for injuries occurring on or after 1 January 1996.

FIGURE 24



Average timeframes

For claims lodged within the financial year, the average time from date of injury to lodgement of a common law claim has increased 18.9% from 2.89 years in 2002-2003 to 3.43 years in 2003-2004.

For claims finalised within the year, the average time from the lodgement of a common law claim to finalisation has decreased 24.9% from 1.66 years in 2002-2003 to 1.24 years in 2003-2004.



REVIEW

Introduction

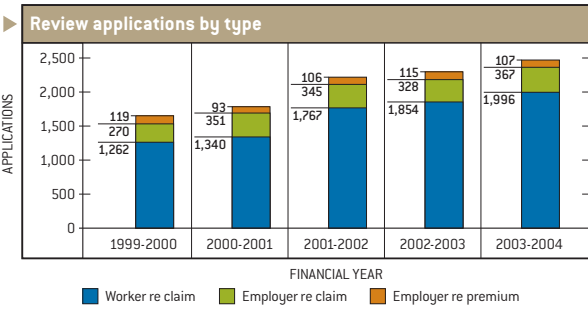
Workers and employers can apply to Q-COMP if they disagree with certain decisions made by their workers' compensation insurer (WorkCover Queensland or a self-insurer). Q-COMP impartially reviews claim and premium decisions.

Review applications

Applications received

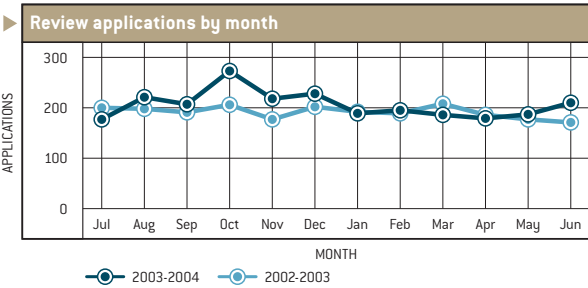
The Review Unit received 2,470 applications in the 2003-2004 year. While this was an increase of 7.5% over the last year, substantial growth has been recorded over the past five years (up 49.6% from 1,651 in 1999-2000 to 2,470 in 2003-2004).

FIGURE 25



Review applications have been consistently higher throughout the year. Of particular note was the large volume of applications received in October 2003. In 2003-2004 there was an increase of 7.5% in referrals from the same period of the previous year.

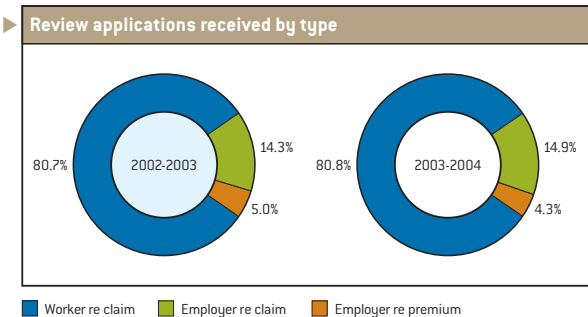
FIGURE 26



Types of applications

The types of applications received by the Review Unit have remained constant over 2003-2004 compared to 2002-2003. Of all review applications in the 2003-2004, 80.8% were lodged by a worker in relation to a claim decision (80.7% in 2002-2003), 14.9% were lodged by an employer in relation to a claim decision (14.3% in 2002-2003) with the remainder (4.3%) being lodged by an employer in relation to premium (5.0% in 2002-2003).

FIGURE 27

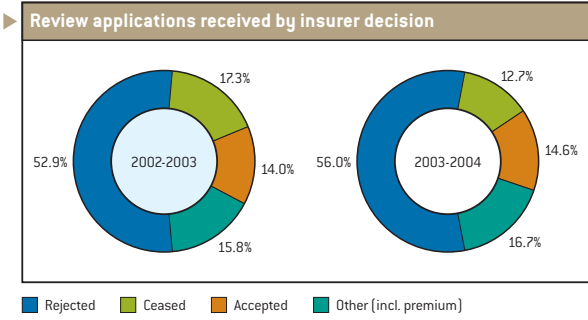




REVIEW

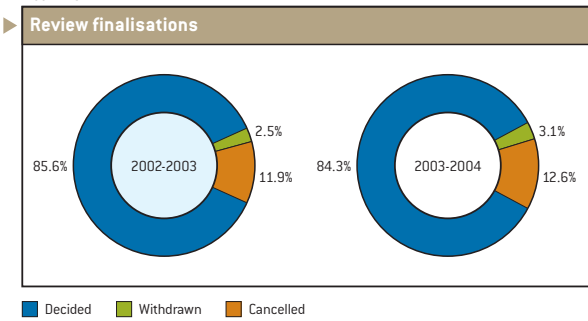
Over half (56.0%) of all review applications received in 2003-2004 were in relation to the insurer decision to reject the claim (52.9% in 2002-2003), a further 12.6% were following the cessation of the claim (17.3% in 2002-2003), and 14.6% were lodged by the employer after the claim had been accepted (14.0% in 2002-2003). The following graph illustrates the distribution of review applications by the insurer decision that is being reviewed for 2002-2003 and 2003-2004.

