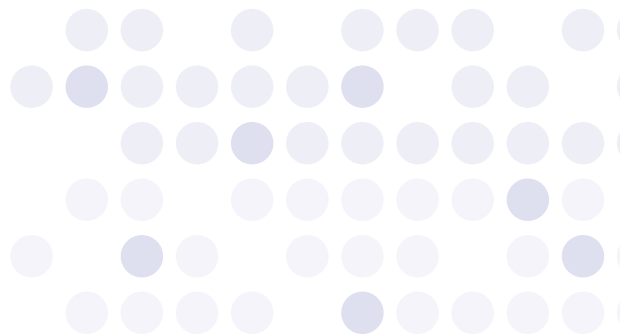


07/08 STATISTICS REPORT

Changing the Experience



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(Note: previous publications about workers’ compensation statistics in Queensland are only available on Q-COMP’s website).

Providing feedback

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Introduction

This is the ninth annual statistical report published by Q-COMP to circulate Queensland workers' compensation scheme-wide data.

This report covers 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 of insurers' decisions
 - appeals to the Industrial Magistrate and Queensland Industrial Relations Commission (QIRC)
 - medical assessment tribunals (MAT).

All figures reported are as at 30 June of the relevant financial year. The only exception to this is fatalities which are reported as at 30 June 2008.

IMPORTANT NOTE: some percentages reported may not add up to 100% due to rounding; all statistics are reported by financial year unless otherwise stated.

About Q-COMP

Q-COMP regulates Queensland's workers' compensation scheme, working with stakeholders to balance the needs of workers and employers and ensuring a fair and efficient scheme for all. Q-COMP provides a range of services, including:

- monitoring insurer performance and compliance with the *Workers' Compensation and Rehabilitation Act 2003* (the Act)
- deciding self-insurance applications
- reviewing insurer decisions
- managing appeals of review decisions
- monitoring employer rehabilitation compliance and providing advice
- supporting the MAT
- maintaining and analysing statistics and reporting on the scheme
- providing workers' compensation information and education
- administering grants.

The Act established Q-COMP as an independent regulatory authority from 1 July 2003. Q-COMP receives no funding from the Government's consolidated revenue and is primarily funded through contributions from insurers. As at 30 June 2008, there were 25 insurers in the scheme – WorkCover Queensland and 24 self-insured employers (visit www.qcomp.com.au for a list of self-insurer licences and the individual companies listed under each licence).

The overall scheme

- The majority of employers (almost 9 in 10) covered by the scheme in 2007–2008 did not have a claim for workers' compensation.
- Claim rates have increased due to the large increase in intimations.
- The manufacturing industry has the highest claim rate.

The Queensland workers' compensation scheme covers approximately 155,000 employers and an estimated 2.2 million workers.

As the following figure illustrates, small employers make up the largest proportion of employers in the scheme (94.7% of all employers).

01

Number of claims per employer by declared wages 2007–2008

Number of claims	Declared wages						Total employers
	< \$1M	\$1M to \$2.5M	\$2.5M to \$5M	\$5M to \$10M	\$10M to \$50M	Over \$50M	
No claims	134,431	1,886	312	85	23	-	136,737
1 claim	9,202	966	229	72	23	-	10,492
2 to 5 claims	3,518	1,465	560	225	88	1	5,857
6 to 10 claims	226	394	311	145	98	6	1,180
11 to 20 claims	38	144	198	183	130	5	698
Over 20 claims	9	36	83	141	302	101	672
Total with claims	12,993	3,005	1,381	766	641	113	18,899
Total	147,424	4,891	1,693	851	664	113	155,636
% without claims	91.2%	38.6%	18.4%	10.0%	3.5%	0.0%	87.9%

The majority of employers (87.9%) did not have a claim for workers' compensation in 2007–2008. Smaller employers (less than \$1 million in declared wages or approximately 20 staff) were the most likely to have no claims (91.2%).

In 2007–2008, 103,071 claims were intimated scheme-wide (excluding cancelled and withdrawn claims). The estimated rates per 100,000 employees are detailed below.

02

Claim rates (per 100,000 employees covered by the scheme)
2003–2004 to 2007–2008

	Annual comparison				
	03/04	04/05	05/06	06/07	07/08
Queensland labour force					
Average number of employed people ('000) ^a	1,826.6	1,914.4	1,998.5	2,068.9	2,143.7
Change from previous year		4.8%	4.4%	3.5%	3.6%
Average number of employees covered ('000) ^b	1,747.0	1,836.6	1,927.1	1,996.1	2,069.2
Change from previous year		5.1%	4.9%	3.6%	3.7%
Queensland Workers' Compensation Scheme					
Intimated claims					
Number	83,848	83,485	85,751	97,660	103,071
Change from previous year		-0.4%	2.7%	13.9%	5.5%
Claim rate					
Number per 100,000 employees covered ^b	4,799.5	4,545.8	4,449.7	4,892.5	4,981.2
Change from previous year		-5.3%	-2.1%	10.0%	1.8%

^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 definitions)

The following figure shows claim rates and claim intimations in the scheme for the past six years. Despite the high growth in intimations in Queensland (up 25.0%) since 2002–2003, subsequent claim rates have increased by only 3.5%.

03

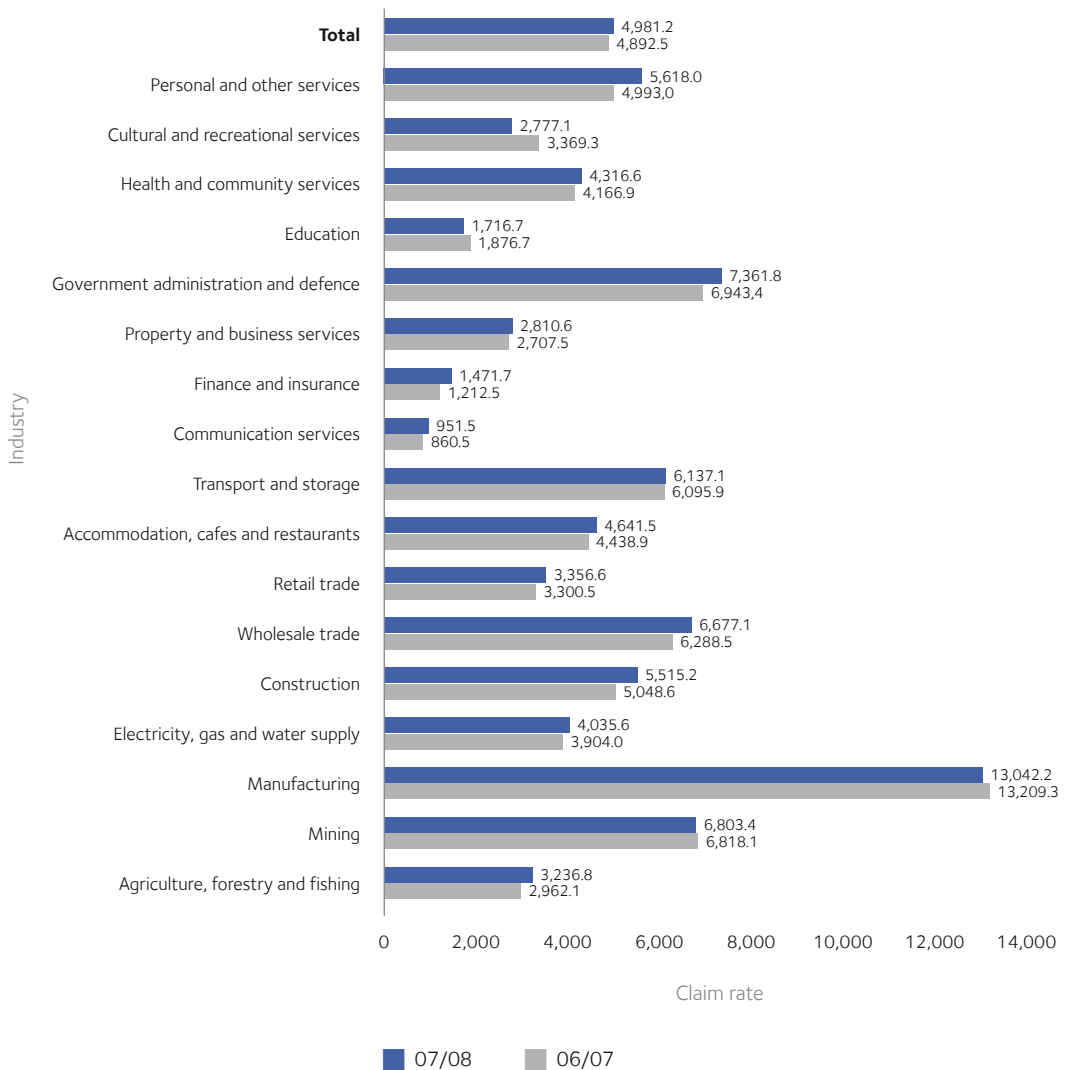
Claim rates (per 100,000 employees covered by the scheme) and intimations
2002–2003 to 2007–2008



Manufacturing had the highest claim rate in the scheme, with 13,042.2 claim intimations per 100,000 persons covered in the industry. Other industries where the claim rate was larger than the scheme rate of 4,981.2 include government administration and defence (7,361.8), mining (6,803.4), wholesale trade (6,677.1) and transport and storage (6,137.1).

04

Claim rates (per 100,000 employees covered by the scheme) by industry
2006–2007 and 2007–2008

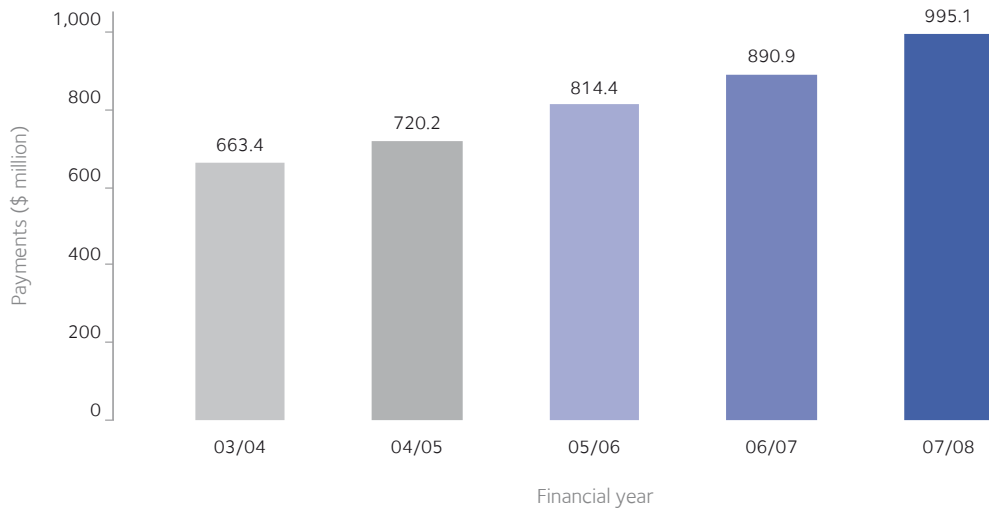


Workers' compensation payments

The total scheme payments increased by 11.7% and the statutory payments increased by 12.4%.

Total payments for workers' compensation claims in 2007–2008 were \$995.1 million. Common law payments made up 38.6% (\$384.5 million) and statutory claim payments made up 61.4% (\$610.6 million).

05 Scheme payments 2003–2004 to 2007–2008



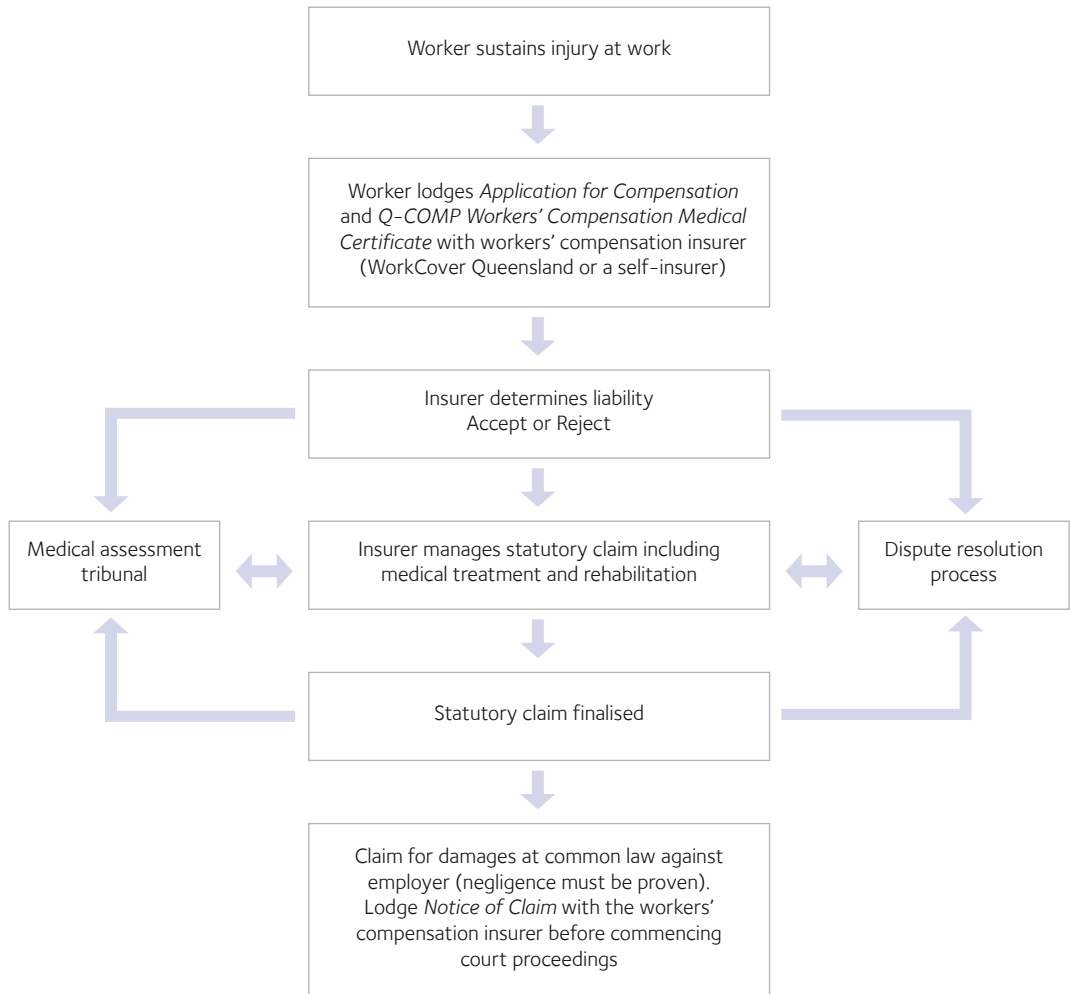
Workers' compensation claims

In Queensland, workers have access to a no fault statutory workers' compensation scheme and, where negligence exists, injured workers may be able to access damages at common law.

The following figure illustrates the progression of a workers' compensation claim through the statutory claims process and on to common law. Each of the key phases of the claim is examined in more detail through this publication.

06

Workers' compensation claims process



Claim intimations

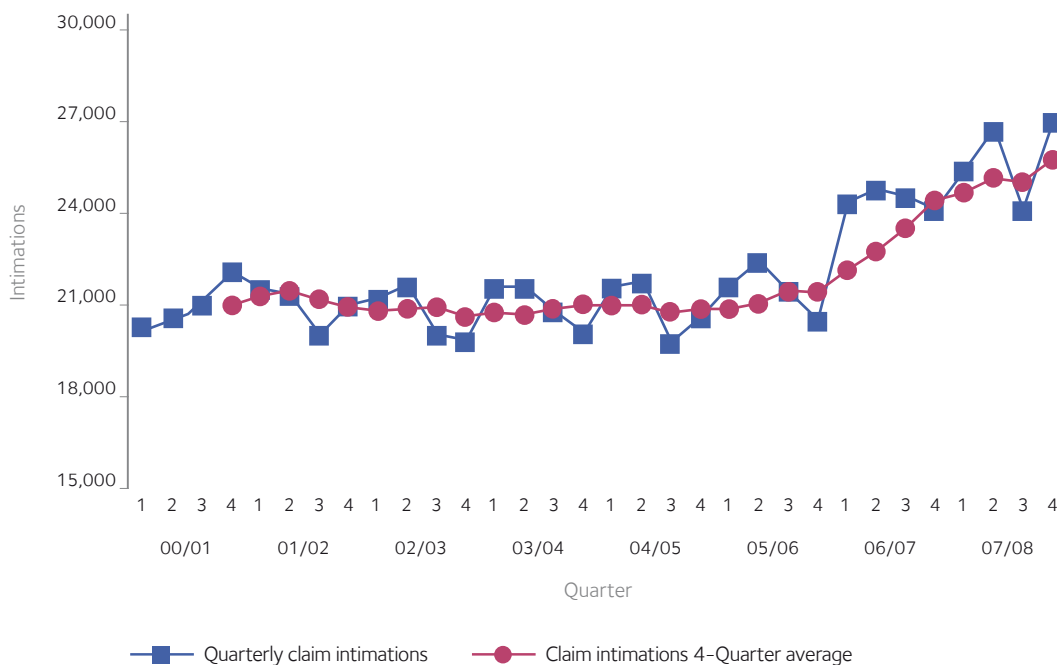
- Intimations increased by 5.5% in 2007–2008. WorkCover Queensland implemented a fax fee initiative^a in July 2006 to encourage shorter timeframes between the time of injury, and access to both compensation and appropriate rehabilitation services. The potential impact of the fax fee initiative on intimations was to increase reporting of shorter duration or medical expense only claims which may have previously gone unreported.
- **Note:** cancelled and withdrawn claims have been excluded from the intimations reported.
- There were 106 fatal claims intimated in 2007–2008.

Many factors influence the number of claims intimated in the Queensland workers' compensation scheme. Some of the 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
- work process changes within industry – for example, automation, improved workplace health and safety practices
- changes in insurer practices – for example, the fax fee initiative by WorkCover Queensland.

In 2007–2008, there were 103,071 claims intimated (excluding cancelled and withdrawn claims), representing a 5.5% increase from 2006–2007. The figure below illustrates claim intimations per quarter from 2000–2001 to 2007–2008.

07 Claim intimations, quarterly 2000–2001 to 2007–2008



^a Since July 2006, WorkCover Queensland has encouraged the early lodgement of claims through their fax fee initiative. WorkCover Queensland has implemented an administrative process through which they pay a \$10 fee to doctors when the medical practice faxes the injured worker's application form, medical certificate and invoice to WorkCover Queensland. Doctors are usually the first point of contact for an injured worker, so this initiative ensures the claim is lodged with WorkCover Queensland as early as possible, allowing for earlier rehabilitation intervention.

