

# together

09/10 Statistics Report



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## Introduction

This is the eleventh 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 2010.

## 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 2010, there were 24 insurers in the scheme – WorkCover Queensland and 23 self-insured employers (visit [www.qcomp.com.au](http://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 2009–2010 did not have a claim for workers' compensation.
- Claim rates have decreased due to the reduction in intimations.
- The manufacturing industry has the highest claim rate.
- Payments have increased by 13.6% driven by an increase in common law payments of 35.9%.

The Queensland workers' compensation scheme covers approximately 171,000 employers and an estimated 2.2 million workers.

### 1 Number of claims intimated by insurance type 2009–2010

Insurance type	08/09	09/10	%Variance
Employed people	102,420	97,584	-4.7%
Volunteers, industrial placement / work experience, contracts of insurance (Act: section 26)	276	277	0.4%
Workplace personal injury insurance (self employed , working directors)	127	136	7.1%
Household workers	25	19	-24.0%
<b>Total intimations</b>	<b>102,848</b>	<b>98,016</b>	<b>-4.7%</b>

The majority of claims (99.6%) are for "Workers" (as defined in the Act).

### 2 Number of claims per employer by declared wages 2008–2009

Number of claims	Declared wages						Total employers
	\$1M or less	\$1.01M to \$2.5M	\$2.51M to \$5M	\$5.01M to \$10M	\$10.01M to \$50M	Over \$50M	
No Claims	148,788	2,487	509	116	55	3	<b>151,958</b>
1 claim	8,855	1,258	321	117	45	-	<b>10,596</b>
2 to 5 claims	3,044	1,536	704	278	134	7	<b>5,703</b>
6 to 10 claims	153	312	318	223	119	10	<b>1,135</b>
11 to 20 claims	36	80	158	209	170	16	<b>669</b>
over 20 claims	23	11	43	110	324	153	<b>664</b>
<b>Total with claims</b>	<b>12,111</b>	<b>3,197</b>	<b>1,544</b>	<b>937</b>	<b>792</b>	<b>186</b>	<b>18,767</b>
<b>Total</b>	<b>160,899</b>	<b>5,684</b>	<b>2,053</b>	<b>1,053</b>	<b>847</b>	<b>189</b>	<b>170,725</b>
% without claims	92.5%	43.8%	24.8%	11.0%	6.5%	1.6%	89.0%

The above table is based on claims intimated by insurance type "Employed people" and excluding claims which have been intimated by uninsured policies.

The majority of employers (89.0%) did not have a claim for workers' compensation in 2009–2010. Smaller employers (less than \$1 million in declared wages or approximately 20 staff) were the most likely to have no claims (92.5%).

In 2009–2010, 98,016 claims were intimated scheme-wide (excluding cancelled and withdrawn claims). The estimated rates per 1,000 employees are detailed below.

### 3 Claim rates (per 1,000 employees covered by the scheme) 2005–2006 to 2009–2010

	Annual comparison				
	05/06	06/07	07/08	08/09	09/10
<b>Queensland labour force</b>					
Average number of employed people ('000) a	2,009.7	2,095.2	2,164.5	2,219.9	2,223.5
Change from previous year	4.8%	4.3%	3.3%	2.6%	0.2%
Average number of employees covered ('000) b	1,934.7	2,023.3	2,091.2	2,147.1	2,159.8
Change from previous year	5.1%	4.6%	3.4%	2.7%	0.6%
<b>Queensland workers' compensation scheme</b>					
Intimated claims					
Number	85,751	97,660	103,071	102,848	98,016
Change from previous year	2.7%	13.9%	5.5%	-0.2%	-4.7%
Claim rate					
Number per 1,000 employees covered	44.3	48.3	49.3	47.9	45.4
Change from previous year	-2.3%	8.9%	2.1%	-2.8%	-5.2%