FIGURE 28



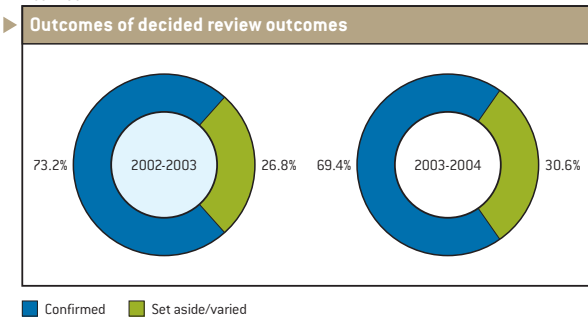
Outcomes

FIGURE 29



15.7% of review applications in 2003-2004 were cancelled or withdrawn (14.4% in 2002-2003).

FIGURE 30



In 2003-2004, the original decision of the insurer was confirmed by the Review Unit in 69.4% of review decisions made (73.2% in 2002-2003).



APPEALS TO THE INDUSTRIAL MAGISTRATE

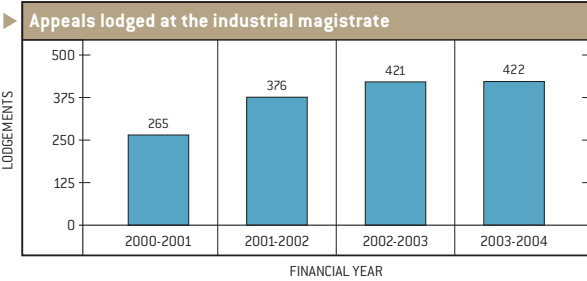
Introduction

Individuals dissatisfied with the outcome of the review can further appeal to the Industrial Magistrate.

Appeal lodgements

In 2003-2004 there were 422 appeals lodged with the Industrial Magistrate and a further 12 lodged with the Industrial Court. While there has only been a small growth (up 0.2%) in appeal lodgements over the last year, substantial growth has been recorded over the past four years (up 59.2% from 265 in 2000-2001 to 422 in 2003-2004).

FIGURE 31



There were a large number of appeals lodged with at the Industrial Magistrate in early 2002-2003, however this was due to the large number of reviews finalised in late 2001-2002.

FIGURE 32

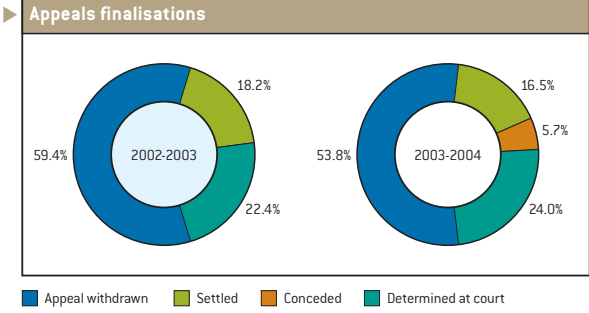




APPEALS TO THE INDUSTRIAL MAGISTRATE

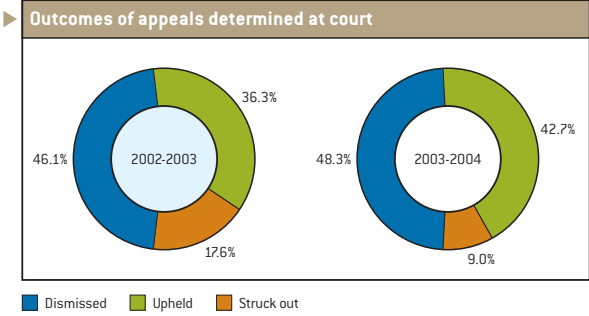
Appeal finalisations

FIGURE 33



Three-quarters of appeals were finalised before reaching the Industrial Magistrate Court, with 53.8% of cases withdrawn by the appellant, 16.5% settled and 5.7% conceded.

FIGURE 34



Of the 89 cases that were determined by a court, 51 cases (57.3%) were struck out or dismissed by the magistrate and 42.7% were upheld in favour of the appellant (38 cases).



MEDICAL ASSESSMENT TRIBUNALS (MAT)

Introduction

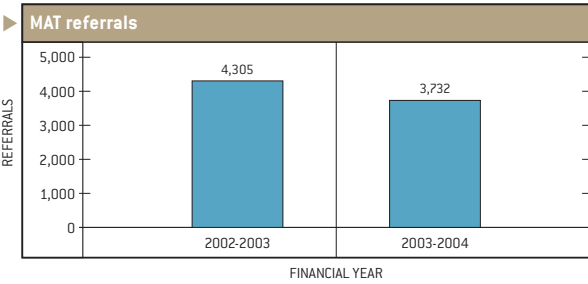
The MATs provide an independent medical assessment of injury or impairment for workers' compensation claims. Only workers who are referred by their workers' compensation insurer attend the MATs.