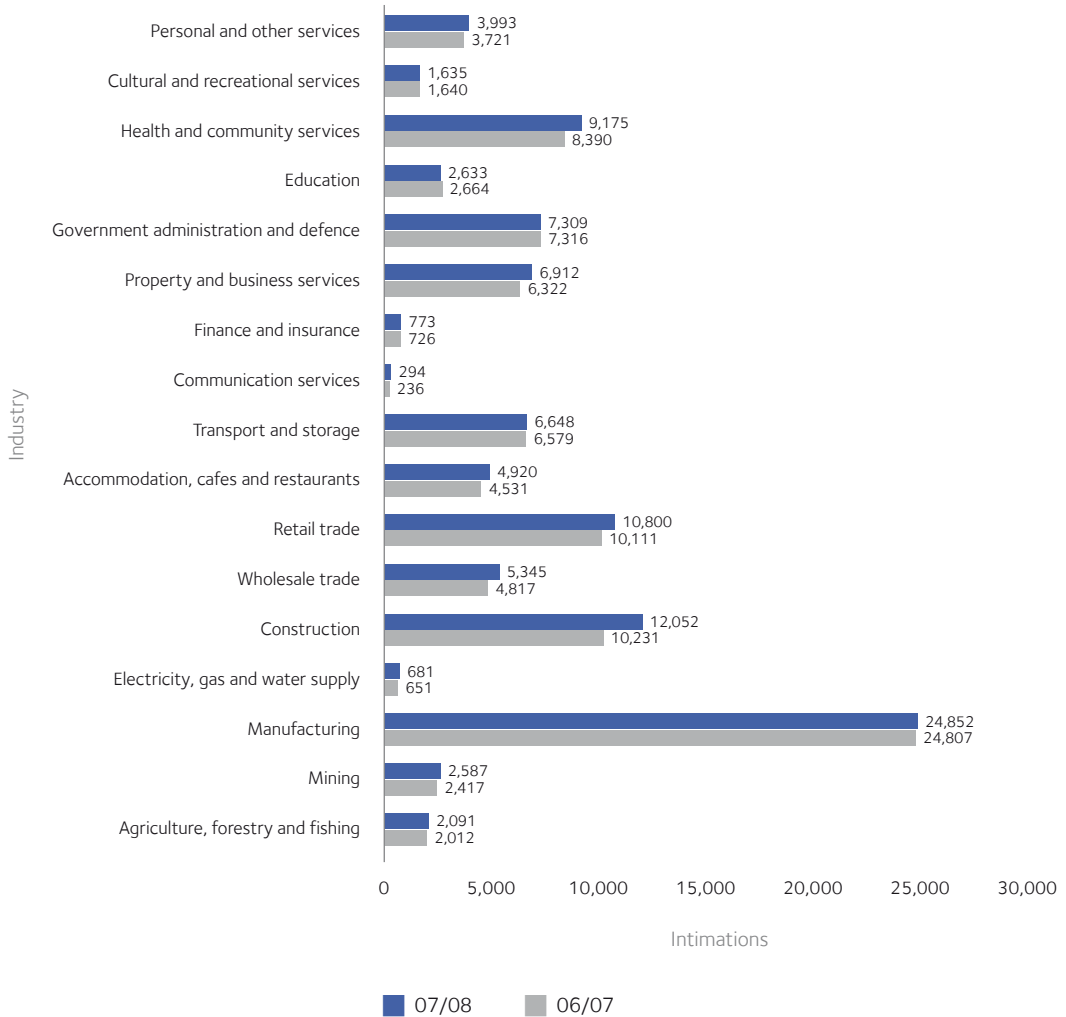
Industry

The manufacturing industry accounted for the largest proportion of claim intimations with 24.1% of all scheme intimations.

The largest percentage increase in claim intimations was for communication services (up 24.6%) and construction (up 17.8%).

08

Statutory claim intimations by industry 2006–2007 and 2007–2008



Injury type

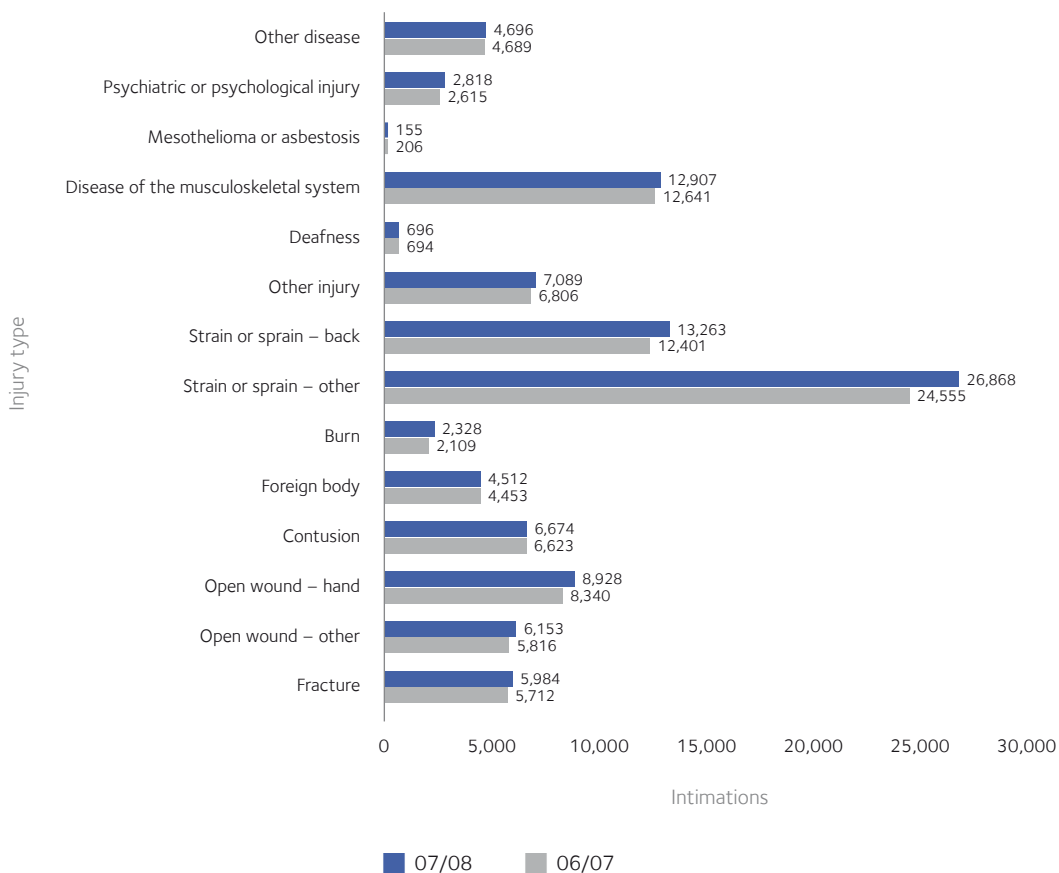
Strain or sprain injury claims accounted for over a third (38.9%) of all injuries intimated in 2007–2008. Of these, the back was the major body location (accounting for over one tenth or 12.9% of all intimations).

Burns experienced a large increase (up 10.4%) from 2,109 in 2006–2007 to 2,328 in 2007–2008.

Mesothelioma or asbestosis claims experienced a decrease of 24.8% (down from 206 in 2006–2007 to 155 in 2007–2008). No other injury types experienced a decrease in intimations in 2007–2008.

09

Statutory claim intimations by injury type 2006–2007 and 2007–2008



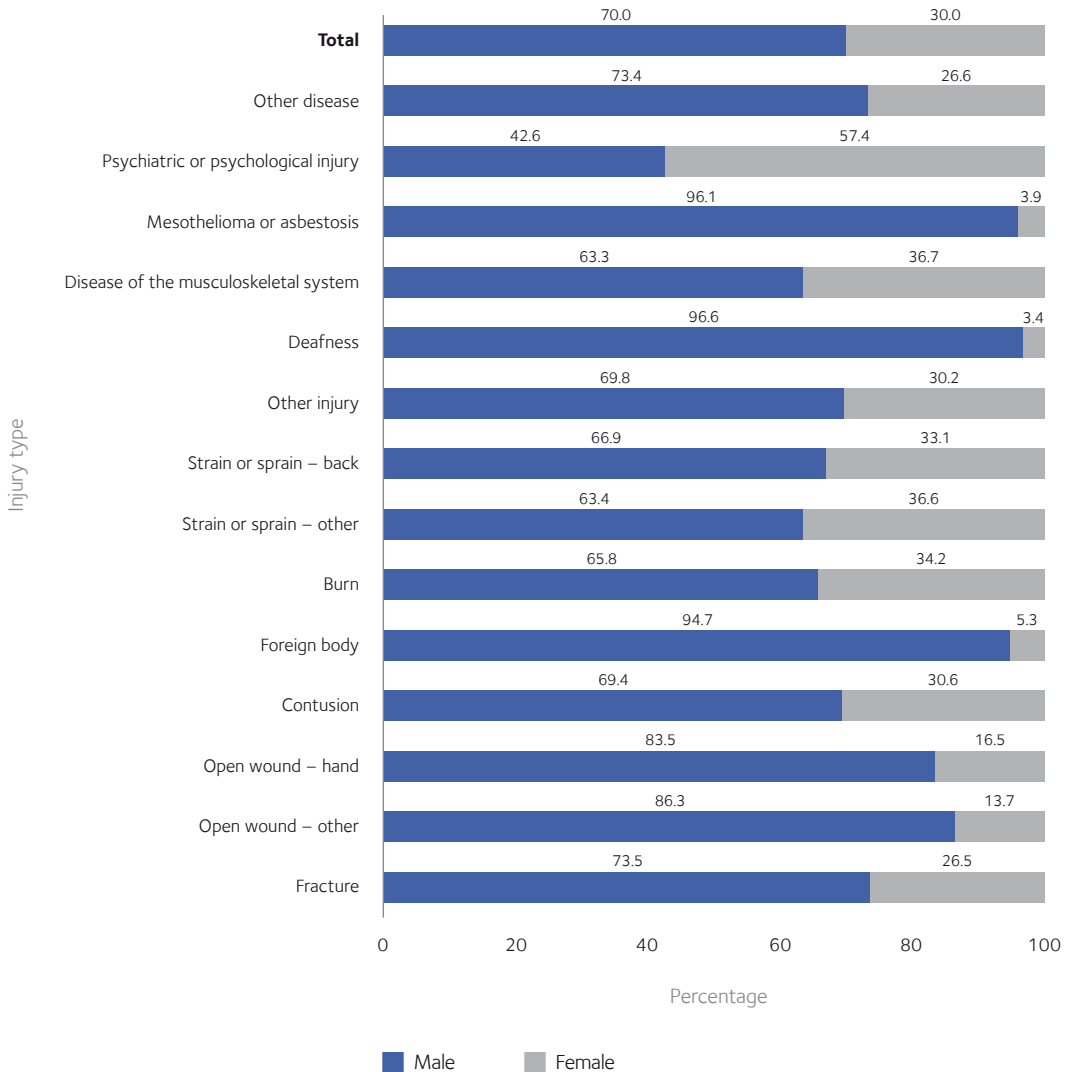
Gender

In 2007–2008, males represented 70.0% (n = 72,099) of the 103,071 claims intimated in the Queensland workers' compensation scheme. Injuries where males represented a much higher proportion of claims than females were deafness (96.6%), mesothelioma or asbestosis (96.1%), foreign body (94.7%) and open wound to both the hand (83.5%) and other locations (86.3%).

The only injury type where females were represented more than males was psychiatric or psychological injury, where females accounted for 57.4% of claims.

10

Proportion of statutory claim intimations by injury type and gender 2007–2008

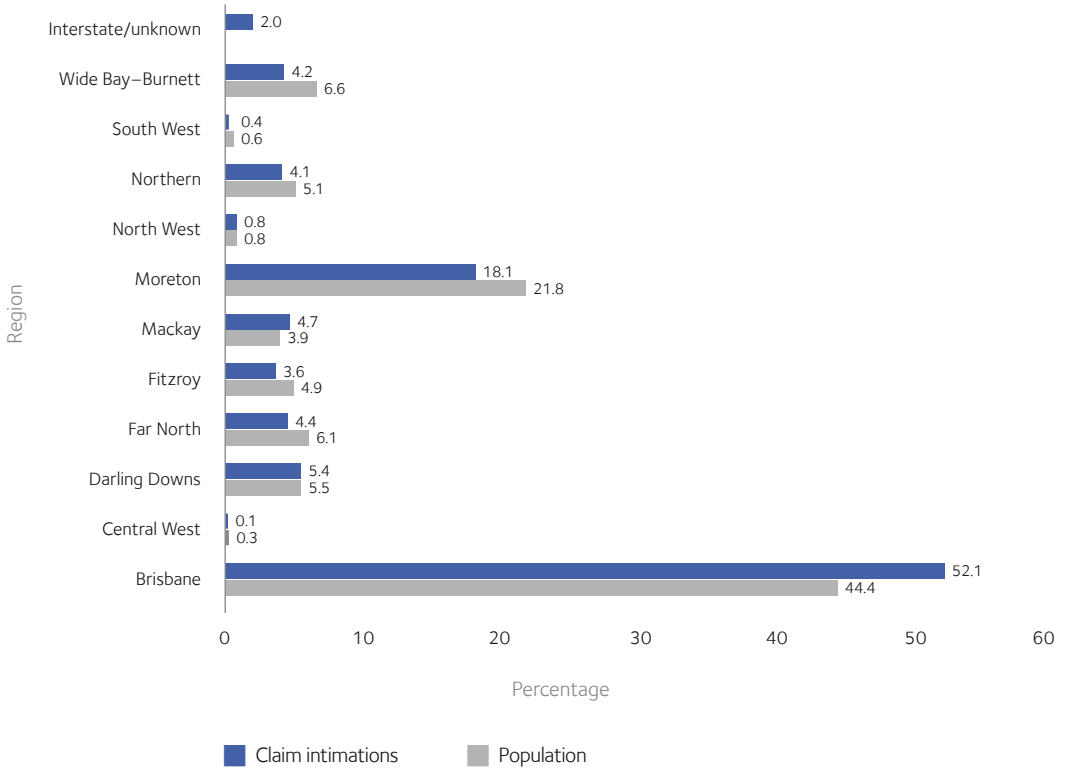


Geographical region

In 2007–2008, the Brisbane region represented more than half (52.1%) of the 103,071 claims intimated in the Queensland workers’ compensation scheme, based on the address of the injured worker (compared to 44.4% of the Queensland population). The next largest region was Moreton, representing 18.1% of intimations (21.8% of the Queensland population).

11

Proportion of statutory claim intimations and population by region 2007–2008



Note: Population figures are based on Australian Bureau of Statistics, Regional population Growth for Queensland, 2006–07, Cat No. 3218.0, March 2008.

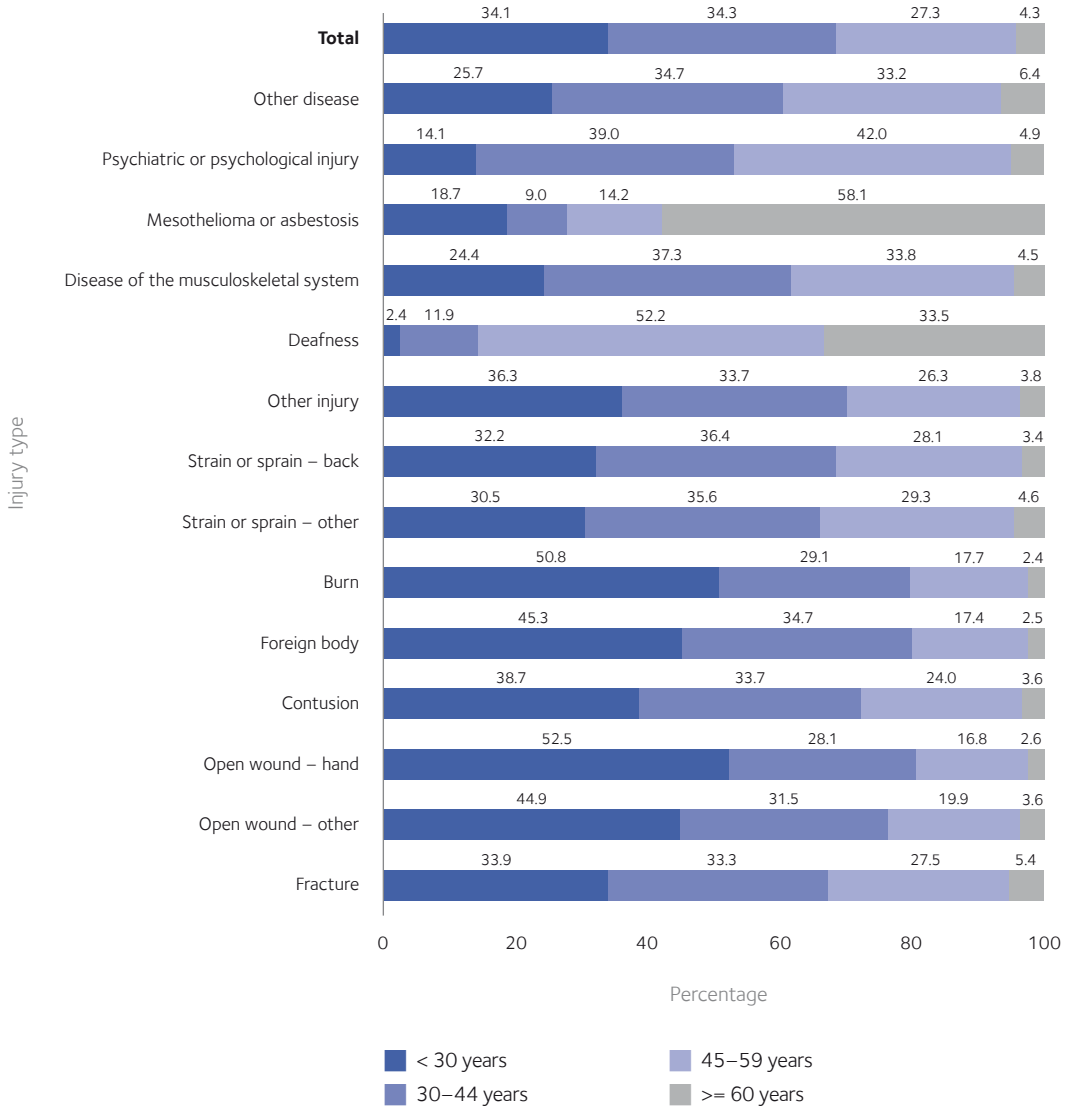
Age

While older workers (60 years +) represented only 4.3% of all claims intimations, they have a high representation for injuries such as deafness and mesothelioma or asbestosis.

Injury types where younger workers (< 30 years) represented a greater proportion include open wound, burn and foreign body.

12

Proportion of statutory claim intimations by injury type and age group 2007–2008



Fatalities

Compensated fatalities are included in the year a workers' compensation claim is lodged, not the year the worker died. Considerable time can, therefore, elapse between claim lodgement and the death of the injured worker.

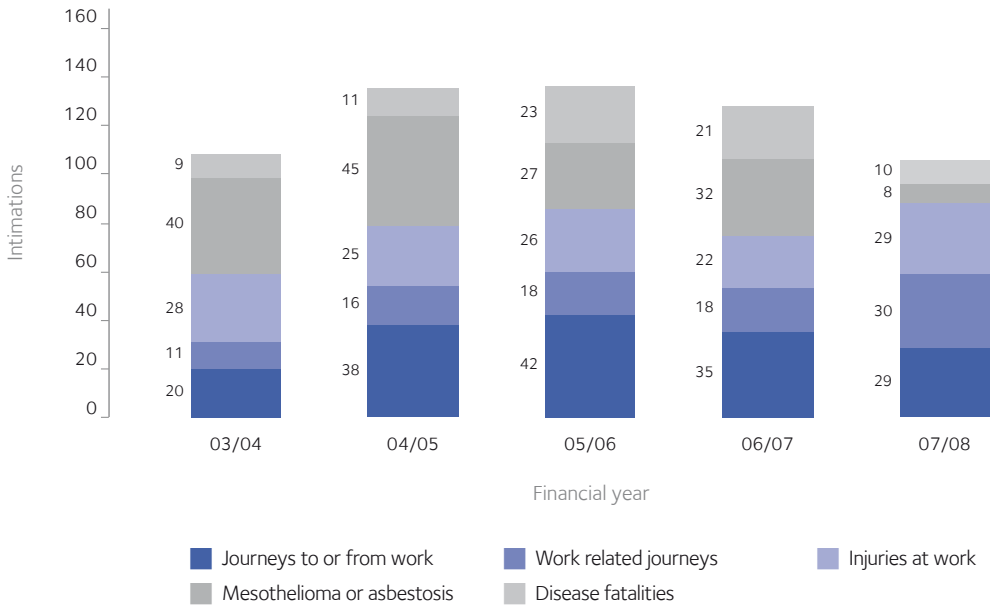
Because these figures are subject to development over time, comparisons between years have not been made.