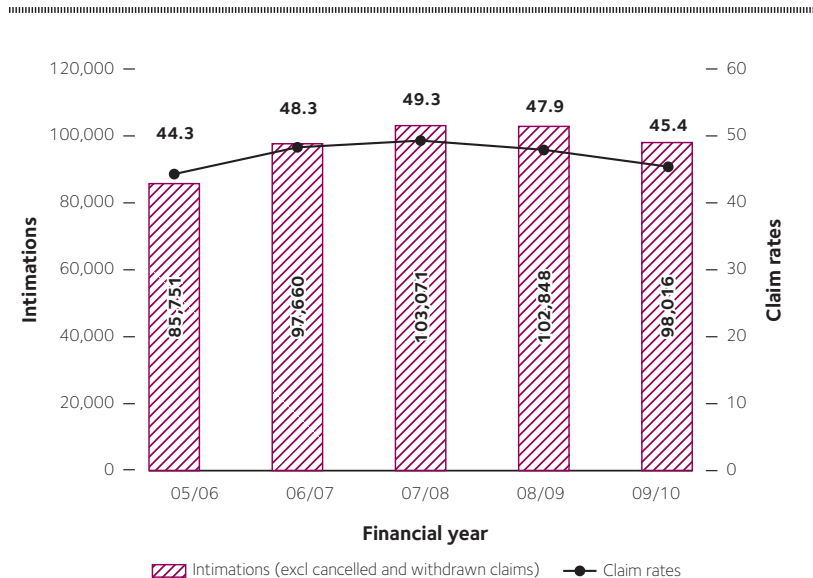
<sup>a</sup> Australian Bureau of Statistics, Labour Force, Queensland Average of May Quarter to February Quarter – for each of the above years, Cat No 6291.0.55.003. Australian Bureau of Statistics has adjusted past figures due to change in methodology.

<sup>b</sup> "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 five years. Intimations for 2009–2010 of 98,016 have decreased by 4.7% from 2008–2009 of 102,848.

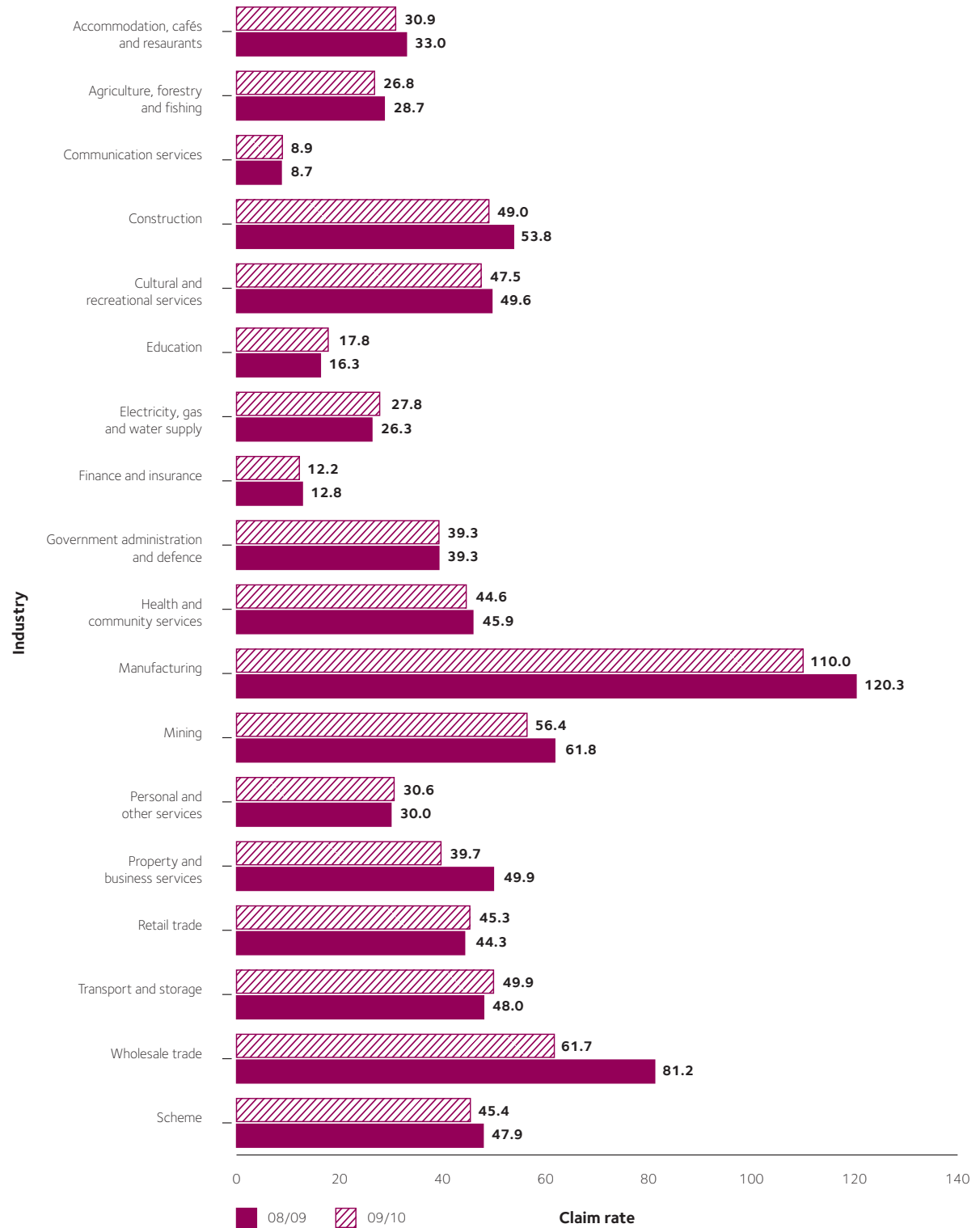
Since 2005–2006, the average annual growth rate for intimations has been 3.3%.