Referrals

In 2003-2004, 3,732 cases were referred to the MATs. This represents a 13.3% decrease on the 4,305 cases referred in 2002-2003. This is a reduction in the growth of referrals to Tribunals as observed in previous years.

The following graph illustrates the increase in referrals over the past two years.

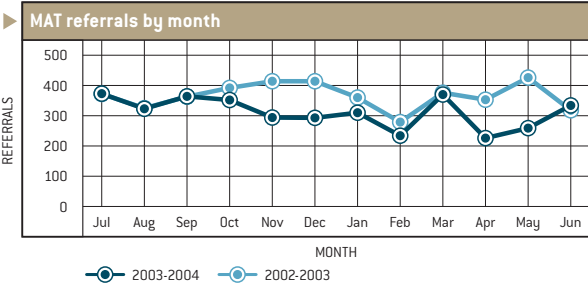
FIGURE 35



* Note: Due to the implementation of a new system in November 2002, changes were made to the method of counting referrals, this is reflected in the years 2002-2003 and 2003-2004, hence no previous years have been reported.

Two periods of low referrals were recorded during the year in November - December 2003 and April - May 2004. The following figure illustrates the referrals to MATs on a monthly basis from July 2002 to June 2004.

FIGURE 36





MEDICAL ASSESSMENT TRIBUNALS (MAT)

Cases determined

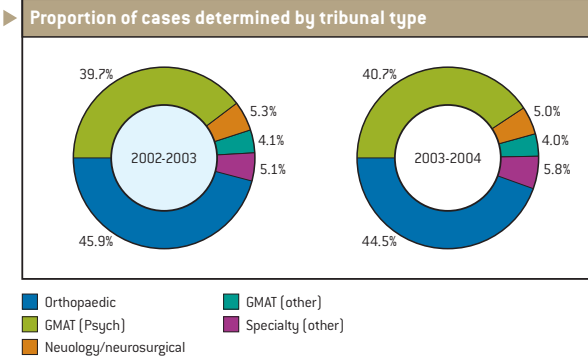
Tribunal type

In 2003-2004, 3,470 cases were determined by the MATs. This was a 4.8% decrease on 2002-2003 (3,646).

In 2003-2004 1,413 cases were heard at a General Medical Assessment Tribunal – Psychiatric. This is a decrease of 2.4% compared to 1,448 in 2002-2003.

There was little change in the nature of cases determined in 2003-2004. More than a third of all cases in 2003-2004 (40.7%) were determined at a General Medical Assessment Tribunal – Psychiatric as compared to 39.7% in 2002-2003. A further 44.5% of cases were determined at an Orthopaedic Assessment Tribunal in 2003-2004 as compared to 45.9% in 2002-2003.

FIGURE 37

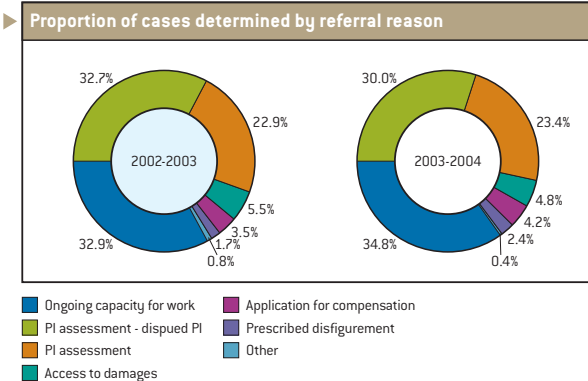


Referral reason

The proportion of cases determined by referral reason remained relatively constant. The number of referrals for application for compensation and access for damages remained similar to last year.

The proportion of cases determined in 2003-2004 for an initial PI assessment and ongoing capacity for work have increased slightly whilst disputed PI has decreased slightly

FIGURE 38





APPENDICES

1

FIGURE 39

Statutory claim intimations, statutory claim payments, average finalised time lost claim costs and durations by industry and sub-industry