In 2007–2008, we changed the way we report fatal claims. Where previously any claim with a fatal application was reported as a fatality, Q-COMP now only reports the claim as a fatality if the insurer has accepted the fatal application. For this reason, the number of fatalities has decreased from those previously reported – the figure below shows the adjusted fatal claim intimation numbers.

There were 106 fatalities intimated in 2007–2008.

13

Fatal claim intimations (excluding cancelled and withdrawn claims)
2003–2004 to 2007–2008



In 2007–2008:

- over one-quarter (27.4%) of fatalities intimated were due to **injuries at work**
- over a quarter (27.4%) of fatalities resulted from **journeys to or from work**
- **work related journeys** – that is, journeys which occur as a part of the person's work—accounted for 28.3% of fatalities
- **disease** related fatalities (excluding mesothelioma or asbestosis) represented almost one-tenth (9.4%) of fatalities intimated
- **mesothelioma or asbestosis** fatalities accounted for 7.5% of fatalities.

The industries recording the highest number of fatal injury intimations in 2007–2008 were transport and storage (31.1%, n = 33), property and business services (11.3%, n = 12) and construction (10.4%, n = 11).

Claim decision-making process

- Decision timeframes decreased slightly for the 2007–2008 year.
- Rejections and claims for a psychiatric or psychological injury take longer to decide.
- Claims for psychiatric or psychological injury and mesothelioma or asbestosis have a higher chance of rejection.
- 83.3% of rejections are due to the injury not meeting the definition under the Act.
- Claims which are lodged with the insurer early are determined quicker, on average.
- Rejections are more likely to progress to a review than claims which are accepted.

Once the insurer receives a complete application for compensation, they will determine whether or not the claim is compensable under the *Workers' Compensation and Rehabilitation Act 2003* (the Act). Insurers have 20 business days to determine liability for both physical injuries and psychiatric or psychological injuries, lodged after 1 January 2008. Prior to this, insurers had 40 business days for physical injuries and 60 business days for psychiatric or psychological injuries.

Where injuries are difficult to determine due to medical complexities, they may be referred to a medical assessment tribunal (MAT) to determine whether the medical matters alleged in the application for compensation constitute an injury.

If parties (either the worker or the employer) are dissatisfied with the insurer's decision, a dispute resolution process is available. The process involves an initial independent administrative review of the insurer's decision by Q-COMP, followed by an appeal to either the Industrial Magistrate or Queensland Industrial Relations Commission (QIRC) if the parties are dissatisfied with Q-COMP's review decision. The court or QIRC decision may be appealed in the Industrial Court.

The following figure demonstrates the decision-making process for new claims.

14

Claims decision-making process



The following figure illustrates the change in decision-making timeframes in 2006–2007 and 2007–2008.

15

Average time to decide by injury type 2006–2007 and 2007–2008

Injury type	Average decision timeframes (days)	
	06/07	07/08
Fracture	7.4	7.3
Open wound – other	6.0	6.1
Open wound – hand	5.8	5.9
Contusion	6.9	6.6
Foreign body	5.7	5.9
Burns	5.9	6.5
Strain or sprain – other	9.6	9.2
Strain or sprain – back	9.8	9.6
Other Injury	9.7	10.7
Deafness	34.7	39.9
Disease of the musculoskeletal system	12.7	11.5
Mesothelioma or asbestosis ^a	119.4	87.0
Psychiatric or psychological injury	59.0	53.2
Other disease	20.0	18.3
Total average	10.9	10.5

^a Mesothelioma or asbestosis claims may have legal representation which can slow the decision-making process

Overall, average decision-making timeframes decreased slightly to 10.5 days in 2007–2008 from 10.9 days in 2006–2007. This followed no change to average timeframes between 2005–2006 and 2006–2007.

The injury type with the greatest increase in decision times was deafness from 34.7 days to 39.9 days (15.1% increase). Mesothelioma or asbestosis claims experienced the largest decrease where average timeframes dropped from 119.4 days to 87.0 days (27.1% decrease).

The following figure illustrates decision-making timeframes and outcomes for claims determined in 2007–2008.

16

Decisions made and average time to decide by decision type and injury type 2007–2008

Injury type	Number of decisions	Proportion of decisions		Average decision time		
		Admitted %	Rejected %	Admitted days	Rejected days	Total days
Fracture	5,853	97.6	2.4	6.7	29.2	7.3
Open wound – other	5,931	99.2	0.8	5.9	28.2	6.1
Open wound – hand	8,741	99.5	0.5	5.8	31.5	5.9
Contusion	6,488	99.1	0.9	6.4	27.4	6.6
Foreign body	4,401	99.5	0.5	5.9	23.3	5.9
Burn	2,267	99.1	0.9	6.3	25.9	6.5
Strain or sprain – other	26,090	98.3	1.7	8.6	39.5	9.2
Strain or sprain – back	12,831	98.2	1.8	9.0	39.6	9.6
Other injury	6,691	96.2	3.8	9.2	49.9	10.7
Deafness	640	92.8	7.2	38.7	55.8	39.9
Disease of the musculoskeletal system	12,621	96.3	3.7	10.2	44.3	11.5
Mesothelioma or asbestosis	113	84.1	15.9	78.1	133.9	87.0
Psychiatric or psychological injury	2,534	38.7	61.3	31.5	66.8	53.2
Other disease	4,465	91.8	8.2	14.8	58.1	18.3
Total	99,666	96.3	3.7	8.8	53.8	10.5

Most claims (96.3%) were accepted by insurers with an average determination time of 8.8 days. On average, decision timeframes tended to be longer for:

- rejected claims – determined in 53.8 days on average compared to 8.8 days on average for accepted claims
- diseases, particularly psychiatric or psychological injury claims (average 53.2 days to determine) and mesothelioma or asbestosis claims (average 87.0 days to determine).

Diseases tended to have higher rejection rates than injuries – 61.3% of psychiatric or psychological injury claims and 15.9% of mesothelioma or asbestosis claims were rejected.

Reasons for claim rejection

Insurers reject claims where, for some reason, the event or the person is not covered under the Act. For 83.3% of rejected claims, the reason for rejection was that the injury did not meet the definition under the Act. Only a small percentage of claims were rejected for other reasons.

The following figure details the main reasons claims were rejected.

17

Rejected claims by reason for rejection 2006–2007 and 2007–2008

Reason for rejection	06/07		07/08	
	Number of rejections	% of rejections	Number of rejections	% of rejections
Not an injury – s.32	2,774	82.0	3,090	83.3
Not a worker – s.11	137	4.0	131	3.5
Out of time – excluded under s.131	121	3.6	93	2.5
Journey – substantial delay, interruption or deviation – s.36(2)(b)	71	2.1	58	1.6
Invalid Application – s.132	104	3.1	168	4.5
Industrial deafness – excluded under s.125 – initial application	40	1.2	31	0.8
Not a journey – s.35	58	1.7	41	1.1
Other	78	2.3	99	2.7
Total	3,383	100	3,711	100

Determination of medically complex claims

Where an insurer is unable to determine a claim due to complex medical issues, the matter may be referred to a medical assessment tribunal to determine whether the medical matters alleged in the application for compensation constitute an injury.

Of the 99,666 claims determined 2007–2008, only 74 claims were referred to a medical assessment tribunal for determination of the worker's injury for an application for compensation. In these cases, 44 (59.5%) were accepted and the remaining 30 (40.5%) cases were rejected.

Disputation of insurer claim determination decisions

Both the injured worker and employer are able to dispute an insurer's claim determination decision. While only a small percentage of accepted claims are disputed by employers (0.4%), over one third (37.6%) of rejected claims are disputed by either the employer or the injured worker.

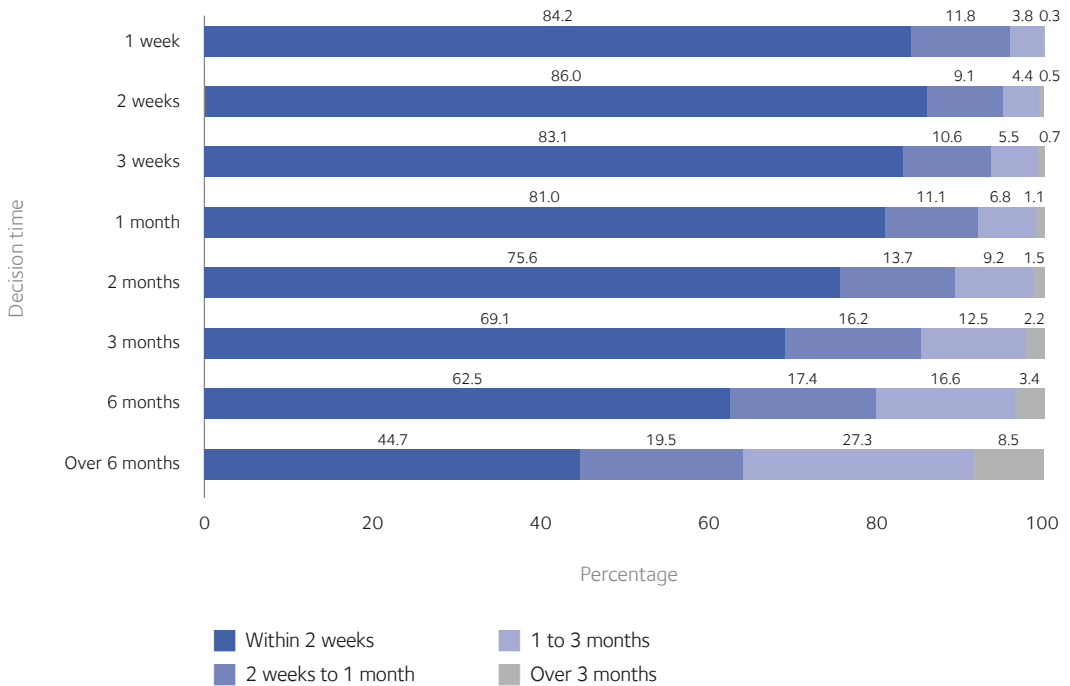
Impact of lodgement time on determination time

Delays in the lodgement of a claim leads to delays in the decision-making process and, ultimately, additional costs for the claim.

Over 80% of claims lodged within the first month of the injury are determined by the insurer within two weeks. The proportion decided within two weeks decreases as the time to lodge the claim increases. For claims lodged more than six months after an injury, the proportion determined in less than two weeks drops to 44.7%.

Delays in the time from injury to the lodgement of a claim also cause delays in the investigation and decision-making process. The following figure illustrates the link between lodgement and decision-making timeframes.

18 Decision-making timeframes for claims decided in 2007–2008 by the time taken to lodge the claim



Claim management

Open claims

The number of claims open at the end of the financial year increased 4.8%, while the duration of these claims increased by 0.2%.

The following figure illustrates the breakdown of current claims within the scheme.

19

Number of claims and average duration for claims open as at 30 June 2008 by claim type, duration and injury nature

Claim type and duration	Claims				Average workdays lost		
	Psych	Other	Total	%	Psych	Other	Total
Medical expense only claims	88	16,600	16,688	37.3	N/A	N/A	N/A
Time lost claims (TLC) (by workdays lost timeband)							
1–5 days	58	8,251	8,309	18.6	3.0	2.7	2.7
6–10 days	63	3,470	3,533	7.9	7.9	7.8	7.8
11–20 days	78	3,223	3,301	7.4	15.1	14.8	14.8
21–40 days	78	3,613	3,691	8.2	30.0	29.5	29.5
41–65 days	88	2,517	2,605	5.8	52.3	52.0	52.0
66–130 days	127	3,102	3,229	7.2	101.1	93.2	93.5
131–260 days	167	2,053	2,220	5.0	189.5	182.1	182.7
Over 260 days	160	1,037	1,197	2.7	423.2	399.7	402.8
TLC Sub-total	819	27,266	28,085	62.7	147.7	51.8	54.6
Total	907	43,866	44,773	100	N/A	N/A	N/A

In almost a fifth (19.5%) of psychiatric or psychological time lost claims currently open, the worker involved has had more than a year off work compared to only 3.8% of those where there is a physical claim.

20

Number of claims and average duration for open time lost claims as at 30 June 2007 and 30 June 2008

Open time lost claims as at:	Claims			Average workdays lost		
	Psych	Other	Total	Psych	Other	Total
30 June 2007	808	25,460	26,268	163.5	51.0	54.5
30 June 2008	819	27,266	28,085	147.7	51.8	54.6
Variance	1.4%	7.1%	6.9%	-9.7%	1.6%	0.2%

The number of time lost claims increased from 26,268 as at 30 June 2007 to 28,085 as at 30 June 2008 and the average duration of open claims increased slightly from 54.5 days to 54.6 days.

Claim payments

- There was a 12.4% increase in statutory payments made in 2007–2008, consistent across most payment types.

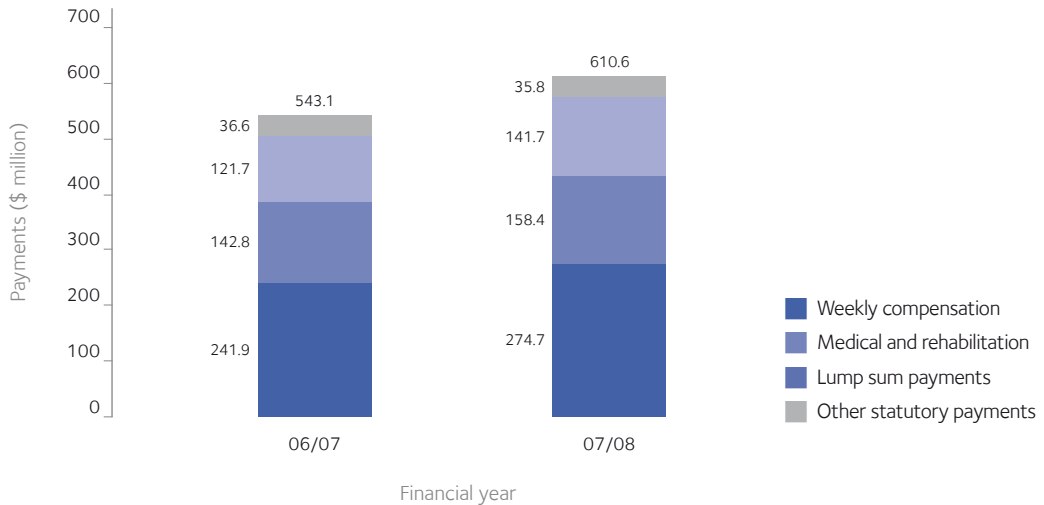
Statutory payments made in 2007–2008 increased by 12.4%, consistent across most payment types.

During the management of a claim, payments are made to the worker for weekly compensation to replace wages, lump sums for permanent impairment (PI) and a broad range of services such as medical treatment and rehabilitation.

The following figure illustrates the amount paid on statutory claims in 2006–2007 and 2007–2008.

21

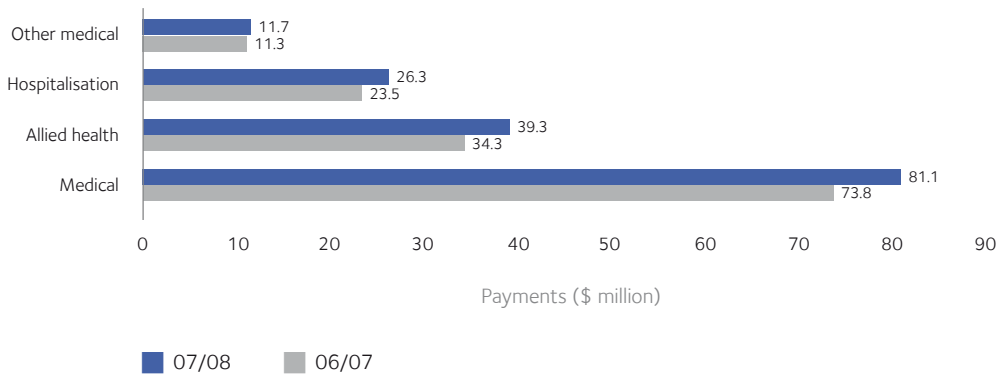
Statutory claim payments by payment type 2006–2007 and 2007–2008



The total amount spent on claims for the year has increased by 12.4% from \$543.1 million in 2006–2007 to \$610.6 million in 2007–2008.

The category showing the largest increase was lump sum payments (up 16.4%) followed by weekly compensation payments (up 13.6%).

There was also a 10.9% increase in medical and rehabilitation payments while other statutory payments decreased by 2.2%.



Payments for medical treatment accounted for more than half (51.2%) of all payments for medical and rehabilitation fees paid in the scheme in 2007–2008.

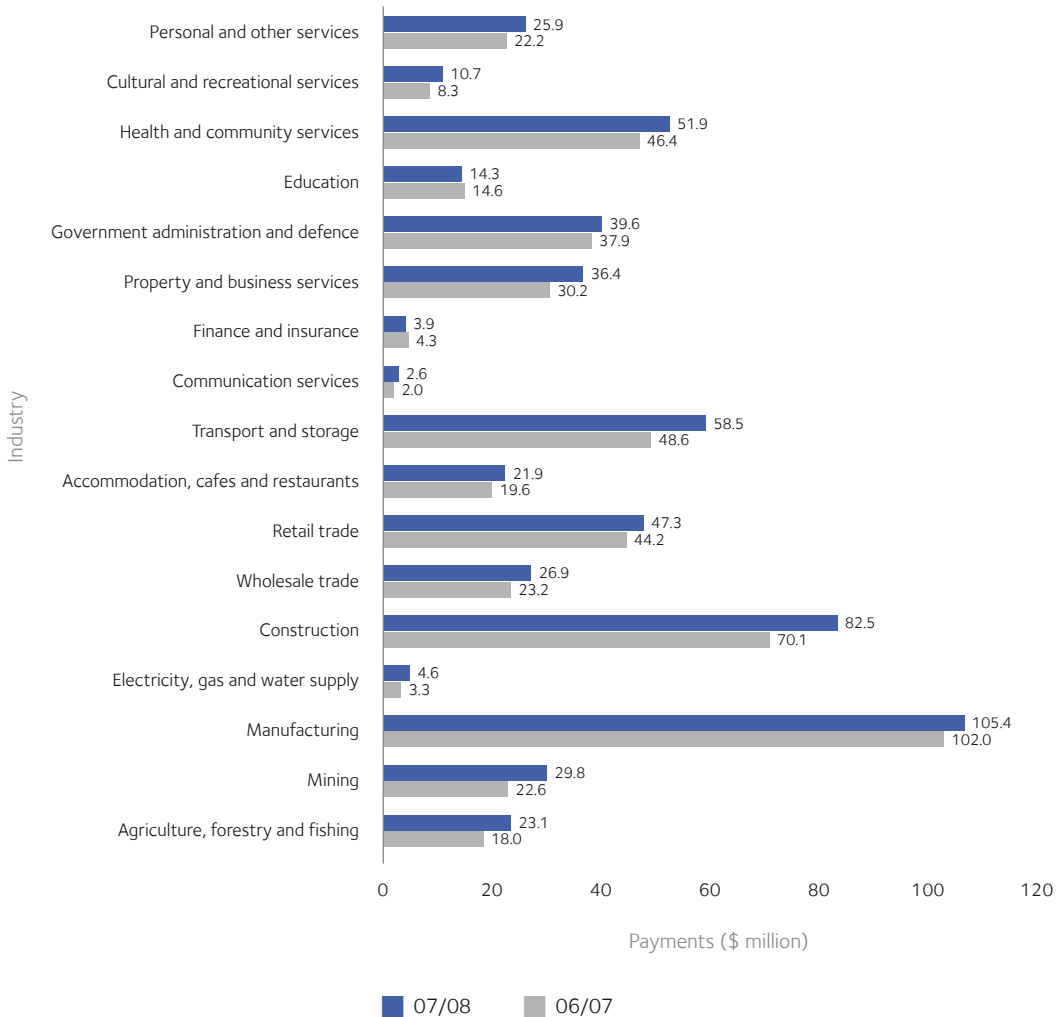
Payments by industry

Claims from the manufacturing industry accounted for the largest proportion (17.3%) of statutory claim payments in 2007–2008.