### 4 Claim rates (per 1,000 employees covered by the scheme) and intimations 2005–2006 to 2009–2010



Manufacturing had the highest claim rate in the scheme, with 110.0 claim intimations per 1,000 persons covered in the industry. Other industries where the claim rate was larger than the scheme rate of 45.4 include wholesale trade (61.7), mining (56.4), transport and storage (49.9), construction (49.0) and cultural and recreational services (47.5).

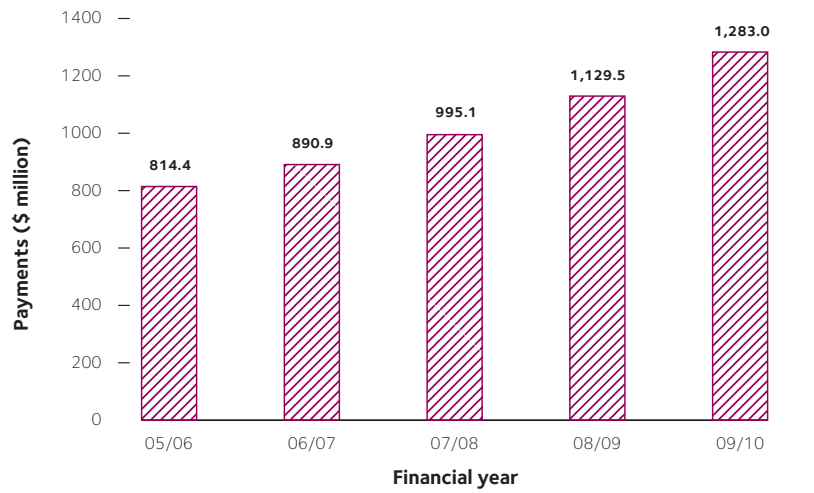
**5 Claim rates (per 1,000 employees covered by the scheme) by industry 2008-2009 and 2009-2010**



## Workers' compensation payments

The total scheme payments increased by 13.6%, with common law payments increasing by 35.9%. However statutory payments decreased by 1.8%. Total payments for workers' compensation claims in 2009–2010 were \$1,283.0 million. Common law payments made up 48.9% (\$627.3 million) and statutory claim payments made up 51.1% (\$655.7 million).