	Claim intimations			Claim payments			Average finalised time lost claim costs			Average finalised time lost claim durations		
	2002-2003 No.	2003-2004 No.	Variance %	2002-2003 \$M	2003-2004 \$M	Variance %	2002-2003 \$	2003-2004 \$	Variance %	2002-2003 Days	2003-2004 Days	Variance %
Agriculture, forestry and fishing	2,299	2,142	(6.8)	17.5	18.0	3.0	11,008	11,509	4.6	57.6	56.0	(2.8)
Horticulture and fruit growing	894	942	5.4	4.3	6.0	37.7	7,186	8,550	19.0	45.3	50.9	12.4
Grain, sheep and beef cattle farming	644	603	(6.4)	6.8	6.7	(0.5)	14,109	15,940	13.0	61.9	62.1	0.3
Other agriculture	372	247	(33.6)	3.5	2.8	(20.5)	14,171	12,106	(14.6)	77.3	65.1	(15.8)
Other agriculture, forestry and fishing	389	350	(10.0)	2.9	2.6	(12.6)	11,017	9,924	(9.9)	59.7	49.0	(17.9)
Mining	1,979	1,966	(0.7)	12.9	15.2	17.9	15,372	18,905	23.0	49.1	53.4	8.8
Coal mining	942	972	3.2	5.0	6.5	31.3	17,140	18,756	9.4	44.4	42.8	(3.6)
Metal and ore mining	586	531	(9.4)	4.5	4.9	8.3	13,132	24,483	86.4	38.9	64.3	65.3
Other mining	228	187	(18.0)	1.6	1.4	(14.6)	16,508	14,275	(13.5)	64.8	62.4	(3.7)
Services to mining	223	276	23.8	1.8	2.5	34.4	13,623	14,483	6.3	60.1	53.2	(11.5)
Manufacturing	21,802	21,794	0.0	68.4	65.6	(4.2)	7,072	7,096	0.3	34.8	34.1	(2.0)
Meat and meat product manufacturing	4,267	3,680	(13.8)	11.3	9.6	(15.1)	5,215	4,973	(4.6)	26.7	26.0	(2.6)
Other food manufacturing	2,599	2,397	(7.8)	9.4	8.2	(12.3)	8,099	8,189	1.1	42.4	40.6	(4.2)
Textile, clothing, footwear and leather manufacturing	420	406	(3.3)	1.8	1.5	(16.7)	9,222	7,937	(13.9)	55.3	39.5	(28.6)
Wood and paper product manufacturing	1,392	1,481	6.4	4.3	5.0	16.5	6,479	8,144	25.7	35.1	37.8	7.7
Printing, publishing and recorded media	542	487	(10.1)	1.6	1.8	13.7	6,217	8,464	36.1	35.3	42.1	19.3
Petroleum, coal, chemical and associated product manufacturing	1,364	1,361	(0.2)	4.2	4.6	10.8	7,771	8,980	15.6	38.6	44.1	14.2
Non-metallic mineral product manufacturing	982	940	(4.3)	6.0	4.1	(30.5)	12,132	9,660	(20.4)	51.0	47.1	(7.6)
Metal product manufacturing	5,803	6,469	11.5	14.3	17.0	18.0	7,344	6,964	(5.2)	33.8	32.0	(5.3)
Machinery and equipment manufacturing	3,314	3,596	8.5	10.0	8.9	(11.2)	7,183	5,952	(17.1)	32.7	27.9	(14.7)
Other manufacturing	1,119	977	(12.7)	5.5	4.7	(14.1)	7,710	10,562	37.0	38.5	47.5	23.4
Electricity, gas and water supply	531	513	(3.4)	2.3	1.5	(35.2)	9,013	10,316	14.5	34.5	34.5	0.0
Construction	6,219	7,077	13.8	38.2	43.4	13.6	11,641	10,664	(8.4)	55.1	48.8	(11.4)
General construction	2,380	2,794	17.4	14.0	15.2	7.5	12,789	11,142	(12.9)	57.8	48.6	(15.9)
Site preparation services	432	469	8.6	3.3	2.9	(12.5)	16,473	12,410	(24.7)	74.9	54.2	(27.6)
Building structure services	478	583	22.0	3.2	5.9	85.3	10,304	11,847	15.0	58.9	57.2	(2.9)
Installation trade services	1,454	1,556	7.0	5.9	7.4	27.1	8,554	9,021	5.5	39.4	40.2	2.0
Building completion services	1,007	1,175	16.7	8.6	9.1	5.8	12,030	9,818	(18.4)	59.0	48.5	(17.8)
Other construction services	468	500	6.8	3.2	2.9	(8.2)	10,572	11,102	5.0	52.5	57.2	9.0
Wholesale trade	3,685	3,793	2.9	13.9	15.1	7.9	7,382	7,844	6.3	38.7	38.8	0.3
Basic material wholesaling	1,358	1,362	0.3	5.4	5.6	2.0	7,589	7,812	3.0	38.3	38.5	0.5
Machinery and motor vehicle wholesaling	1,145	1,208	5.5	3.6	4.1	13.6	7,001	7,805	11.5	33.6	34.1	1.5
Personal and household good wholesaling	1,182	1,223	3.5	4.9	5.4	10.4	7,454	7,903	6.0	42.7	42.8	0.2
Retail trade	8,770	8,857	1.0	25.2	28.2	11.8	5,835	6,147	5.3	33.4	33.8	1.2
Supermarket and grocery stores	3,424	3,406	(0.5)	7.1	7.4	4.5	3,992	3,574	(10.5)	21.3	20.4	(4.2)
Specialised food retailing	659	700	6.2	3.0	3.3	13.2	7,675	8,466	10.3	53.8	52.6	(2.2)
Personal and household good retailing	2,558	2,700	5.6	7.7	8.9	15.1	6,667	6,955	4.3	38.7	38.1	(1.6)
Motor vehicle retailing and services	2,129	2,051	(3.7)	7.4	8.6	14.9	7,128	8,467	18.8	39.1	43.1	10.2