While claim intimations for communication services increased by 24.6% (based on a small number of claims), it experienced one of the largest percentage increases in statutory claim payments (up 33.9%) from \$2.0 million in 2006–2007 to \$2.6 million in 2007–2008.

23

Statutory claim payments by industry 2006–2007 and 2007–2008

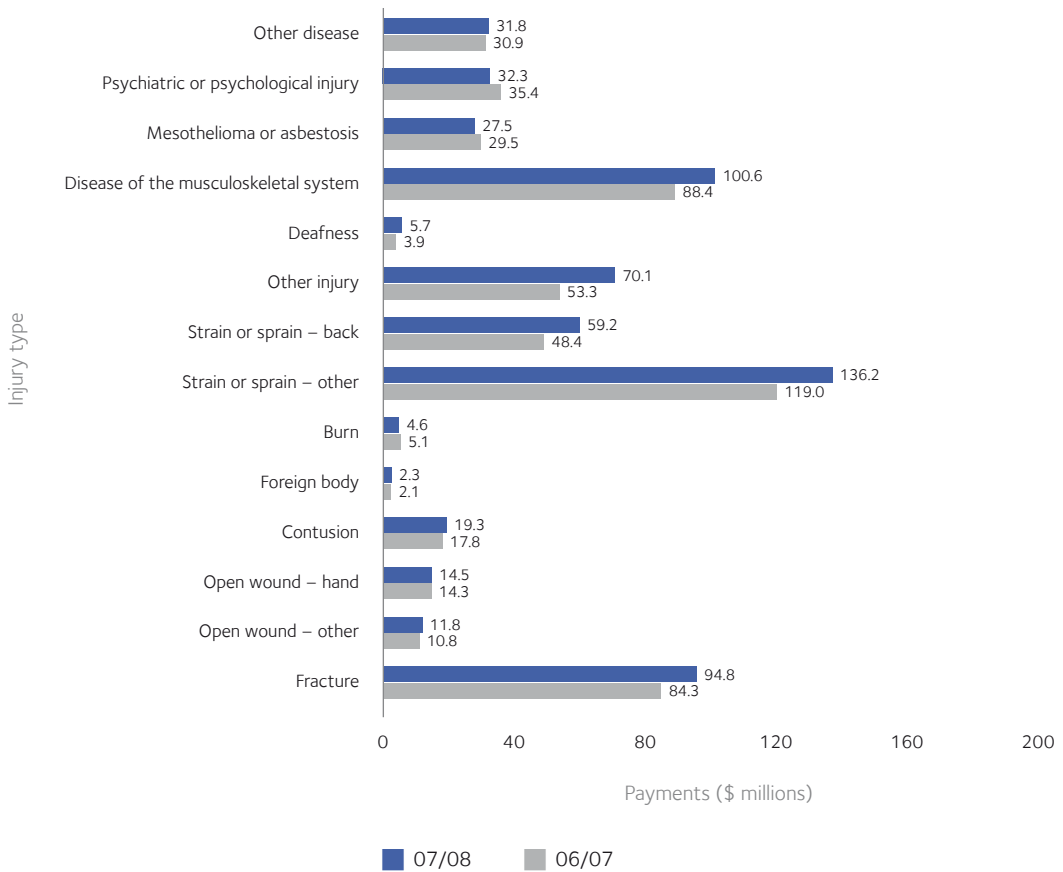


The majority of statutory claim payments (22.3%) in 2007–2008 were for claims with a primary injury type of strain or sprain to a location other than the back. Disease of the musculoskeletal system claims accounted for 16.5% of statutory claim payments made in 2007–2008.

Injury types that experienced the largest percentage increase in statutory claim payments were deafness (up 45.7%), strain or sprain to the back (up 22.2%), and strain or sprain to a location other than the back (up 14.5%).

24

Statutory claim payments by injury type 2006–2007 and 2007–2008



Ongoing incapacity

- Psychiatric or psychological injury cases are more likely than physical injury cases to proceed to a medical assessment tribunal (MAT) for determination of ongoing incapacity.
- Less than 15% of cases referred for an ongoing incapacity decision are denied.
- Almost a quarter (23.2%) of psychiatric or psychological injury cases received no permanent impairment (PI) at the tribunal.
- Over half (53.3%) of cases referred for a disputed PI assessment are unchanged by the MAT.

Insurers are able to manage and cease claims administratively under the *Workers' Compensation and Rehabilitation Act 2003* and did so for 1,410 claims in 2007–2008. Where conflicting medical information means an insurer is unable to determine whether the worker is incapacitated for work because of the injury, the insurer may refer the worker to a medical assessment tribunal (MAT). In 2007–2008, 978 cases were referred to a MAT to determine ongoing incapacity for work.

The following figure illustrates the number of cases determined at a MAT for ongoing incapacity and the outcomes.

25

Cases heard in 2007–2008 for ongoing incapacity and the outcomes by tribunal type

Ongoing incapacity	Psychiatric Tribunal (N=763) %	Orthopaedic Tribunal (N=161) %	Other (N=54) %	Total (N=978) %
No ongoing incapacity for work from the injury	6.4	31.1	35.2	12.1
Ongoing incapacity (requires further treatment)	10.9	9.9	18.5	11.1
Ongoing incapacity (stable and stationary)	82.7	59.0	46.3	76.8
Total	100	100	100	100

Psychiatric or psychological injury cases are more likely to have an ongoing incapacity (93.6%) with 10.9% of all cases seen by this MAT requiring ongoing treatment.

Permanent impairment (PI)

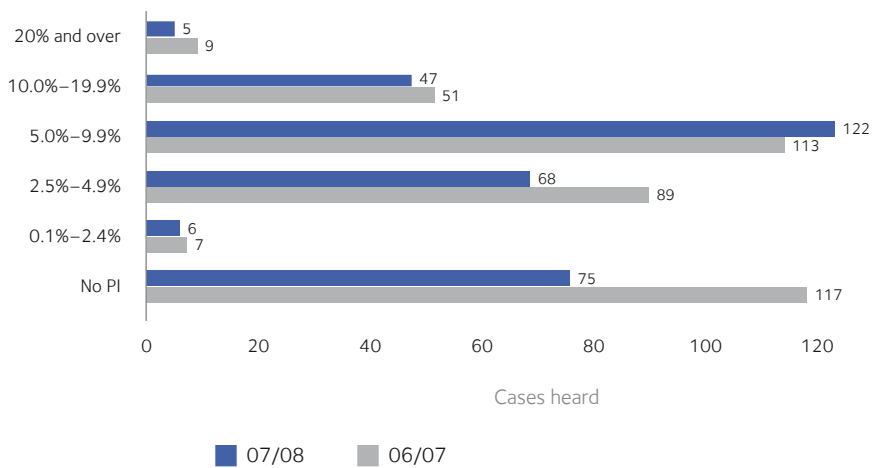
This section looks at claims that have been assessed for PI. An assessment for PI is taken when the injury is stable and stationary and not likely to improve with further medical or surgical treatment.

Psychiatric or psychological PI

Psychiatric or psychological injury claims can only be assessed for PI by a medical assessment tribunal. The following figure shows the level of impairment determined for psychiatric or psychological PI cases heard in 2006–2007 and 2007–2008.

26

Psychiatric or psychological permanent impairment cases heard by the MAT by level of impairment 2006–2007 and 2007–2008



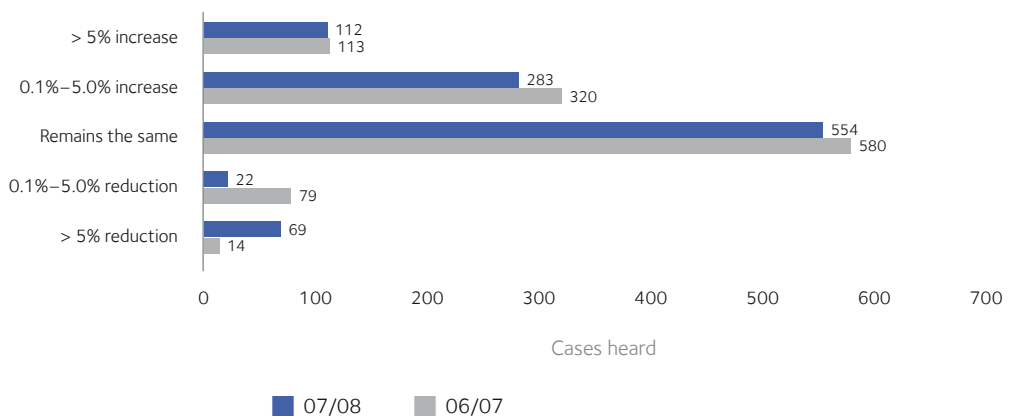
Disputed PI

Where an injured worker does not agree with the assessed level of PI they may be referred to a MAT to determine the final level of PI.

In 2007–2008, 1,040 cases were heard by a MAT where the PI assessment had been disputed. The following figure illustrates the outcome of disputed PI referred to a MAT.

27

Outcomes of disputed permanent impairment cases heard by a MAT 2006–2007 and 2007–2008



Work related impairment (WRI)

Where a worker has a permanent impairment assessed, the degree of work related impairment (WRI) is calculated.

While a person may have multiple permanent impairments, only one physical and one psychiatric or psychological WRI is calculated as a "whole of person" impairment for the purposes of calculating lump sum payments.

The figure below shows the number of claims finalised and those that had a WRI in 2006–2007 and 2007–2008.

28

Finalised claims with a work related impairment 2006–2007 and 2007–2008

	06/07	07/08	Variance %
Finalised claims	89,864	98,036	9.1
Work related impairment	7,675	8,592	11.9
Proportion finalised with a work related impairment	8.5%	8.8%	
Work related impairment range			
0%	1,411	1,749	24.0
0.1%–19.9%	5,834	6,408	9.8
20%–49.9%	340	349	2.6
50%–99.9%	41	42	2.4
100%	49	44	-10.2

For 2007–2008, 8.8% of claims were finalised with a WRI calculated. Of these, the majority of claims (94.9%) had a WRI of less than 20% and a fifth (20.4%) were calculated as having no WRI.

Finalised claims and outcomes

- 87.2% of workers with claims finalised in 2007–2008 returned to their same job with the same employer.
- Average costs of finalised medical expense only claims increased 7.2%.
- Average costs of finalised time lost claims increased 11.7% while their durations increased 6.7%.

Return to work (RTW) outcomes

Returning an injured worker to the same job with the same employer is the best outcome which can be achieved on a claim. The following figure analyses the RTW outcome of claims reported at the time the claim closed. As the following figure illustrates, this is the outcome achieved in most cases, with 87.2% of injured workers who had time off work returning to the same job and the same employer.

29

Return to work status of finalised time lost claims 2006–2007 and 2007–2008

	06/07		07/08	
	Number	% of time lost claims	Number	% of time lost claims
Fit for work: same job/tasks with same employer	45,448	87.7	47,346	87.2
Fit for work: same job/tasks with different employer	879	1.7	966	1.8
Fit for work: different job/tasks with same employer	593	1.1	655	1.2
Fit for work: different job/tasks with different employer	1,316	2.5	1,555	2.9
Fit for work: no job	635	1.2	735	1.4
Fit for work: worker does not return	1,563	3.0	1,678	3.1
Not fit for work	788	1.5	769	1.4
Alternative outcome not claim related	621	1.2	604	1.1
Total	51,843	100	54,308	100

It has been found that nine out of ten claimants return to some type of employment. In a small number of cases, the worker is deemed fit to return to work but there is no job for the worker to return to (1.4% of time lost claims) or the worker chooses not to return (3.1% of claims).

One of the factors which influence the RTW outcome on a claim is the severity of the injury. The following figure compares claims which have had a permanent impairment assessed as an indicator of the impact of severity of injury on RTW outcomes.

30

Return to work status of finalised time lost claims with/without a permanent impairment assessed 2006–2007 and 2007–2008

	06/07			07/08		
	PI assessed			PI assessed		
	No %	Yes %	Number	No %	Yes %	Number
Fit for work: same job/tasks with same employer	92.5	7.5	45,448	91.4	8.6	47,346
Fit for work: same job/tasks with different employer	73.4	26.6	879	72.6	27.4	966
Fit for work: different job/tasks with same employer	52.1	47.9	593	51.6	48.4	655
Fit for work: different job/tasks with different employer	56.5	43.5	1,316	56.1	43.9	1,555
Fit for work: no job	50.4	49.6	635	51.4	48.6	735
Fit for work: worker does not return	59.7	40.3	1,563	58.9	41.1	1,678
Not fit for work	27.5	72.5	788	23.0	77.0	769
Alternative outcome not claim related	59.3	40.7	621	70.2	29.8	604
Total	87.9	12.1	51,843	86.9	13.1	54,308

Workers with claims assessed for permanent impairment are less likely to return to the same job with the same employer. Only 8.6% of workers returning to the same job with the same employer had a permanent impairment assessed.

Another factor which influences the RTW outcome on claims is the existence of a psychiatric or psychological injury. The following figure illustrates the impact of the injury type on RTW outcomes.

31

Return to work status of finalised time lost claims by injury nature 2006–2007 and 2007–2008

	06/07			07/08		
	Physical only %	Psych only %	Psych & Phys %	Physical only %	Psych only %	Psych & Phys %
Fit for work: same job/tasks with same employer	89.7	59.2	44.7	89.2	58.3	46.1
Fit for work: same job/tasks with different employer	1.6	4.1	3.0	1.7	4.0	3.7
Fit for work: different job/tasks with same employer	0.9	4.7	5.8	1.0	4.7	5.1
Fit for work: different job/tasks with different employer	2.1	9.9	11.1	2.4	9.4	12.9
Fit for work: no job	1.0	2.4	6.0	1.2	2.5	6.2
Fit for work: worker does not return	2.7	6.7	11.0	2.7	7.4	11.0
Not fit for work	1.0	9.4	13.4	0.8	10.4	12.5
Alternative outcome not claim related	1.0	3.7	5.2	1.0	3.2	2.5
Total	100	100	100	100	100	100
<i>n</i> =	49,128	1,085	1,630	51,477	1,027	1,804

Workers having claims with both a physical and psychiatric or psychological component are the least likely to return to employment and more than one in ten are not fit for work at the end of the claim.

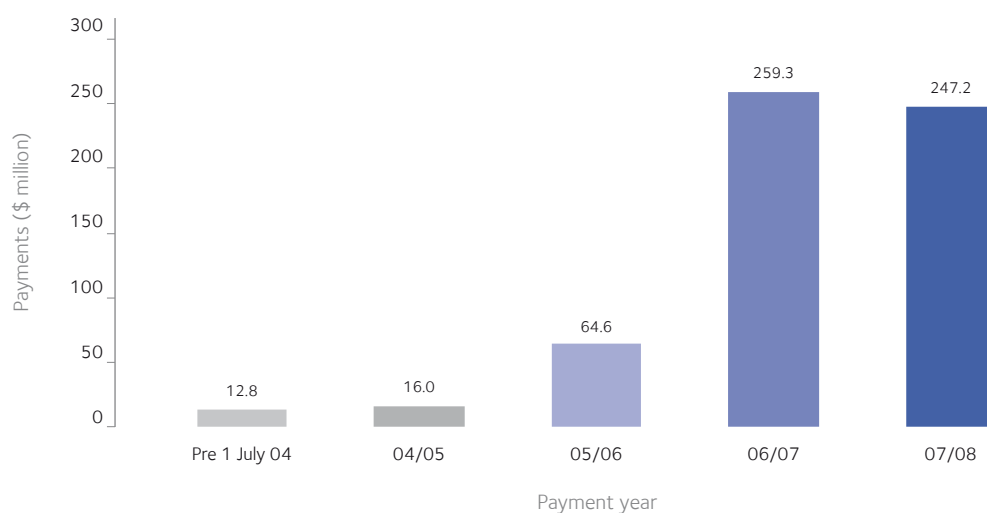
Average claim costs

The average finalised claim cost is calculated using 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 2007–2008. Over half of the payments for these claims occurred in previous years. Only 41.2% of the statutory payments made on claims finalised in 2007–2008 were also paid in that financial year. A further 43.2% of payments were made in the 2006–2007 financial year. The remaining 15.6% of the payments were made in 2005–2006 or earlier.

32

Payments by payment year for claims finalised in 2007–2008



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.

The average cost has increased for the financial year (up 7.6% from \$5,362 in 2006–2007 to \$5,768 in 2007–2008), however one of the reasons for this has been a change in the mix of claims finalised in the scheme.

The main increase in finalised claims has been in medical expense only claims (up 15.8%). This is believed to be primarily due to WorkCover Queensland's fax fee initiative which may have increased reporting of previously unreported minor injuries.

The figure below shows the number of claims finalised in the past two years, and the average claim costs by claim type for time lost claims and medical expense only claims. These two claims types represent 96.4% of all finalised claims during 2007–2008.

33

Finalised claims and average claim costs by claim type 2006–2007 and 2007–2008

Claim type	Number of claims			Average claim cost		
	06/07	07/08	% Variance	06/07	07/08	% Variance
Time lost claim	51,843	54,308	4.8	\$8,396	\$9,379	11.7
Medical expense only claim	34,684	40,177	15.8	\$827	\$887	7.2
Total	86,527	94,485	9.2	\$5,362	\$5,768	7.6

The average finalised claim cost increased by 7.6% from \$5,362 in 2006–2007 to \$5,768 in 2007–2008.

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 compensation payments and medical expenses the claim will incur, impacting on the time lost claims costs and the level of medical and other expenses required for the injury
- 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
- changes to legislation to provide increased or additional benefits to claimants.

The following figure compares the variance in finalised claim costs to other indicators.

34

Changes in average finalised claim costs and economic indices 2007–2008

Indicator	% change from previous year
Average finalised claim cost	7.6
Average finalised time lost claim cost	11.7
Average finalised medical expense only claim cost	7.2
Consumer Price Index	
Average all groups, Brisbane (excluding GST) ^a	4.8
Health, Brisbane (excluding GST) ^a	4.5
Full time adult ordinary time earnings ^b	4.2

^a Australian Bureau of Statistics, Consumer Price Index, Australia, Cat No. 6401.0 – All Groups CPI and Health CPI Brisbane, % change from March 2007 to March 2008 to the corresponding quarter of previous year.

^b Australian Bureau of Statistics, Average Weekly Earnings, Australia, Cat No. 6302.0 – Change in Queensland full-time adult ordinary time earnings from February 2006 to February 2007.

Average finalised medical expense only claim costs

This section looks at a further breakdown of the average costs of finalised medical expense only claims.