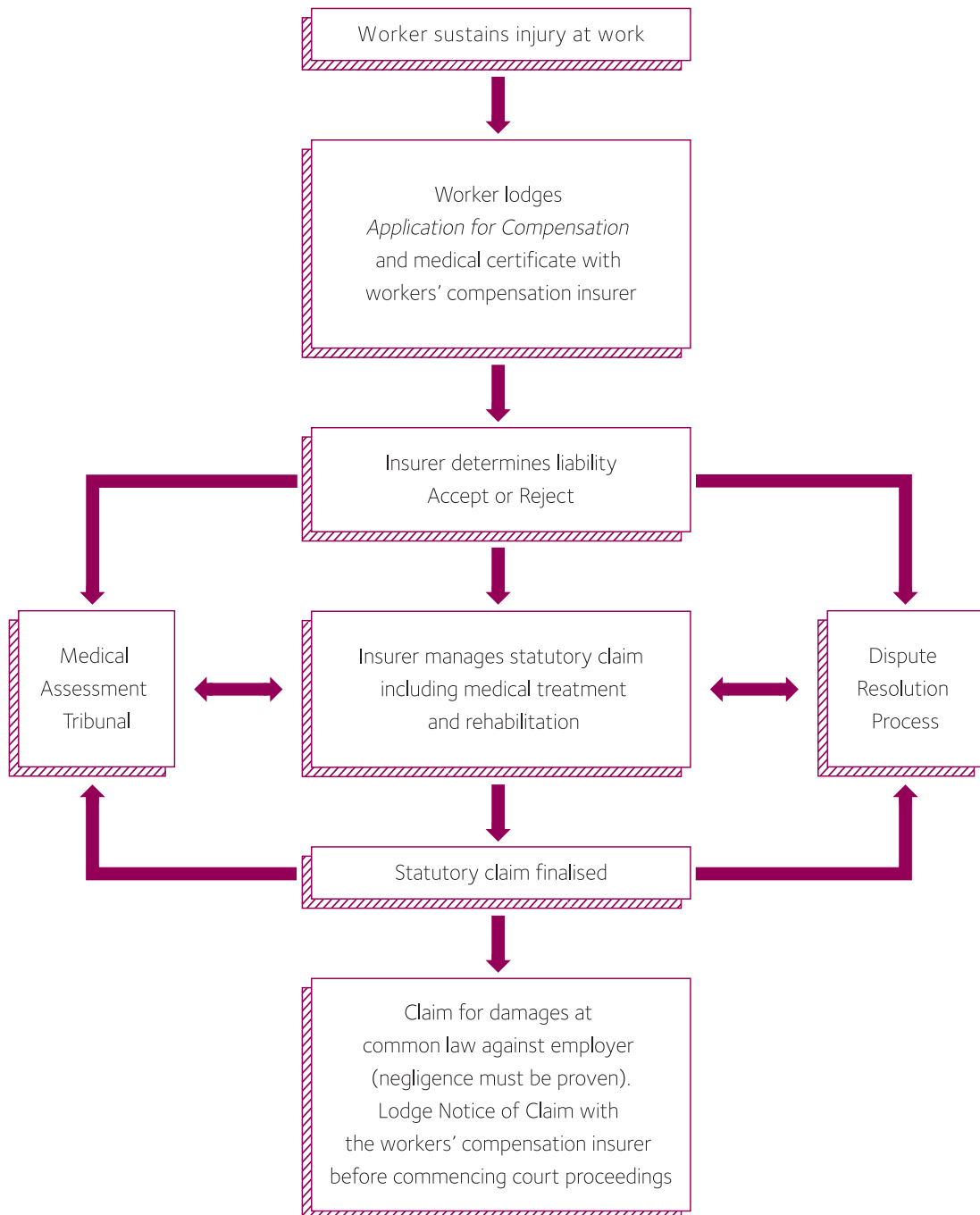
### 6 Scheme payments 2005–2006 to 2009–2010



## 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.

### 7 Workers' compensation claims process



### Claim intimations

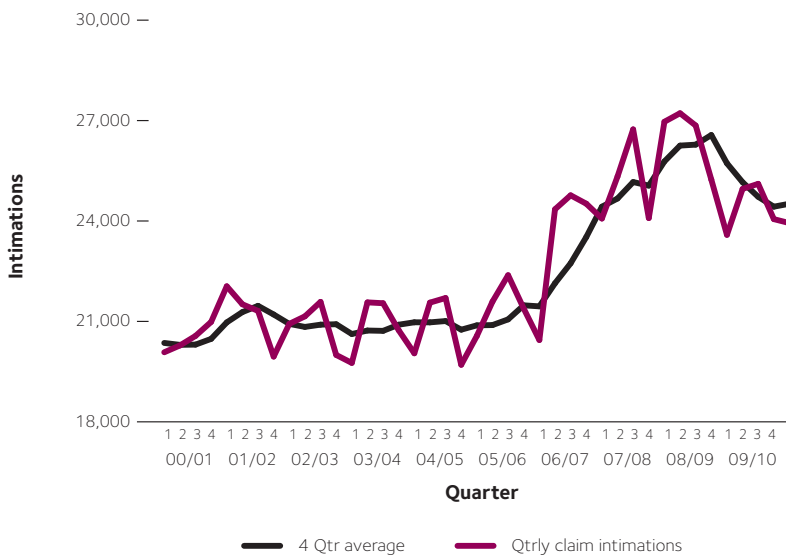
- Intimations decreased by 4.7% in 2009–2010.
- WorkCover Queensland implemented a fax fee initiative in July 2006 to encourage shorter timeframes between the time of injury and access to both compensation and appropriate rehabilitation services. The potential impact of the fax fee initiative on intimations 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 68 fatal claims intimated in 2009–2010.

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 2009–2010, there were 98,016 claims intimated (excluding cancelled and withdrawn claims), representing a 4.7% decrease from 2008–2009. The figure below illustrates claim intimations per quarter from 2000–2001 to 2009–2010.