Accommodation, cafes and restaurants	4,365	4,263	(2.3)	14.2	16.4	15.2	6,522	6,731	3.2	42.7	41.1	(3.7)
Accommodation	1,809	1,766	(2.4)	5.5	7.8	42.6	5,589	5,533	(1.0)	36.3	36.1	(0.6)
Pubs, taverns and bars	810	768	(5.2)	3.1	3.1	0.1	8,039	8,099	0.7	53.0	48.7	(8.1)
Cafes and restaurants	1,188	1,131	(4.8)	3.2	3.0	(8.1)	5,643	6,371	12.9	37.7	37.8	0.3
Clubs (hospitality)	558	598	7.2	2.4	2.5	3.8	9,019	8,961	(0.6)	58.0	50.8	(12.4)
Transport and storage	5,762	6,084	5.6	31.3	32.9	4.9	9,183	8,635	(6.0)	44.8	41.7	(6.9)
Road transport	2,181	2,420	11.0	16.5	16.5	(0.3)	11,494	10,779	(6.2)	57.4	54.0	(5.9)
Rail, water, air and other transport	1,921	2,200	14.5	7.7	10.1	31.7	6,590	6,815	3.4	30.2	29.3	(3.0)
Services to transport	1,350	1,164	(13.8)	5.8	5.4	(5.7)	8,270	6,913	(16.4)	39.4	33.8	(14.2)
Storage	310	300	(3.2)	1.3	0.8	(40.2)	7,325	8,224	12.3	38.7	45.3	17.1
Communication services	162	180	11.1	0.8	1.1	24.7	14,604	8,962	(38.6)	69.1	48.8	(29.4)
Finance and insurance	690	721	4.5	2.8	2.8	(1.5)	8,967	9,114	1.6	47.0	46.8	(0.4)
Finance	470	466	(0.9)	1.9	1.7	(9.1)	9,723	8,573	(11.8)	48.3	41.2	(14.7)
Insurance and services to finance and insurance	220	255	15.9	0.9	1.1	14.2	6,632	10,284	55.1	42.9	59.0	37.5
Property and business services	4,692	4,847	3.3	18.0	19.7	9.5	7,412	8,002	8.0	41.5	42.8	3.1
Property services	733	831	13.4	3.4	3.8	11.5	11,565	11,051	(4.4)	56.7	49.6	(12.5)
Scientific, technical and computer services	399	391	(2.0)	2.2	2.2	(1.5)	9,488	10,407	9.7	39.9	40.3	1.0
Legal, accounting, marketing and business services	497	447	(10.1)	1.9	2.8	46.3	9,964	12,047	20.9	51.4	57.4	11.7
Employment services	1,831	1,990	8.7	3.2	4.1	27.4	3,661	3,728	1.8	24.0	22.8	(5.0)
Other business services	1,232	1,188	(3.6)	7.3	6.8	(5.7)	8,546	10,137	18.6	52.1	61.5	18.0
Government administration and defence	7,510	7,394	(1.5)	29.9	30.5	2.0	7,007	7,782	11.1	31.9	34.5	8.2
Local government	3,312	2,973	(10.2)	11.0	10.8	(2.5)	5,129	5,746	12.0	22.7	24.9	9.7
Other government	4,198	4,421	5.3	18.9	19.7	4.6	8,602	9,348	8.7	39.7	41.8	5.3
Education	2,525	2,477	(1.9)	9.5	9.6	1.8	7,460	8,394	12.5	42.4	43.7	3.1
School education	867	893	3.0	2.8	3.1	8.8	6,485	8,425	29.9	32.4	38.2	17.9
Post school education	878	875	(0.3)	3.9	3.7	(2.7)	8,922	9,795	9.8	43.5	42.3	(2.8)
Other education	780	709	(9.1)	2.8	2.9	0.7	6,950	7,319	5.3	48.7	48.9	0.4
Health and community services	8,050	7,855	(2.4)	31.0	31.3	0.8	7,778	7,862	1.1	46.3	44.8	(3.2)
Hospitals	3,604	3,416	(5.2)	13.2	14.3	7.1	7,818	8,090	3.5	44.7	43.6	(2.5)
Nursing homes	1,137	1,007	(11.4)	4.8	4.2	(11.2)	7,432	6,426	(13.5)	47.1	42.7	(9.3)
Other health services	1,231	1,269	3.1	4.6	4.3	(5.5)	9,574	9,885	3.2	51.9	48.5	(6.6)
Community services	2,078	2,163	4.1	8.4	8.5	1.3	7,189	7,409	3.1	46.1	46.2	0.2
Cultural and recreational services	1,509	1,218	(19.3)	6.2	5.9	(6.0)	7,512	9,228	22.8	39.5	45.6	15.4
Motion picture, radio and television services	323	146	(54.8)	1.2	0.7	(42.8)	9,721	16,006	64.7	45.9	75.0	63.4
Libraries, museums and the arts	230	183	(20.4)	0.5	0.6	14.5	3,736	6,295	68.5	20.9	31.7	51.7
Sport and recreation	956	889	(7.0)	4.5	4.6	1.2	7,447	8,548	14.8	40.4	42.8	5.9
Personal and other services	3,904	3,640	(6.8)	15.6	17.9	14.9	10,888	11,791	8.3	50.0	52.8	5.6
Personal services	597	631	5.7	3.2	3.7	17.0	9,310	10,311	10.8	55.8	59.7	7.0
Public order and safety services	2,879	2,635	(8.5)	10.7	12.2	15.2	11,485	12,668	10.3	47.9	50.4	5.2
Other services	428	374	(12.6)	1.7	1.9	9.4	10,478	9,936	(5.2)	51.4	52.2	1.6
<i>Pre 1997 injury or unknown industry</i>	<i>97</i>	<i>129</i>	<i>33.0</i>	<i>3.8</i>	<i>3.3</i>	<i>(12.1)</i>	<i>N/A</i>	<i>N/A</i>	<i>N/A</i>	<i>N/A</i>	<i>N/A</i>	<i>N/A</i>
Total	84,551	84,950	0.5	341.8	358.2	4.8	8,040	8,292	3.1	41.2	40.7	(1.3)