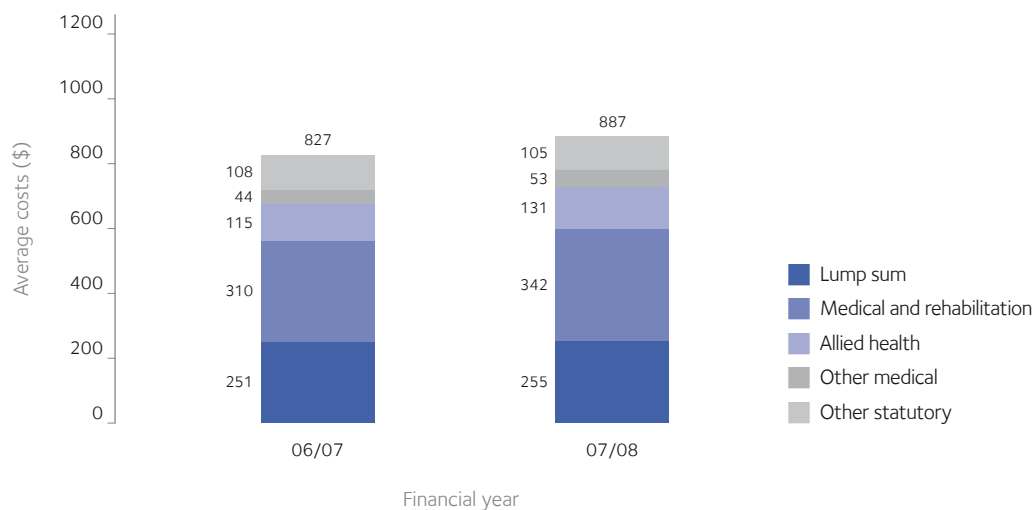
The average cost of finalised medical expense only claims has increased 7.2% from \$827 in 2006–2007 to \$887 in 2007–2008.

The breakdown of the average cost for 2007–2008 shows more than a third (38.6%) of the cost is made up of medical and rehabilitation payments followed by lump sum payments (28.7%). Allied health account for 14.8% and other statutory payments account for 11.9%. The remaining 6.0% of the average cost is made up of other medical payments (including hospitalisation).

The largest increase in average costs were other medical payments (up 21.2%) and allied health payments (up 13.9%). The only decrease in costs were for other statutory costs (down 2.0%).

35

Average finalised medical expense only claim costs by payment type
2006–2007 and 2007–2008



Average finalised time lost claim durations

Average finalised time lost claim durations are calculated using finalised time lost claims over a financial year. The number of finalised time lost claims increased 4.8% from 51,843 in 2006–2007 to 54,308 in 2007–2008.

Over the past two years, durations for finalised time lost claims including the excess paid by the employer (where applicable) have increased by 6.7%, from 33.9 days in 2006–2007 to 36.2 days in 2007–2008.

More than three-quarters of time lost claims have 40 or less workdays lost (78.0%), while the median workdays lost for all time lost claims is nine days. This illustrates how the small number of long term claims impact on the average duration. Only 7.2% of time lost claims have more than 130 workdays lost. It is at the 26 week point that the level of compensation benefits payable first begins to decrease (section 150, the Act).

36

Number of time lost claims by workdays lost timeband 2006–2007 and 2007–2008

Workdays lost timeband	06/07		07/08	
	No. of claims	% of claims	No. of claims	% of claims
1–5 days	21,505	41.5	21,840	40.2
6–10 days	7,628	14.7	7,871	14.5
11–20 days	6,395	12.3	6,556	12.1
21–40 days	5,719	11.0	6,078	11.2
41–65 days	3,367	6.5	3,791	7.0
66–130 days	3,779	7.3	4,247	7.8
131–260 days	2,364	4.6	2,642	4.9
> 260 days	1,086	2.1	1,283	2.4
Total time lost claims	51,843	100	54,308	100

Average finalised time lost claim costs

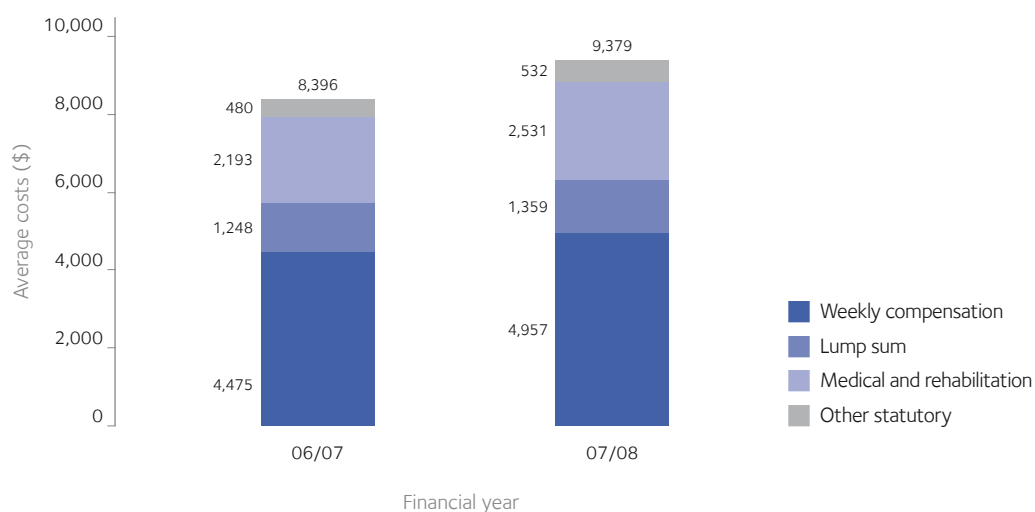
The average cost of finalised time lost claims has increased 11.7% from \$8,396 in 2006–2007 to \$9,379 in 2007–2008.

The breakdown of the average cost in 2007–2008 shows over half (52.9%) of the cost is made up of weekly compensation payments. The average durations of claims have increased by 6.7% (33.9 days in 2006–2007 to 36.2 days in 2007–2008). The compensation component of the average costs also increased 10.8% (from \$4,475 in 2006–2007 to \$4,957 in 2007–2008).

In 2007–2008, medical and rehabilitation payments accounted for a quarter (27.0%) of the average cost and lump sum payments accounted for 14.5%. The remaining 5.7% of the average cost was made up of other statutory payments.

37

Average finalised time lost claim costs by payment type 2006–2007 and 2007–2008



Average cost by industry

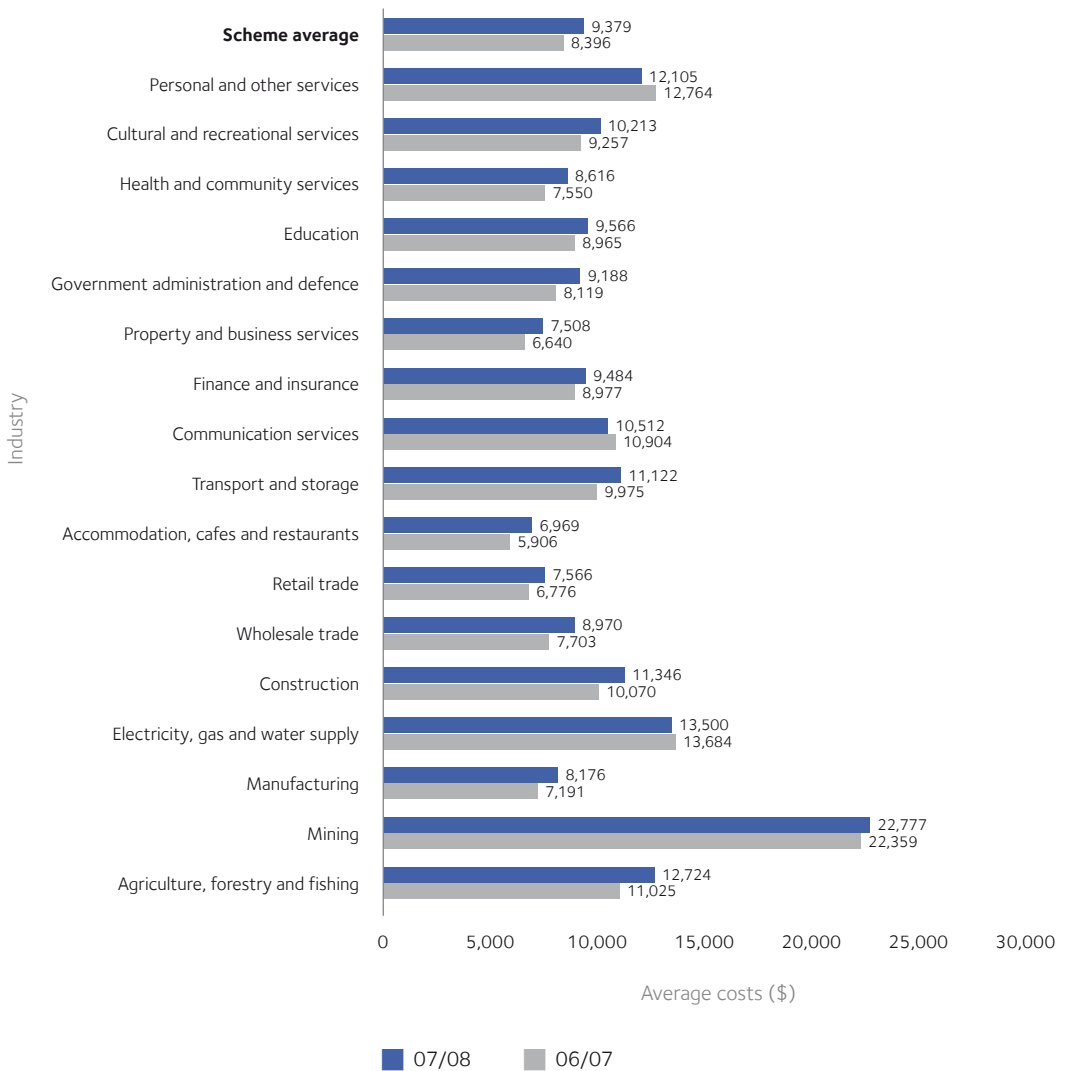
Of all industry claims, mining industry claims had the highest average finalised time lost claim cost (\$22,777) partially due to the higher wages paid in the industry. The Australian average weekly earnings (full time adult ordinary time earnings) for employees in the mining industry of \$1,861 is the highest of all industries (Source: ABS, Average Weekly Earnings, Cat No. 6302.0, February 2008).

Similarly, industries that tended to have lower average finalised time lost claim cost – for example, accommodation, cafes and restaurants and retail trade – also had the lowest Australian average weekly earnings of all industries (between \$821 and \$875).

The largest percentage increase in average finalised time lost claim cost was in the accommodation, cafes and restaurants industry, up 18.0% from \$5,906 in 2006–2007 to \$6,969 in 2007–2008. The wholesale trade industry also experienced a large percentage increase of 16.4% (from \$7,703 to \$8,970).

38

Average finalised time lost claim costs by industry 2006–2007 and 2007–2008



Average cost by injury type

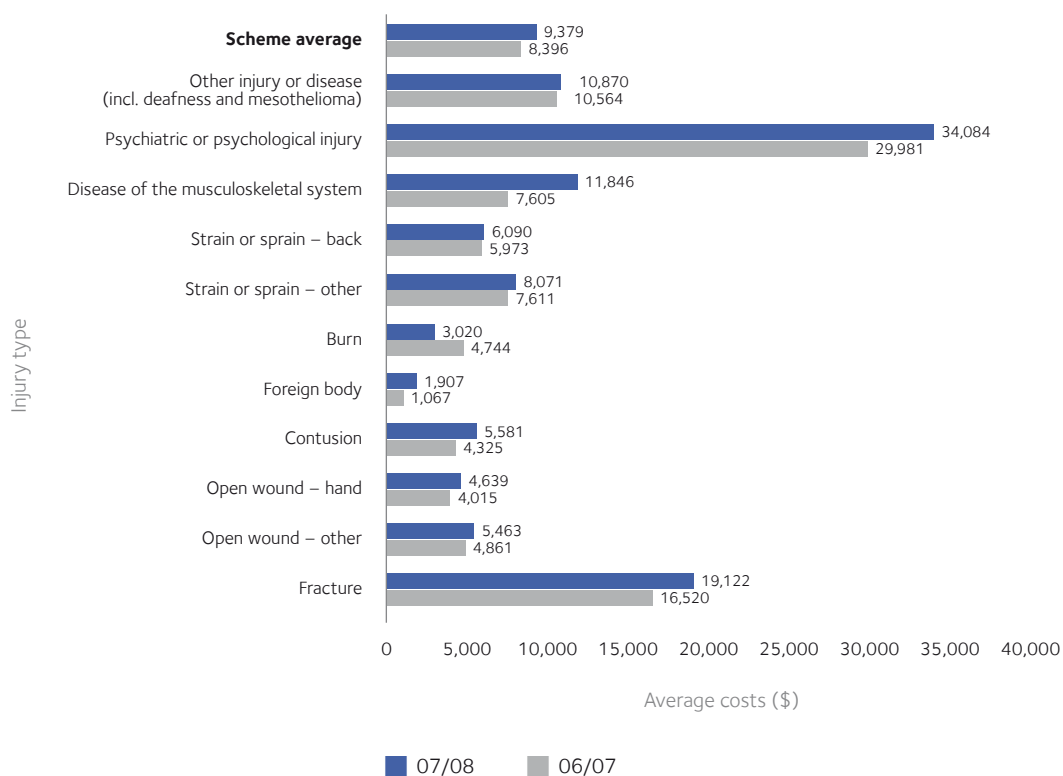
Although psychiatric or psychological injury claims account for only 2.0% of all claims finalised, they are the most expensive with an average finalised time lost claim cost of \$34,084 in 2007–2008 (up 13.7% from \$29,981 in 2006–2007).

In 2007–2008, the average duration of a psychiatric or psychological injury claim was 140.3 days (2006–2007: 127.0 days) compared with the overall scheme average of 36.2 days. Although there has been a 10.4% increase in 2007–2008, it is the long duration of psychiatric or psychological injury claims that impacts on the average finalised time lost claim cost for these claims.

The second most expensive injury type was fractures with an average cost of \$19,122, an increase of 15.8% compared to the average cost in 2006–2007 of \$16,520.

39

Average finalised time lost claim cost by injury type 2006–2007 and 2007–2008



Claims for damages at common law

- Common law lodgements have remained relatively stable over the past five years.
- The majority of lodgements are for injuries that occurred two to three years prior.
- The largest proportion of common law lodgements are associated with claims that have a work related impairment of 0.1%–19.9%.
- Psychiatric or psychological injury claims represent 6.8% of common law lodgements. They represent only 2.7% of statutory claim intimations.

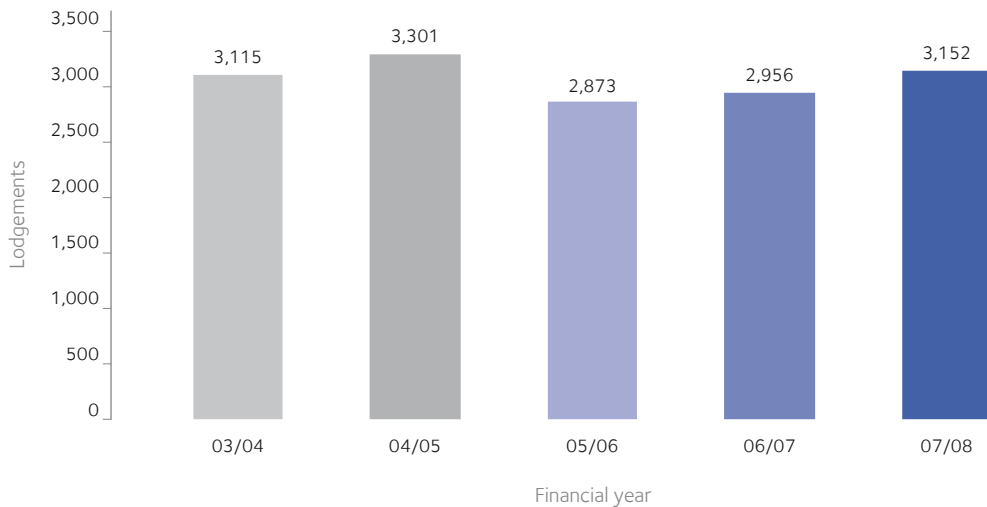
This section reports information about claims for damages at common law (common law claims).

Lodgements

Common law claim lodgements have remained relatively stable over the past five years. Over the past year, common law claim lodgements have increased by 1.2% (from 2,956 in 2006–2007 to 3,152 in 2007–2008).

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Common law claim lodgements 2003–2004 to 2007–2008



The figure below shows the common law claim lodgements over the past five years, by the date of injury.

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Common law claim lodgements by injury year 2003–2004 to 2007–2008

Injury year	03/04	04/05	05/06	06/07	07/08
Pre 01/07/1997	122	119	83	105	202
1997–1998	20	12	1	3	3
1998–1999	87	35	9	5	5
1999–2000	161	79	25	10	8
2000–2001	937	132	46	19	8
2001–2002	977	811	58	15	9
2002–2003	727	1,024	721	42	14
2003–2004	84	979	898	605	42
2004–2005		110	901	920	642
2005–2006			131	1,102	1,103
2006–2007				130	1,116
2007–2008					
Total	3,115	3,301	2,873	2,956	3,152

The majority of common law claims lodged in any given year are for injuries that occurred two to three years prior.

The figure below shows the breakdown of common law claim lodgements in 2007–2008 by the injured worker’s work related impairment assessment.

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Common law claim lodgements by work related impairment assessment 2007–2008

Work related impairment assessment	Common law lodgements	% of common law lodgements
No work related impairment assessed	610	19.4
0%	578	18.3
0.1%–19.9%	1,817	57.6
20%–49.9%	135	4.3
50%–99.9%	9	0.3
100%	3	0.1
Total	3,152	100

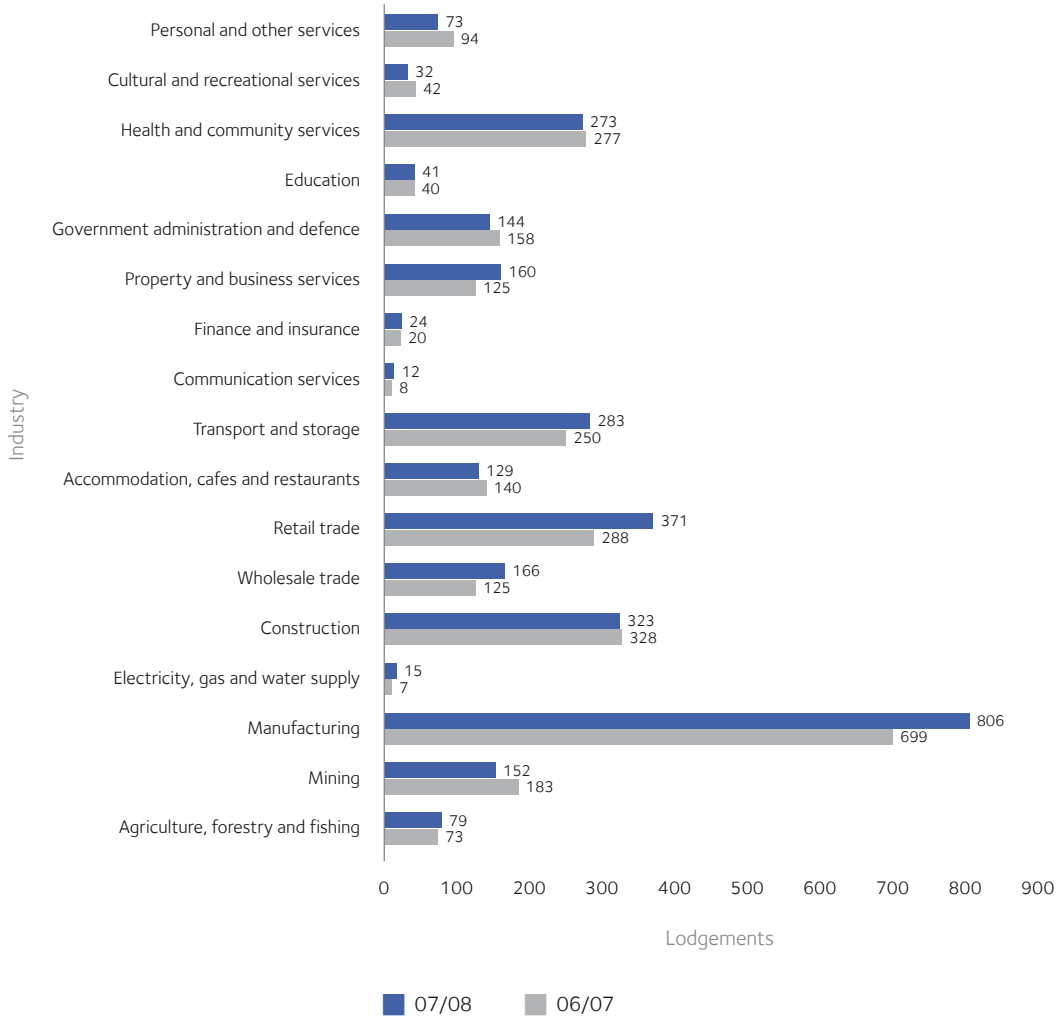
If the injured worker’s work related impairment is less than 20%, the worker has to make an irrevocable decision to either accept a payment of the statutory lump sum compensation for the injury or seek damages at common law. If the work related impairment is 20% or more, the injured worker can accept a lump sum payment and seek damages. Only a small proportion of common law claims (4.7%) are able to access lump sum payment and pursue common law.

Industry

Manufacturing represented the highest proportion of common law claims lodged in the Queensland scheme, accounting for a quarter (25.6%) of all common law claim lodgements in 2007–2008.

43

Common law claim lodgements by industry 2006–2007 and 2007–2008



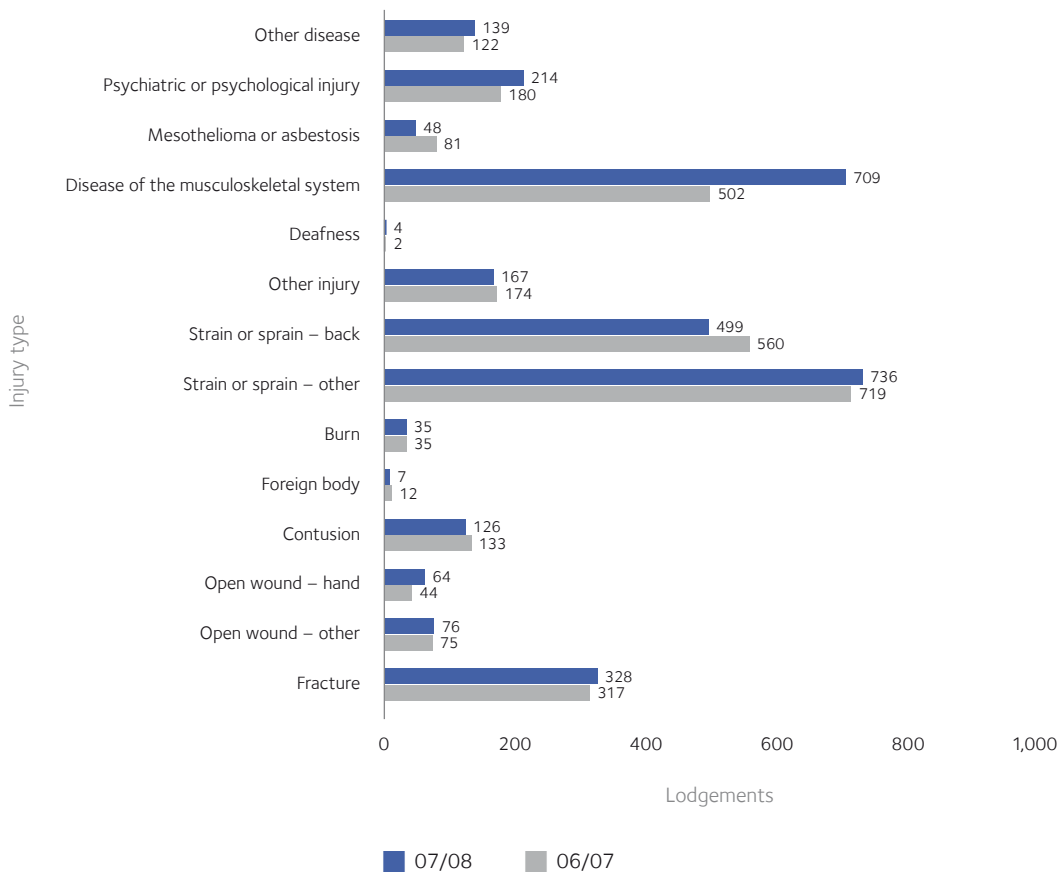
Injury type

Strain or sprain injury claims accounted for over a third (39.2%) of all common law claim lodgements in 2007–2008.

Although psychiatric or psychological injury claims represented only 2.7% of statutory claim intimations, they represented 6.8% of all common law claim lodgements in 2007–2008.

44

Common law claim lodgements by injury type 2006–2007 and 2007–2008



Total common law payments

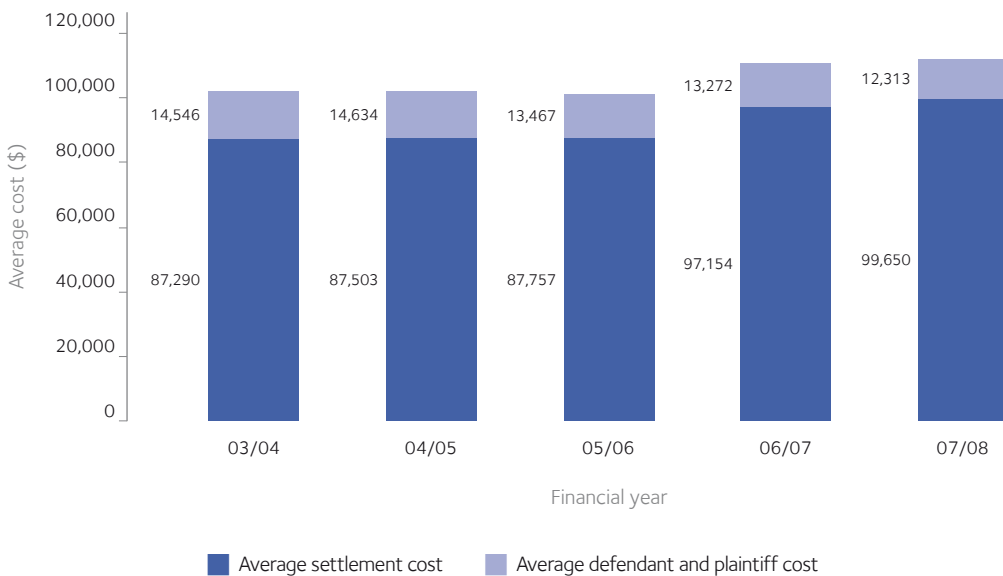
In 2007–2008 common law claims cost a total of \$384.5 million. This represented a 10.5% increase from the 2006–2007 cost of \$347.8 million.

Average costs

Over the past two years, the average settlement cost of a finalised common law claim has increased 2.6% from \$97,154 in 2006–2007 to \$99,650 in 2007–2008. The average defendant and plaintiff costs decreased by 7.2% (\$13,272 in 2006–2007 to \$12,313 in 2007–2008). It should be noted that restrictions on awarding of plaintiff costs were introduced for injuries occurring on or after 1 January 1996.

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Average costs for finalised common law claims by payment type
2003–2004 to 2007–2008



Average timeframes

For claims lodged in the financial year, the average time from date of injury to lodgement of a common law claim has decreased 16.9% from 3.22 years in 2006–2007 to 2.68 years in 2007–2008.

For claims finalised in the financial year, the average time from the lodgement of a common law claim to finalisation has decreased marginally (down 4.3%) from 1.09 years in 2006–2007 to 1.05 years in 2007–2008.

Review of insurer decisions

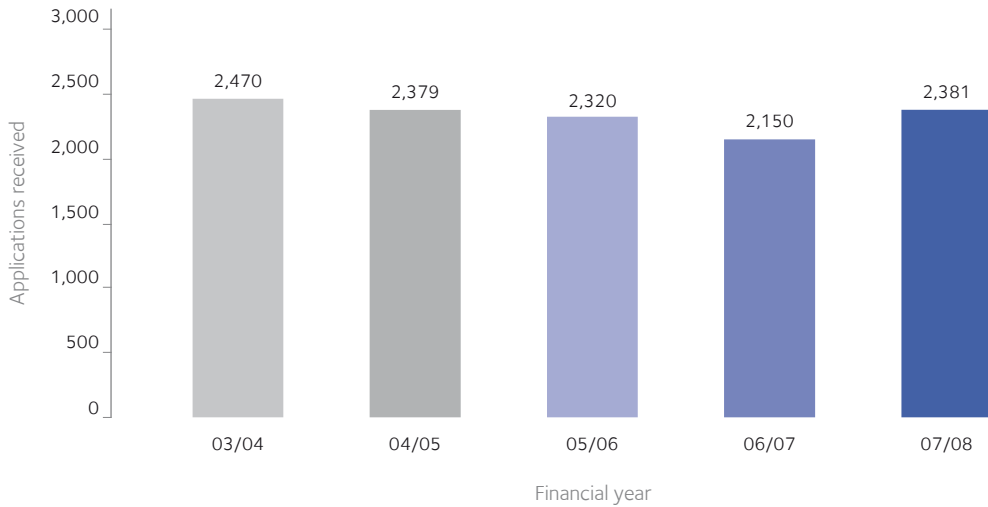
Applications received

In 2007–2008, 2,381 review applications were received (2,150 in 2006–2007). This 10.7% increase has reversed the downward trend first experienced in 2004–2005.

The figure below shows the number of applications for review received over the last five years.

46

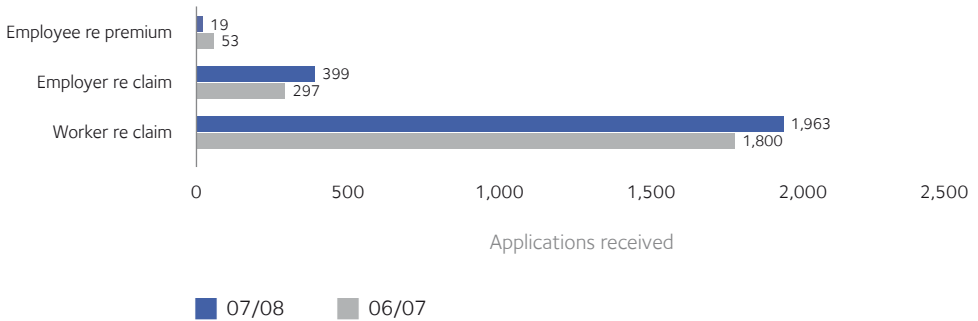
Review applications received 2003–2004 to 2007–2008



Types of applications

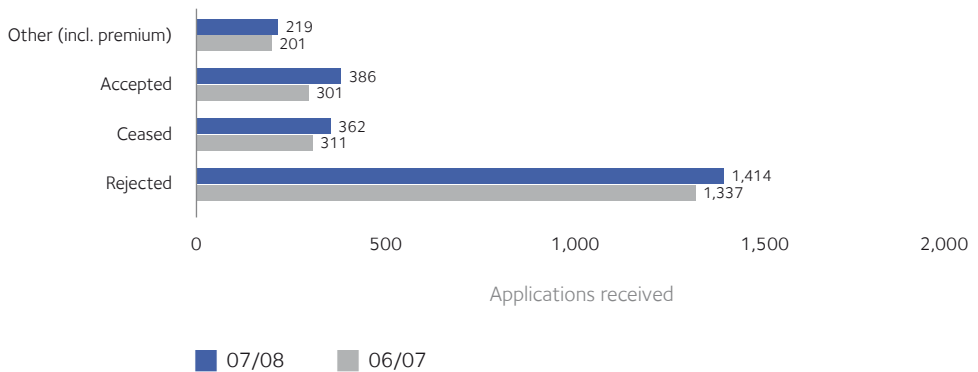
2007–2008 saw little change to the distribution of the type of review applications received compared to the previous financial year. Of the applications lodged, 82.4% were lodged by workers, 16.8% by employers, and the remaining 0.8% of applications were lodged by employers having a premium decision reviewed.

47 Review applications received by type 2006–2007 and 2007–2008



Over half (59.4%) of all review applications received in 2007–2008 related to the insurer decision to reject the claim, 16.2% were lodged after the claim had been accepted, and a further 15.2% were following the cessation of the claim. In 2007–2008, the proportions for accepted, and ceased decision claims have increased, while rejected claims dropped as a percentage of applications compared to 2006–2007.

48 Review applications received by insurer decision 2006–2007 and 2007–2008

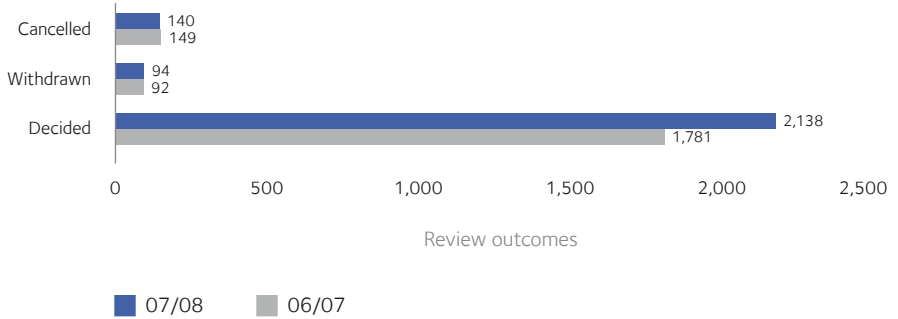


Outcomes

In 2007–2008, 90.1% of reviews finalised were decided (as compared to 88.1% in 2006–2007), 5.9% were cancelled (7.4% in 2006–2007), and the remaining 4.0% were withdrawn (4.5% in 2006–2007).

49

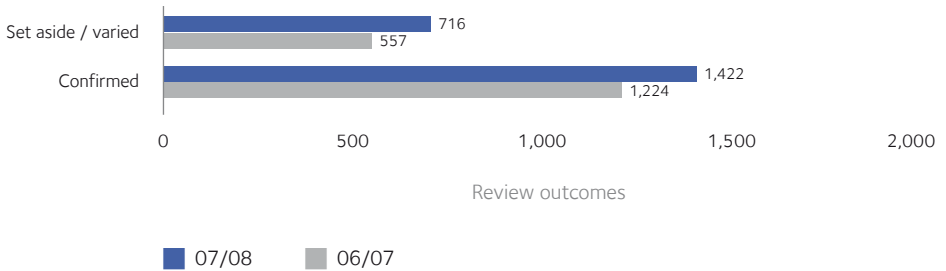
Review outcomes 2006–2007 and 2007–2008



In 2007–2008, the original decision of the insurer was confirmed by the Review Unit in 66.5% of review decisions made, compared to 68.7% in 2006–2007.

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Decided review outcomes 2006–2007 and 2007–2008



Appeals of review decisions

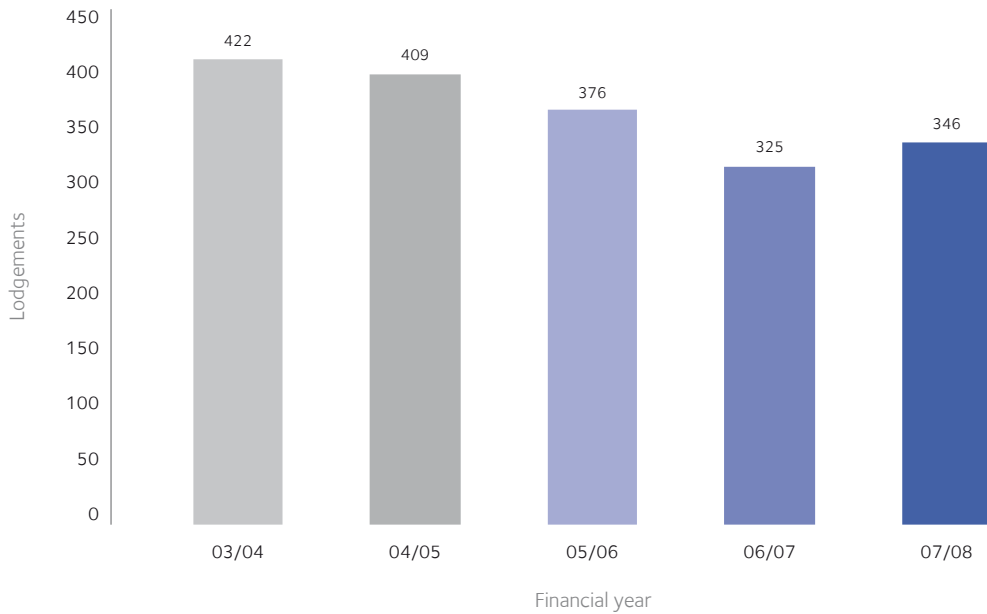
Appeal lodgements

In 2007–2008, 253 appeals were lodged with the Industrial Magistrate, 93 with the Queensland Industrial Relations Commission (QIRC) and 12 with the Industrial Court.

Appeal lodgements have experienced an increase of 6.5% compared with 2006–2007.

51

Appeals lodged 2003–2004 to 2007–2008

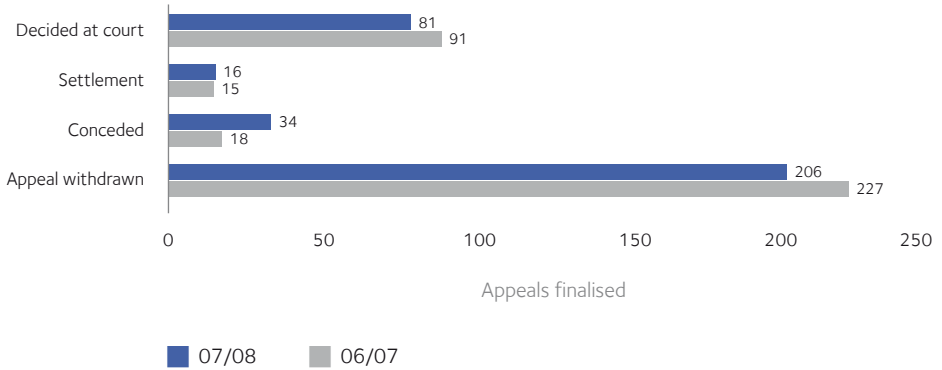


Appeal outcomes

In 2007–2008, just over three-quarters (76.0%) of appeals were finalised before reaching either the Industrial Magistrate or QIRC, with 80.5% of cases withdrawn by the appellant and a further 19.5% settled or conceded.

52

Appeals finalised by outcome 2006–2007 and 2007–2008



Non-judicial resolution

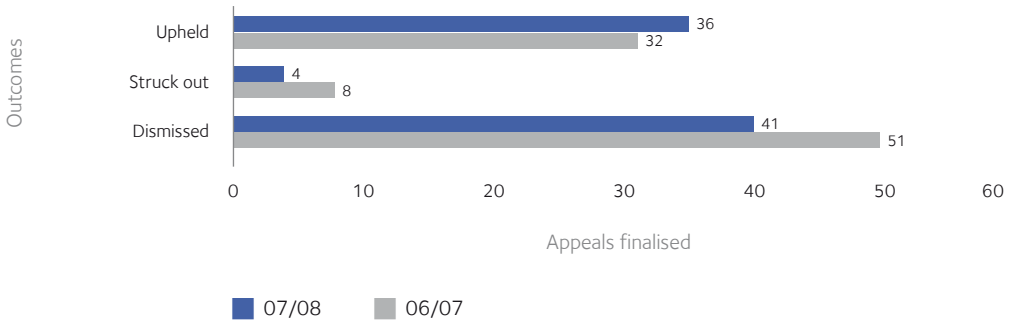
In 2007–2008, 256 appeals were finalised before reaching the relative court/commission. This is a decrease of 1.5% when compared to 260 in 2006–2007.