Detailed sub-industry breakdown

The detailed sub-industry breakdown illustrates intimations, payments and average finalised time lost claim costs and durations over the past two financial years (a full listing of the mapping of the breakdown to ANZSIC codes is included in Appendix 1).

The highest average finalised time lost claim costs were in the metal and ore mining sub-industry (\$24,483) and the highest average time lost claim duration was recorded in the 'other agriculture' sub-industry ('other agriculture' includes dairy farming; poultry pig and other livestock farming; animal breeding; sugar and other non-grain crop farming) with an average of 65.1 days.



APPENDICES

2

Industry codes

All industry codes are based on the workers' compensation insurers' coding of industry to the divisions from the "Australian and New Zealand Standard Industry Classification" (ANZSIC), ABS.

Accommodation, cafes and restaurants

- Accommodation (ANZSIC: all 571)
- Pubs, taverns and bars (ANZSIC: all 572)
- Cafes and restaurants (ANZSIC: all 573)
- Clubs (Hospitality) (ANZSIC: all 574)

Agriculture, forestry and fishing

- Horticulture and fruit growing (ANZSIC: all 011)
- Grain, sheep and beef cattle farming (ANZSIC: all 012)
- Other agriculture (ANZSIC: all 01 excluding 011 and 012)
- Other agriculture forestry and fishing (ANZSIC: all 02, 03 and 04)

Communication services

- Communication services (ANZSIC: all 71)

Construction

- General construction (ANZSIC: all 41)
- Site preparation services (ANZSIC: all 421)
- Building structure services (ANZSIC: all 422)
- Installation trade services (ANZSIC: all 423)
- Building completion services (ANZSIC: all 424)
- Other construction services (ANZSIC: all 425)

Cultural and recreational services

- Motion picture, radio and television services (ANZSIC: all 91)
- Libraries, museums and the arts (ANZSIC: all 92)
- Sport and recreation (ANZSIC: all 93)

Education

- School education (ANZSIC: all 842)
- Post school education (ANZSIC: all 843)
- Other education (including preschool) (ANZSIC: all 841 and 844)

Electricity, gas and water supply

- Electricity, gas and water supply (ANZSIC: all 36 and 37)

Finance and insurance

- Finance (ANZSIC: all 73)
- Insurance and services to finance and insurance (ANZSIC: all 74 and 75)

Government administration and defence

- Local government (ANZSIC: all 8113)
- Other government (ANZSIC: all 81 and 82 excluding 8113)

Health and community services

- Hospitals (ANZSIC: all 8611 and 8612)
- Nursing homes (ANZSIC: all 8613)
- Other health services (ANZSIC: all 86 excluding 861)
- Community services (ANZSIC: all 87)

Manufacturing

- Meat and meat product manufacturing (ANZSIC: all 211)
- Other food manufacturing (ANZSIC: all 21 excluding 211)
- Textile clothing, footwear and leather manufacturing (ANZSIC: all 22)
- Wood and paper product manufacturing (ANZSIC: all 23)
- Publishing and recorded media (ANZSIC: all 24)
- Petroleum, coal, chemical and associated product manufacturing (ANZSIC: all 25)
- Non-metallic mineral product manufacturing (ANZSIC: all 26)
- Metal product manufacturing (ANZSIC: all 27)
- Machinery and equipment manufacturing (ANZSIC: all 28)
- Other manufacturing (ANZSIC: all 29)

Mining

- Coal mining (ANZSIC: all 11)
- Metal and ore mining (ANZSIC: all 13)
- Other mining (ANZSIC: all 12 and 14)
- Services to mining (ANZSIC: all 15)



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Personal and other services

- Personal services (ANZSIC: all 95)
- Public order and safety services (ANZSIC: all 963)
- Other services (ANZSIC: all 96 excluding 963)

Property and business services

- Property services (ANZSIC: all 77)
- Scientific and technical services (ANZSIC: all 781 and 782)
- Computer services (ANZSIC: all 783)
- Legal and accounting services (ANZSIC: all 784)
- Marketing and business services (ANZSIC: all 785)
- Employment services (ANZSIC: 7861, 7862, 7863)
- Other business services (ANZSIC: all 786 except 7861 to 7863)

Retail trade

- Supermarket and grocery stores (ANZSIC: all 511)
- Specialised food retailing (ANZSIC: all 512)
- Personal and household good retailing (ANZSIC: all 52)
- Motor vehicle retailing and services (ANZSIC: all 53)

Transport and storage

- Road transport (ANZSIC: all 61)
- Rail transport (ANZSIC: all 62)
- Water, air and other transport (ANZSIC: all 63, 64 and 65)
- Services to transport (ANZSIC: all 66)
- Storage (ANZSIC: all 67)

Wholesale trade

- Basic material wholesaling (ANZSIC: all 45)
- Machinery and motor vehicle wholesaling (ANZSIC: all 46)
- Personal and household good wholesaling (ANZSIC: all 47)

Definitions

▶ STATUTORY DEFINITIONS

- **Admitted claims** – The insurer allows the application for compensation and liability continues to be accepted by the insurer (this is considered to be an initial decision on the claim).
- **Average finalised claim cost** – The average statutory cost of finalised claims.
- **Average finalised time lost claim cost** – The average statutory cost of finalised time lost claims, including any excess amount paid for by the employer. Claims with compensation together with lump sum payments are included as time lost claims.
- **Average finalised time lost claim durations** – Work days lost due to an injury on finalised time lost claims, including any work days lost paid for by the employer. Claims with compensation together with lump sum payments are included as time lost claims.
- **Claim decisions** – The decision made on the claim after the claim has been entered or intimated onto the insurer's computer system. It refers to whether the insurer has accepted liability, admitted, or rejected liability, rejected, for the claim.
- **Employees covered** – Under legislation, the type of workers covered by workers' compensation varies. Between 1 July 1997 and 30 June 2000 a "worker" was limited to PAYE taxpayers, before and after this period the definition of a worker included anybody working under a contract of service. Using ABS definitions, employees are always covered by workers' compensation. "Own account workers" are covered prior to 1 July 1997 and after 30 June 2000 and "employers" and "contributing family members" are not covered.
- **Fatal claims** – All claims where an injury or disease caused the death of an injured worker, excluding cancelled and rejected claims.
- **Finalised claims** – It is considered that the liability has ended through the normal course of the claim (even if it is possible that a continuation may occur in the future), or that an insurer has terminated entitlements to compensation.
- **Industry** – All industry codes are based on the insurers' coding of industry to the divisions from the "Australian and New Zealand Standard Industry Classification", ABS.



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- **Injury nature** – All injury codes are based on the insurers' coding of injury to the nature and location codes of the "Type of Occurrence Classification System", Second Edition, National Occupational Health and Safety Commission (NOHSC). Where large numbers of injury nature classifications occurred (such as strain/sprain and open wound) they have been further broken down using the location of the injury.
- **Intimations** – All claims lodged with insurers, regardless of the outcome (ie. includes cancelled and rejected claims).
- **Medical expense only claim** – All claims which have had medical treatment and rehabilitation payments, excluding those that also had compensation, lump sum or fatality payments.
- **Permanent impairment** – A permanent impairment from an injury is an impairment that is stable and stationary and not likely to improve with further medical or surgical treatment.
- **Psychological and psychiatric injuries** – The injury nature code from the "Type of Occurrence Classification System", Second Edition, National Occupational Health and Safety Commission (NOHSC) has been renamed psychological and psychiatric injuries in this publication and includes claims commonly referred to as "stress" claims.
- **Rejected claims** – The application for compensation is rejected (this is considered to be an initial decision on the claim).
- **Statutory claim payments** – All statutory payments made in 2002-2003, including any payments for time lost made by the employer as part of the compensation period (excess) as reported by WorkCover Qld.
- **Time lost claims** – All claims which have resulted in time lost from work excluding fatalities, (ie. compensation is paid for the time lost), including those with a lump sum payment. Claims with compensation together with lump sum payments are included as time lost claims.