Judicial resolution

A total of 81 cases were determined by a court/commission in 2007–2008, representing an 11.0% decrease from the 91 cases determined in 2006–2007. Of these, 45 cases (55.6%) were dismissed or struck-out by the magistrate and 36 cases (44.4%) were upheld in favour of the appellant.

53

Appeals finalised judicially by outcome 2006–2007 and 2007–2008



Medical assessment tribunals (MAT)

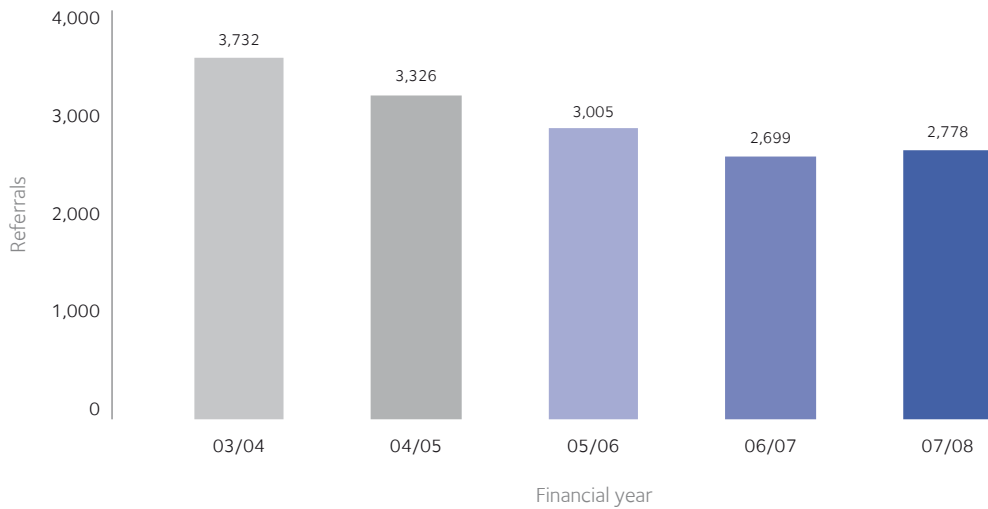
Referrals

In 2007–2008, 2,778 cases were referred to a MAT. This represented a 2.9% increase on the 2,699 cases referred in 2006–2007.

The figure below illustrates the number of MAT referrals received over the past five years.

54

MAT referrals received 2003–2004 and 2007–2008



Cases determined

Tribunal type

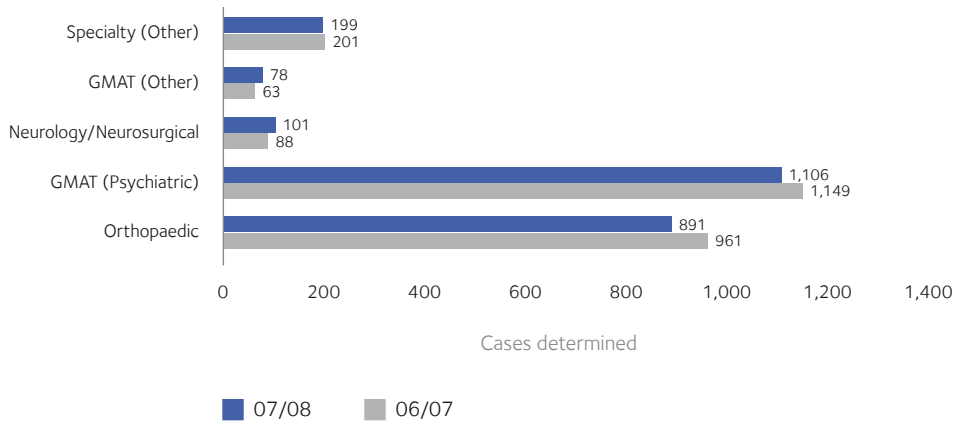
In 2007–2008, 2,375 cases were determined by a MAT. This represented a 3.5% decrease from 2006–2007 (2,462 determinations).

In 2007–2008, 1,106 cases were heard at a General Medical Assessment Tribunal – Psychiatric compared to 1,149 in 2006–2007 representing a decrease of 3.7%.

Almost half of all cases in 2007–2008 (46.6%) were determined at a General Medical Assessment Tribunal –Psychiatric compared to 46.7% in 2006–2007. A further 37.5% of cases were determined at an Orthopaedic Tribunal in 2007–2008 as compared to 39.0% in 2006–2007.

55

Cases determined by tribunal type 2006–2007 and 2007–2008



The figure below shows the average number of cases heard per tribunal in 2006–2007 and 2007–2008.

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Average number of cases heard per tribunal by tribunal type 2006–2007 and 2007–2008

Tribunal	Average number of cases heard per tribunal	
	06/07	07/08
Orthopaedic	2.3	2.2
GMAT(Psychiatric)	2.4	2.3
Neurology/Neurosurgical	2.0	1.9
GMAT(Other)	1.6	1.7
Specialty(Other)	4.7	4.2
Total	2.4	2.3

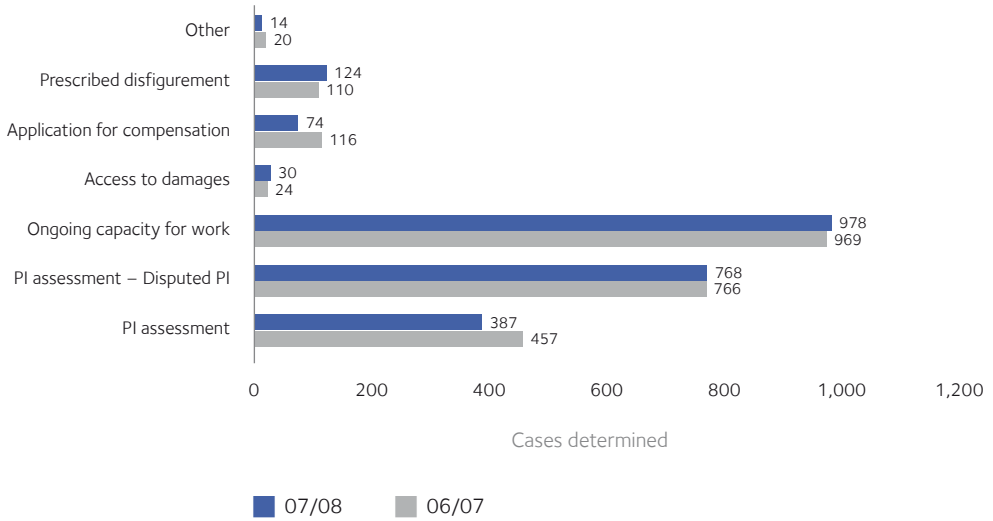
Referral reason

In 2007–2008, almost half (48.6%) of the cases determined by the MAT were for permanent impairment (PI) assessment, compared to 49.7% in 2006–2007.

There has been a decrease in the proportion of referrals for an initial PI assessment (down from 18.6% in 2006–2007 to 16.3% in 2007–2008). However, an increase was seen for the assessment of ongoing capacity for work, up from 39.4% in 2006–2007 to 41.2% in 2007–2008.

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Cases determined by referral reason 2006–2007 and 2007–2008



Appendix 1

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Statutory claim intimations, statutory claim payments, average finalised time lost claim costs and durations by industry and sub-industry 2006–2007 and 2007–2008

	Claim intimations			Claim payments			Average finalised time lost claim costs			Average finalised time lost claim durations		
	06/07 no.	07/08 no.	Variance %	06/07 \$M	07/08 \$M	Variance %	06/07 \$	07/08 \$	Variance %	06/07 days	07/08 days	Variance %
Agriculture, forestry and fishing	2,012	2,091	3.9	18.0	23.1	28.1	11,025	12,724	15.4	47.9	51.8	8.1
Horticulture and fruit growing	757	859	13.5	5.2	6.9	32.2	8,789	11,542	31.3	40.1	48.0	19.7
Grain, sheep and beef cattle farming	611	630	3.1	6.2	8.0	29.7	11,825	13,681	15.7	51.5	52.7	2.3
Dairy cattle, poultry, other livestock and other crop growing	264	277	4.9	3.8	4.4	14.3	16,716	15,041	-10.0	64.3	57.2	-11.0
Other agriculture, forestry and fishing	380	325	-14.5	2.8	3.8	35.5	9,286	11,823	27.3	43.4	54.2	24.7
Mining	2,417	2,587	7.0	22.6	29.8	31.9	22,359	22,777	1.9	53.2	52.0	-2.4
Coal mining	1,146	1,051	-8.3	11.2	13.1	16.6	23,695	24,165	2.0	44.6	45.4	1.6
Metal ore mining	540	667	23.5	5.3	9.0	70.3	29,770	31,640	6.3	59.5	68.6	15.3
Other mining	203	314	54.7	2.0	2.9	46.1	14,193	18,624	31.2	57.0	55.3	-2.9
Services to mining	528	555	5.1	4.2	4.9	17.8	18,618	15,940	-14.4	64.2	49.3	-23.2
Manufacturing	24,807	24,852	0.2	102.0	105.4	3.4	7,191	8,176	13.7	28.1	30.0	7.0
Meat and meat product manufacturing	3,618	3,469	-4.1	13.7	13.1	-4.2	5,192	6,616	27.4	22.0	25.2	14.7
Other food manufacturing	2,638	2,553	-3.2	12.9	12.8	-0.4	7,058	9,692	37.3	30.5	38.7	26.7
Textile, clothing, footwear and leather manufacturing	245	300	22.4	1.6	1.8	10.4	10,547	9,940	-5.8	53.4	42.5	-20.5
Wood and paper product manufacturing	1,685	1,674	-0.7	7.6	7.5	-1.0	8,421	8,427	0.1	33.9	32.3	-4.6

	Claim intimations			Claim payments			Average finalised time lost claim costs			Average finalised time lost claim durations		
	06/07 no.	07/08 no.	Variance %	06/07 \$M	07/08 \$M	Variance %	06/07 \$	07/08 \$	Variance %	06/07 days	07/08 days	Variance %
Printing, publishing and recorded media	450	441	-2.0	2.4	2.8	18.0	8,904	9,552	7.3	40.0	39.7	-0.8
Petroleum, coal, chemical and associated product manufacturing	1,577	1,667	5.7	7.9	7.0	-12.1	7,308	8,451	15.7	31.6	31.8	0.8
Non-metallic mineral product manufacturing	1,149	1,306	13.7	6.0	6.1	1.2	12,066	10,380	-14.0	36.5	36.9	1.1
Metal product manufacturing	7,477	7,438	-0.5	26.7	28.9	8.3	7,421	7,945	7.1	26.6	27.1	1.9
Machinery and equipment manufacturing	4,719	4,694	-0.5	17.5	19.7	12.6	7,249	7,937	9.5	26.6	27.6	3.7
Other manufacturing	1,249	1,310	4.9	5.7	5.7	0.2	6,468	8,816	36.3	27.6	32.7	18.2
Electricity, gas and water supply	651	681	4.6	3.3	4.6	42.1	13,684	13,500	-1.3	38.9	37.8	-2.9
Construction	10,231	12,052	17.8	70.1	82.5	17.6	10,070	11,346	12.7	37.8	39.8	5.4
General construction	3,832	4,769	24.5	26.1	29.0	11.1	10,605	11,639	9.7	36.9	37.8	2.3
Site preparation services	719	759	5.6	6.2	7.6	22.9	14,174	14,141	-0.2	48.0	50.3	4.9
Building structure services	934	1,096	17.3	8.8	10.6	19.9	11,602	14,057	21.2	48.6	53.0	9.1
Installation trade services	2,376	2,555	7.5	11.6	14.4	24.0	7,594	8,809	16.0	28.3	29.6	4.6
Building completion services	1,396	1,597	14.4	11.5	13.2	15.2	9,443	12,414	31.5	39.2	44.9	14.5
Other construction services	974	1,276	31.0	5.9	7.6	29.3	9,884	9,079	-8.1	41.1	38.1	-7.3

	Claim intimations			Claim payments			Average finalised time lost claim costs			Average finalised time lost claim durations		
	06/07 no.	07/08 no.	Variance %	06/07 \$M	07/08 \$M	Variance %	06/07 \$	07/08 \$	Variance %	06/07 days	07/08 days	Variance %
Wholesale trade	4,817	5,345	11.0	23.2	26.9	16.0	7,703	8,970	16.4	32.1	33.8	5.2
Basic material wholesaling	1,744	2,030	16.4	8.3	9.0	8.4	8,112	9,220	13.7	33.4	34.0	1.6
Machinery and motor vehicle wholesaling	1,513	1,678	10.9	6.2	7.9	26.1	6,904	8,838	28.0	26.7	29.8	11.7
Personal and household good wholesaling	1,560	1,637	4.9	8.6	10.0	16.0	7,977	8,826	10.6	35.4	36.6	3.5
Retail trade	10,111	10,800	6.8	44.2	47.3	6.9	6,776	7,566	11.7	31.0	33.5	8.2
Supermarket and grocery stores	3,025	3,306	9.3	10.6	12.0	13.2	5,696	6,993	22.8	27.1	34.7	27.9
Specialised food retailing	1,248	1,353	8.4	5.3	6.2	18.6	6,624	6,353	-4.1	34.8	32.4	-6.8
Personal and household good retailing	3,080	3,458	12.3	14.0	15.7	12.3	6,154	7,309	18.8	29.4	31.0	5.5
Motor vehicle retailing and services	2,758	2,683	-2.7	14.4	13.3	-7.3	8,648	9,213	6.5	34.9	36.0	3.0
Accommodation, cafes and restaurants	4,531	4,920	8.6	19.6	21.9	12.0	5,906	6,969	18.0	31.3	35.3	12.8
Accommodation	1,741	2,057	18.2	7.8	8.7	11.5	5,521	6,405	16.0	30.1	33.1	10.0
Pubs, taverns and bars	854	948	11.0	4.2	5.3	28.6	6,733	7,392	9.8	33.5	37.1	10.8
Cafes and restaurants	1,343	1,357	1.0	4.8	5.5	12.9	5,131	6,781	32.2	29.2	34.4	17.7
Clubs (hospitality)	593	558	-5.9	2.8	2.4	-13.3	7,228	8,777	21.4	35.3	42.5	20.5
Transport and storage	6,579	6,648	1.0	48.6	58.5	20.3	9,975	11,122	11.5	37.7	43.2	14.6
Road transport	2,697	2,884	6.9	25.9	33.1	27.6	12,473	12,048	-3.4	45.9	46.5	1.4
Rail, water, air and other transport	2,336	2,205	-5.6	12.7	14.3	12.4	7,476	10,265	37.3	27.7	38.0	37.4
Services to transport	1,229	1,216	-1.1	8.5	8.8	3.5	9,418	10,631	12.9	37.3	43.4	16.1
Storage	317	343	8.2	1.5	2.3	58.4	6,476	8,924	37.8	30.5	39.9	30.9

	Claim intimations			Claim payments			Average finalised time lost claim costs			Average finalised time lost claim durations		
	06/07 no.	07/08 no.	Variance %	06/07 \$M	07/08 \$M	Variance %	06/07 \$	07/08 \$	Variance %	06/07 days	07/08 days	Variance %
	06/07 no.	07/08 no.	Variance %	06/07 \$M	07/08 \$M	Variance %	06/07 \$	07/08 \$	Variance %	06/07 days	07/08 days	Variance %
Communication services	236	294	24.6	2.0	2.6	33.9	10,904	10,512	-3.6	52.5	46.4	-11.5
Finance and insurance	726	773	6.5	4.3	3.9	-9.4	8,977	9,484	5.6	30.7	38.7	25.9
Finance	425	458	7.8	2.5	2.4	-7.8	7,841	9,726	24.0	26.5	39.2	47.9
Insurance and services to finance and insurance	301	315	4.7	1.8	1.6	-11.6	11,002	9,138	-16.9	38.2	38.0	-0.7
Property and business services	6,322	6,912	9.3	30.2	36.4	20.2	6,640	7,508	13.1	31.3	32.7	4.5
Property services	1,055	1,266	20.0	6.9	8.0	15.7	9,149	10,113	10.5	32.1	34.6	8.0
Scientific, technical and computer services	672	838	24.7	3.6	4.5	24.5	8,317	9,777	17.5	29.2	33.4	14.3
Legal, accounting, marketing and business services	724	726	0.3	3.2	3.6	13.8	7,561	9,392	24.2	28.9	32.8	13.3
Employment services	2,396	2,593	8.2	6.1	9.2	50.4	3,381	4,024	19.0	18.1	21.0	15.7
Other business services	1,475	1,489	0.9	10.4	11.0	5.9	9,879	10,196	3.2	54.6	50.5	-7.5
Government administration and defence	7,316	7,309	-0.1	37.9	39.6	4.5	8,119	9,188	13.2	29.8	31.6	5.9
Local government	2,795	2,717	-2.8	13.0	13.1	0.5	6,575	7,312	11.2	25.1	24.7	-1.7
Other government	4,521	4,592	1.6	24.9	26.5	6.6	9,156	10,353	13.1	33.0	35.9	8.7
Education	2,664	2,633	-1.2	14.6	14.3	-2.5	8,965	9,566	6.7	37.6	38.4	2.0
School education	1,066	1,001	-6.1	5.9	4.8	-18.4	9,243	10,847	17.4	31.3	36.1	15.7
Post school education	864	832	-3.7	4.5	4.2	-7.5	9,916	10,345	4.3	32.7	36.5	11.5
Other education	734	800	9.0	4.2	5.3	25.2	7,968	7,752	-2.7	47.6	41.9	-12.0
Health and community services	8,390	9,175	9.4	46.4	51.9	11.7	7,550	8,616	14.1	36.4	39.1	7.4
Hospitals	3,518	3,761	6.9	20.5	23.0	12.6	7,845	9,168	16.9	35.7	39.0	9.2

	Claim intimations			Claim payments			Average finalised time lost claim costs			Average finalised time lost claim durations		
	06/07 no.	07/08 no.	Variance %	06/07 \$M	07/08 \$M	Variance %	06/07 \$	07/08 \$	Variance %	06/07 days	07/08 days	Variance %
Nursing homes	888	1,077	21.3	5.6	5.1	-7.9	7,814	7,979	2.1	39.9	40.2	0.7
Other health services	1,392	1,629	17.0	6.8	9.4	39.4	8,103	9,242	14.0	34.3	37.0	8.0
Community services	2,592	2,708	4.5	13.6	14.2	4.8	6,780	7,859	15.9	37.0	39.9	7.7
Cultural and recreational services	1,640	1,635	-0.3	8.3	10.7	28.7	9,257	10,213	10.3	37.7	39.7	5.1
Motion picture, radio and television services	197	153	-22.3	0.9	0.9	-0.2	9,525	11,383	19.5	39.2	36.8	-6.1
Libraries, museums and the arts	268	274	2.2	0.8	1.2	52.1	5,164	7,285	41.1	22.1	32.0	44.7
Sport and recreation	1,175	1,208	2.8	6.6	8.6	30.0	9,822	10,581	7.7	39.9	41.4	3.9
Personal and other services	3,721	3,993	7.3	22.2	25.9	16.4	12,764	12,105	-5.2	46.9	43.9	-6.4
Personal services	814	975	19.8	5.0	5.7	13.7	12,214	8,594	-29.6	49.0	40.9	-16.5
Public order and safety services	2,380	2,377	-0.1	13.9	16.8	20.8	13,586	14,552	7.1	45.4	45.2	-0.5
Other services	527	641	21.6	3.4	3.4	1.8	10,754	10,925	1.6	48.4	45.8	-5.5
Pre 1997 injury or unknown industry	489	371	-24.1	25.4	25.3	-0.3	N/A	N/A	1	N/A	N/A	N/A
TOTAL	97,660	103,071	5.5	543.1	610.6	12.4	8,396	9,379	11.7	33.9	36.2	6.7

IMPORTANT NOTE: The average finalised time lost claim costs and durations within some sub-industries appear to fluctuate greatly. These fluctuations are mainly due to the small number of ceased or finalised time lost claims within these sub-industries during the year, where one claim with high or low costs or durations can greatly impact the average.