► COMMON LAW DEFINITIONS

- **Average defendant's cost** – The average defendant's cost, regardless of when payments were made, of finalised common law claims (this does not include claims with a \$0 settlement amount).
- **Average plaintiff's cost** – The average plaintiff's cost, regardless of when payments were made, of finalised common law claims (this does not include claims with a \$0 settlement amount).
- **Average settlement cost** – The average settlement cost, regardless of when payments were made, of finalised common law claims (this does not include claims with a \$0 settlement amount).
- **Average time from injury to lodgement** – The average time, in years, from injury date to common law lodgement. These are based on the lodgement year of the common law claim.
- **Average time from lodgement to finalisation** – The average time, in years, from the common law claim lodgement to common law finalisation. These are based on the finalisation year of the common law claim.
- **Common law claim lodgements** – All common law claims lodged with insurers, regardless of the outcome. If a common law claim is associated with more than 1 statutory claim, it will be counted for each statutory claim it is associated with (ie. if 1 common law claim is associated with 3 statutory claims, the common law lodgement has been counted 3 times).
- **Common law claim payments** – All common law payments made within the financial year.
- **Defendant's costs** – Costs incurred by the defendant.
- **Plaintiff's costs** – Costs incurred by the plaintiff.
- **Settlement payments** - Settlement payments are calculated as the gross settlement amount less contributory negligence less contribution from third party less statutory claim payments.



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► MEDICAL ASSESSMENT TRIBUNALS DEFINITIONS

- **Cases determined** – All Cases heard and determined by the Medical Assessment Tribunals.
- **GMAT (Other)** – General Medical Assessment Tribunals including the Medical, Vascular, Surgical, Urology, Gynaecology, Thoracic and Rheumatology specialties. [Excludes General Medical Assessment Tribunal – Psychiatric].
- **GMAT (Psych)** – General Medical Assessment Tribunal – Psychiatric.
- **Referral reasons** – The specific questions which can be asked of the Medical Assessment Tribunals are defined in the *Workers' Compensation and Rehabilitation Act 2003*.
 - **Access to damages** – This is for instances where an application for statutory compensation has not been lodged and the insurer has not admitted that the worker sustained an injury. The worker is seeking common law damages.
 - **Application for compensation** – This reference is used when a worker has made an application for compensation. [Liability has not been accepted for the injury for which the worker is claiming]. The insurer is unable to determine liability for the claim due to matters of a medical nature.
 - **Ongoing capacity for work** – The insurer is asking whether the worker's ongoing incapacity for work is related to the accepted work injury.
 - **Other reasons for referral** – Includes level of dependency, further material deterioration, review panel etc.
 - **PI Assessment** – disputed PI – The insurer is asking the tribunal to determine whether the worker has sustained a permanent impairment. This reference would be used if the worker does not agree with the permanent impairment which has been independently assessed by the insurer.
 - **PI Assessment** – The insurer is asking the tribunal to determine whether the worker has sustained a permanent impairment. Under the legislation for psychiatric or psychological injuries the MAT must determine the degree of PI.
 - **Prescribed disfigurement** – The insurer requests the tribunal to assess, by physical examination, whether the disfigurement is severe enough to be considered prescribed disfigurement.
- **Specialty (Other)** – Medical Assessment Tribunals including the Cardiac, Dermatology, Ear, Nose & Throat, Ophthalmology and Disfigurement specialties.

► REVIEW UNIT DEFINITIONS

- **Confirmed** – Insurers' decision is confirmed by the Review Unit.
- **Set aside** – Insurers' decision is set aside by the Review Unit and a new decision substituted.
- **Varied** – Insurers' decision is varied by the Review Unit.

► APPEALS TO THE INDUSTRIAL MAGISTRATE DEFINITIONS

- **Conceded** – Q-COMP indicates to the parties to the appeal and the court that it will not be defending the review decision.
- **Decided at court** – Appeals that have been dismissed, upheld or struck out at the Industrial Magistrates court.
 - **Dismissed** – After hearing evidence, the Magistrate has dismissed the appeal and confirmed the review decision.
 - **Struck out** – Appeals struck out by the Magistrate because of failure of the appellant to comply with legislative or court requirements.
 - **Upheld** – After hearing evidence, the Magistrate has upheld the appeal and set aside or varied the review decision.
- **Settled** – The parties to the appeal have negotiated a settlement out of court.
- **Withdrawn** – Appeals withdrawn by the appellant prior to court hearing.



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