59 Statutory claim decisions and statutory claim finalisations by industry and sub-industry in 2007–2008

	Claim decisions				Time lost claim finalisations							Alternative outcome not claim related
	% Admit	% Reject	Total Claims Decided	Total Time Lost Claims Finalised	% Fit for work : same job / tasks with same employer	% Fit for work : diff job / tasks with same employer	% Fit for work : same job / tasks with diff employer	% Fit for work : diff job / tasks with diff employer	% Fit for work : does not return	% Fit for work : no job	% Not fit for work	
Agriculture, forestry and fishing	96.8	3.2	2,014	1,597	78.4	0.9	2.6	5.6	5.7	2.9	2.5	1.3
Horticulture and fruit growing	97.5	2.5	827	600	77.5	1.0	1.7	4.3	6.8	4.2	2.5	2.0
Grain, sheep and beef cattle farming	98.1	1.9	616	515	79.8	1.0	4.1	6.4	4.5	1.9	1.6	0.8
Dairy cattle, poultry, other livestock and other crop growing	93.2	6.8	266	202	69.3	1.5	1.5	9.9	7.4	4.5	4.5	1.5
Other agriculture, forestry and fishing	95.7	4.3	305	280	84.3	0.4	2.5	3.9	4.3	1.1	2.9	0.7
Mining	97.0	3.0	2,506	874	80.9	3.0	2.3	5.3	4.0	0.7	1.8	2.1
Coal mining	97.2	2.8	1,025	381	83.5	3.7	1.3	2.9	4.2	0.5	2.6	1.3
Metal ore mining	96.8	3.2	647	160	73.8	5.6	4.4	8.8	1.9	0.6	1.3	3.8
Other mining	96.4	3.6	302	123	80.5	0.8	3.3	4.1	4.9	0.8	2.4	3.3
Services to mining	97.4	2.6	532	210	81.9	1.0	1.9	7.6	4.8	1.0	0.5	1.4
Manufacturing	98.0	2.0	24,379	12,010	88.0	1.1	1.4	2.5	3.5	1.3	1.1	0.9
Meat and meat product manufacturing	96.8	3.2	3,419	2,163	85.9	2.5	0.8	2.5	4.8	1.1	1.1	1.4
Other food manufacturing	97.4	2.6	2,493	1,278	88.4	1.3	0.8	2.3	3.6	1.3	1.5	0.9
Textile, clothing, footwear and leather manufacturing	94.6	5.4	296	170	82.4	3.5	4.1	3.5	1.2	0.6	1.8	2.9

	Claim decisions		Time lost claim finalisations												
	% Admit	% Reject	Total Claims Decided	Total Time Lost Claims Finalised	% Fit for work / tasks with same employer	% Fit for work / tasks with same employer	% Fit for work / tasks with diff employer	% Fit for work / tasks with diff employer	% Fit for work / tasks with diff employer	% Fit for work / tasks with diff employer	% Fit for work / tasks with diff employer	% Fit for work / tasks with diff employer	% Fit for work / tasks with diff employer	% Not fit for work	Alternative outcome not claim related
Wood and paper product manufacturing	98.1	1.9	1,661	911	88.8	0.8	1.6	1.9	3.4	1.6	1.6	1.6	1.2	1.2	0.7
Printing, publishing and recorded media	96.2	3.8	442	260	86.2	1.2	0.8	3.8	2.7	1.5	1.5	2.3	2.3	1.5	1.5
Petroleum, coal, chemical and associated product manufacturing	97.7	2.3	1,621	791	86.1	1.3	1.3	2.8	4.4	1.8	1.8	1.6	1.6	0.8	0.8
Non-metallic mineral product manufacturing	98.3	1.7	1,264	495	86.3	0.8	1.6	3.2	4.0	1.4	1.4	1.6	1.6	1.0	1.0
Metal product manufacturing	98.5	1.5	7,315	3,148	89.5	0.7	1.7	2.5	2.7	1.4	1.4	0.8	0.8	0.7	0.7
Machinery and equipment manufacturing	98.6	1.4	4,592	2,073	88.8	0.6	1.9	2.6	3.2	1.2	1.2	0.9	0.9	0.8	0.8
Other manufacturing	98.4	1.6	1,276	721	88.5	0.3	1.8	2.5	3.3	1.8	1.8	0.7	0.7	1.1	1.1
Electricity, gas and water supply	95.6	4.4	660	213	92.0	2.3	1.4	1.4	1.9	0.0	0.0	0.5	0.5	0.5	0.5
Construction	97.9	2.1	11,586	6,155	85.8	0.7	2.5	3.4	3.2	2.1	2.1	1.4	1.4	0.8	0.8
General construction	98.0	2.0	4,610	2,181	87.3	0.8	1.7	3.1	2.9	1.7	1.7	1.6	1.6	1.0	1.0
Site preparation services	97.4	2.6	729	449	80.0	0.7	3.3	4.7	4.2	2.9	2.9	3.3	3.3	0.9	0.9
Building structure services	96.8	3.2	1,042	663	82.7	0.6	3.3	4.1	4.2	3.0	3.0	1.8	1.8	0.3	0.3
Installation trade services	98.6	1.4	2,462	1,251	89.7	0.7	2.5	2.4	2.4	1.5	1.5	0.6	0.6	0.2	0.2
Building completion services	98.1	1.9	1,537	940	84.5	0.5	3.3	3.1	3.5	2.3	2.3	1.6	1.6	1.2	1.2

	Claim decisions		Time lost claim finalisations									
	% Admit	% Reject	Total Claims Decided	Total Time Lost Claims Finalised	% Fit for work : same job / tasks with same employer	% Fit for work : diff job / tasks with same employer	% Fit for work : same job / tasks with diff employer	% Fit for work : diff job / tasks with diff employer	% Fit for work : worker does not return	% Fit for work : no job	% Not fit for work	% Alternative outcome not claim related
Other construction services	96.7	3.3	1,206	671	82.9	1.0	2.8	5.5	3.3	2.8	0.7	0.9
Wholesale trade	97.6	2.4	5,186	2,775	86.1	0.9	2.2	3.6	3.9	1.6	1.1	0.6
Basic material wholesaling	98.3	1.7	1,947	988	85.0	0.8	2.0	3.9	4.3	1.9	1.1	0.9
Machinery and motor vehicle wholesaling	97.8	2.2	1,641	773	89.3	0.5	2.1	3.0	3.0	0.8	1.2	0.3
Personal and household good wholesaling	96.6	3.4	1,598	1,014	84.7	1.2	2.5	3.7	4.3	1.9	1.1	0.6
Retail trade	97.1	2.9	10,447	5,587	86.8	1.3	1.6	3.5	2.8	1.1	1.3	1.6
Supermarket and grocery stores	97.0	3.0	3,183	1,547	87.2	2.2	0.5	2.4	2.6	0.6	1.7	2.8
Specialised food retailing	97.7	2.3	1,301	836	85.0	0.6	2.8	4.2	3.3	1.9	1.3	0.8
Personal and household good retailing	96.7	3.3	3,347	1,773	87.5	1.1	1.3	3.5	2.8	1.4	1.0	1.4
Motor vehicle retailing and services	97.6	2.4	2,616	1,431	86.6	0.8	2.6	4.1	2.6	1.0	1.4	0.9
Accommodation, cafes and restaurants	96.2	3.8	4,723	2,698	84.8	0.9	2.1	3.6	4.2	2.0	1.1	1.2
Accommodation	96.4	3.6	1,973	1,112	84.9	1.0	1.1	4.0	4.6	2.3	1.3	0.8
Pubs, taverns and bars	95.9	4.1	912	514	82.9	0.8	2.7	4.7	4.9	2.1	0.4	1.6
Cafes and restaurants	96.8	3.2	1,317	765	86.7	0.7	2.7	2.1	3.1	1.8	1.3	1.6
Clubs (hospitality)	94.0	6.0	521	307	83.1	1.6	3.3	3.9	3.9	1.3	1.6	1.3
Transport and storage	95.3	4.7	6,455	4,099	86.1	1.4	2.4	3.2	2.9	1.2	1.6	1.1
Road transport	96.5	3.5	2,808	1,986	82.9	0.8	3.8	4.2	3.7	1.6	1.7	1.4

	Claim decisions		Time lost claim finalisations									
	% Admit	% Reject	Total Claims Decided	Total Time Lost Claims Finalised	% Fit for work : same job / tasks with same employer	% Fit for work : diff job / tasks with same employer	% Fit for work : same job / tasks with diff employer	% Fit for work : diff job / tasks with diff employer	% Fit for work : worker does not return	% Fit for work : no job	% Not fit for work	% Alternative outcome not claim related
Rail, water, air and other transport	92.8	7.2	2,143	1,160	90.3	2.7	0.8	1.8	0.9	0.4	2.2	1.0
Services to transport	95.6	4.4	1,166	733	88.9	1.4	1.5	2.3	3.4	0.7	0.8	1.0
Storage	99.1	0.9	338	220	83.2	1.4	2.3	4.5	4.1	3.2	1.4	0.0
Communication services	95.7	4.3	280	194	81.4	1.0	2.6	6.2	4.1	2.6	2.1	0.0
Finance and insurance	91.0	9.0	742	421	83.8	1.2	1.4	3.3	1.2	2.4	4.3	2.4
Finance	90.1	9.9	444	248	84.7	1.2	1.6	3.2	0.4	2.4	5.6	0.8
Insurance and services to finance and insurance	92.3	7.7	298	173	82.7	1.2	1.2	3.5	2.3	2.3	2.3	4.6
Property and business services	96.0	4.0	6,639	3,747	86.3	1.0	2.2	2.8	3.8	1.7	1.4	1.0
Property services	96.8	3.2	1,200	637	85.6	0.8	2.7	3.3	3.9	1.9	1.6	0.3
Scientific, technical and computer services	95.2	4.8	793	278	86.0	0.7	3.6	2.5	3.2	2.2	1.1	0.7
Legal, accounting, marketing and business services	93.9	6.1	691	333	85.0	0.3	2.7	4.2	4.8	1.2	1.2	0.6
Employment services	97.6	2.4	2,506	1,561	92.0	1.2	0.9	1.7	2.2	0.6	0.7	0.6
Other business services	93.8	6.2	1,449	938	77.7	1.0	3.3	3.8	6.1	3.2	2.7	2.2
Government administration and defence	92.5	7.5	7,076	4,139	93.0	1.7	0.6	1.1	1.3	0.3	1.2	0.7
Local government	94.3	5.7	2,645	1,586	95.2	1.8	0.2	0.8	0.6	0.3	0.8	0.4
Other government	91.3	8.7	4,431	2,553	91.6	1.6	0.9	1.2	1.8	0.4	1.5	1.0

	Claim decisions		Time lost claim finalisations									
	% Admit	% Reject	Total Claims Decided	Total Time Lost Claims Finalised	% Fit for work : same job / tasks with same employer	% Fit for work : diff job / tasks with same employer	% Fit for work : same job / tasks with diff employer	% Fit for work : diff job / tasks with diff employer	% Fit for work : worker does not return	% Fit for work : no job	% Not fit for work	% Alternative outcome not claim related
Education	93.5	6.5	2,565	1,358	90.6	0.9	1.2	1.4	1.8	0.9	1.2	2.1
School education	94.8	5.2	968	500	91.0	0.4	1.6	1.4	2.0	0.6	1.0	2.0
Post school education	90.1	9.9	822	353	91.2	0.8	0.6	0.8	1.7	1.1	1.7	2.0
Other education	95.2	4.8	775	505	89.9	1.4	1.2	1.8	1.6	1.0	1.0	2.2
Health and community services	93.7	6.3	8,796	5,699	89.2	1.7	1.3	1.7	2.3	0.8	1.8	1.2
Hospitals	92.9	7.1	3,657	2,347	91.4	2.4	1.1	1.0	1.2	0.3	1.4	1.1
Nursing homes	96.1	3.9	1,034	739	85.3	1.2	1.1	1.8	4.9	0.8	3.0	2.0
Other health services	93.8	6.3	1,488	833	89.1	1.3	1.8	1.9	1.9	1.1	1.7	1.2
Community services	93.8	6.2	2,617	1,780	88.0	1.1	1.5	2.5	2.8	1.2	1.8	1.1
Cultural and recreational services	95.9	4.1	1,586	941	88.2	0.9	1.8	3.2	3.2	0.7	1.3	0.7
Motion picture, radio and television services	93.8	6.2	145	94	87.2	0.0	3.2	2.1	1.1	3.2	2.1	1.1
Libraries, museums and the arts	96.6	3.4	268	128	91.4	0.0	2.3	3.1	3.1	0.0	0.0	0.0
Sport and recreation	96.0	4.0	1,173	719	87.8	1.1	1.5	3.3	3.5	0.6	1.4	0.8
Personal and other services	95.0	5.0	3,743	1,773	86.1	1.1	2.2	3.3	2.3	1.3	1.7	2.0
Personal services	96.8	3.2	932	560	79.8	1.1	3.8	6.3	3.6	2.0	0.9	2.7
Public order and safety services	95.0	5.0	2,205	937	89.3	1.3	1.5	1.4	1.3	1.0	2.3	1.9
Other services	92.6	7.4	606	276	88.0	0.7	1.4	3.6	3.3	1.1	1.1	0.7
Pre 1997 injury or unknown industry	87.6	12.4	283	28	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Total	96.3	3.7	99,666	54,308	87.2	1.2	1.8	2.9	3.1	1.4	1.4	1.1

Breakdown of the Australian and New Zealand Standard Industrial Classifications used in each industry grouping are included in Appendix 2

Appendix 2

Industry classification 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.

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)

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)

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)

Electricity, gas and water supply

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

Wholesale trade

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

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)

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)

Transport and storage

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

Communication services

Communication services	(ANZSIC: all 71)
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Finance and insurance

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

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)

Government administration and defence

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

Education

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

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)

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)

Personal and other services

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

Appendix 3: 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 – Workdays lost due to an injury on finalised time lost claims, including any workdays lost paid for by the employer. Claims with compensation together with lump sum payments are included as time lost claims.

Cancelled claims – Intimated claims are cancelled when they are found not to need any further processing because the claim should never had been intimated (e.g. the application has already been intimated at least once on the system).

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 or rejected liability 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, while "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. A fatal application has been lodged and accepted or a fatal payment has been made.

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" (ANZSIC), ABS.

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) and the "Type of Occurrence Classification System", Third Edition, National Occupational Health and Safety Commission (NOHSC). Where large numbers of injury nature classifications occurred (such as strain or 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 (i.e. includes cancelled and rejected claims).

Medical expense only claim – All accepted claims which have had medical treatment and rehabilitation payments, excluding those that also had weekly compensation or fatality payments.

Mesothelioma or asbestosis – The injury nature codes '630', '810' and '860' from the "Type of Occurrence Classification System", Second Edition, National Occupational Health and Safety Commission (NOHSC) and injury nature codes '783', '861' and '866' from the "Type of Occurrence Classification System", Third Edition, National Occupational Health and Safety Commission (NOHSC) have been renamed mesothelioma or asbestosis injury in this publication.

Permanent impairment (PI) – 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.

Psychiatric or psychological injury – The injury nature code '910' from the "Type of Occurrence Classification System", Second Edition, National Occupational Health and Safety Commission (NOHSC), and injury nature codes '702', '703', '704', '705', '706', '707', '718' and '719' from the "Type of Occurrence Classification System", Third Edition, National Occupational Health and Safety Commission (NOHSC) have been renamed psychiatric or psychological injury in this publication and includes claims commonly referred to as "stress" claims.

QOTE – The *Workers' Compensation and Rehabilitation Act 2003* describes QOTE for a financial year as being "the seasonally adjusted amount of Queensland full time adult persons ordinary time earnings as declared by the Australian Statistician in the statistician's report about average weekly earnings published immediately before the start of the financial year". QOTE is used in certain circumstances by insurers when calculating weekly compensation payments.

Rejected claims – The application for compensation is rejected (this is considered to be an initial decision on the claim).

Regions – Regions are based on Australian Bureau of Statistics, Regional Population Growth, Australia, 2006-07 Cat No. 3218.0, March 2008.

Statutory claim payments – All statutory payments made in the relevant year, including any payments for time lost made by the employer as part of the compensation period (excess) as reported by WorkCover Queensland.

Time lost claims – All accepted claims which have resulted in time lost from work excluding fatalities, (i.e. compensation is paid for the time lost), including those with a lump sum payment.

Withdrawn claims – Intimated claims are withdrawn when no actual claim was lodged by the injured worker other than a medical certificate and account provided by the medical practitioner for the purpose of medical fax fee only. For the fee to be paid a claim number is required to be issued. This applies to WorkCover Queensland only.

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 one statutory claim, it will be counted for each statutory claim it is associated with (if one common law claim is associated with three statutory claims, the common law lodgement has been counted three 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.

Medical assessment tribunal definitions

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.

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 (Psychiatric) – General Medical Assessment Tribunal – Psychiatric.

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, etc.

Permanent impairment (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 injury claims the MAT must determine the degree of permanent impairment.

Permanent impairment (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.

Prescribed disfigurement – The insurer requests the tribunal to assess, by physical examination, whether the bodily scarring or facial disfigurement is severe enough to be considered prescribed disfigurement.

Referral reasons – The specific questions which can be asked of the Medical Assessment Tribunals are defined in the *Workers' Compensation and Rehabilitation Act 2003*.

Specialty (Other) – Medical Assessment Tribunals including the Cardiac, Dermatology, Ear, Nose and Throat, Ophthalmology and Disfigurement specialties.

Review 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.

Appeal definitions

Conceded – Q-COMP indicates to the parties to the appeal and the court or commission 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 or Queensland Industrial Relations Commission.

Dismissed – After hearing evidence, the Magistrate or Commissioner has dismissed the appeal and confirmed the review decision.

Settled – The parties to the appeal have negotiated a settlement out of court.

Struck out – Appeals struck out by the Magistrate or Commissioner because of failure of the appellant to comply with legislative, court or Commission requirements.

Upheld – After hearing evidence, the Magistrate or Commissioner has upheld the appeal and set aside or varied the review decision.

Withdrawn – Appeals withdrawn by the appellant prior to hearing.



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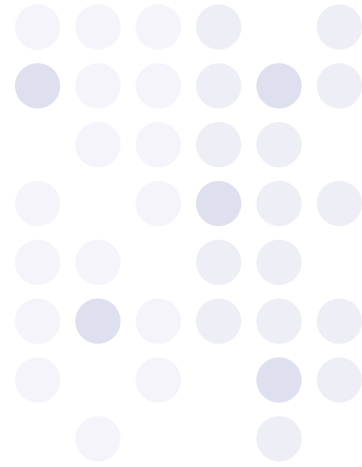
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