### 8 Claim intimations, quarterly 2000–2001 to 2009–2010

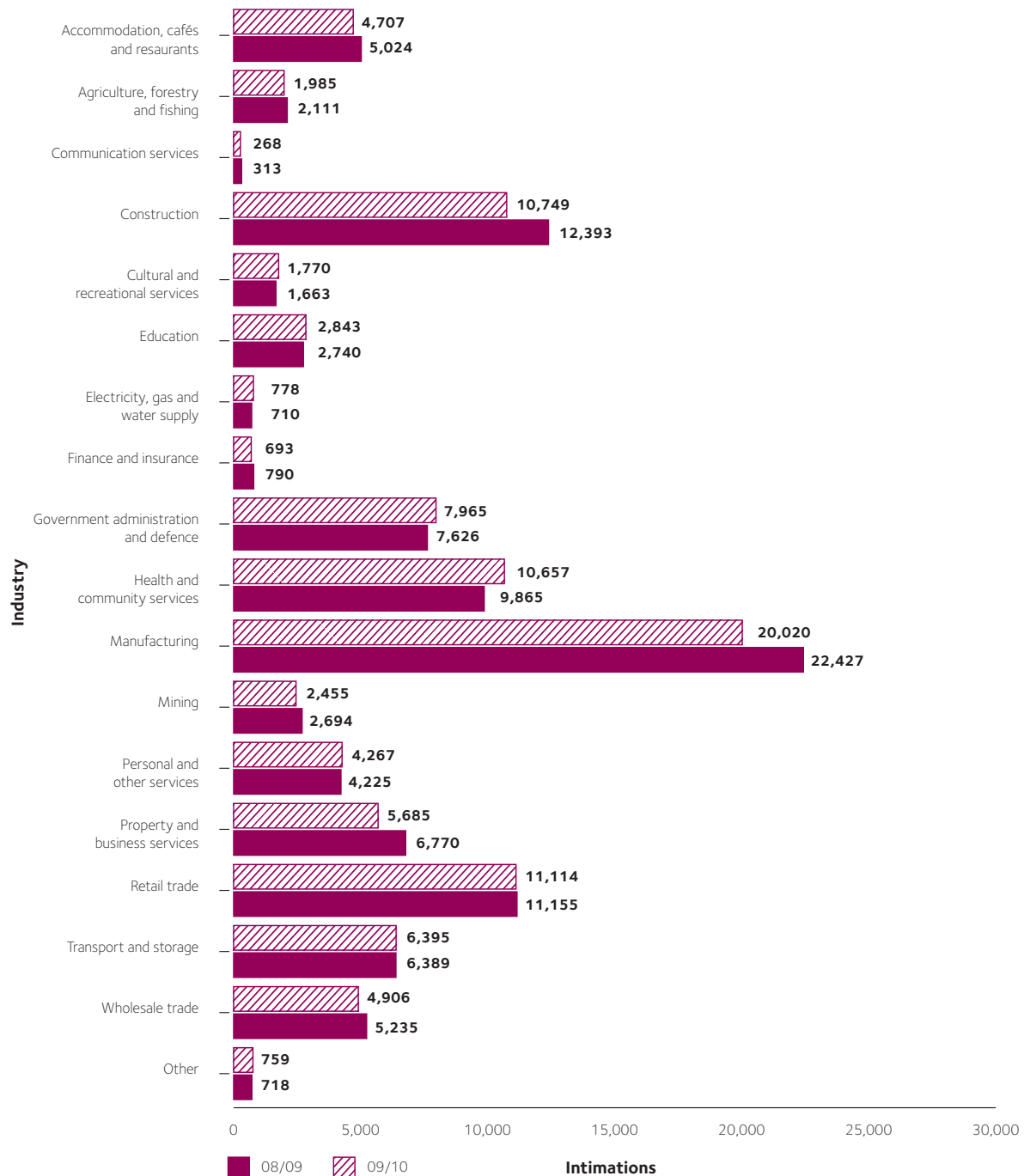


## Industry

The manufacturing industry accounted for the largest proportion of claim intimations with 20.4% of all scheme intimations.

The largest percentage increase in claim intimations was for electricity, gas and water supply (up 9.6%), health and community services (up 8.0%) and cultural and recreational services (up 6.4%). The largest percentage decrease in claim intimations was for property and business services (down 16.0%).

### 9 Statutory claim intimations by industry 2008–2009 and 2009–2010



For industry "Other", this includes injuries pre July 1997 (pre ANZSIC classifications), household workers, workplace personal injury insurance (self employed, working directors) and volunteers.

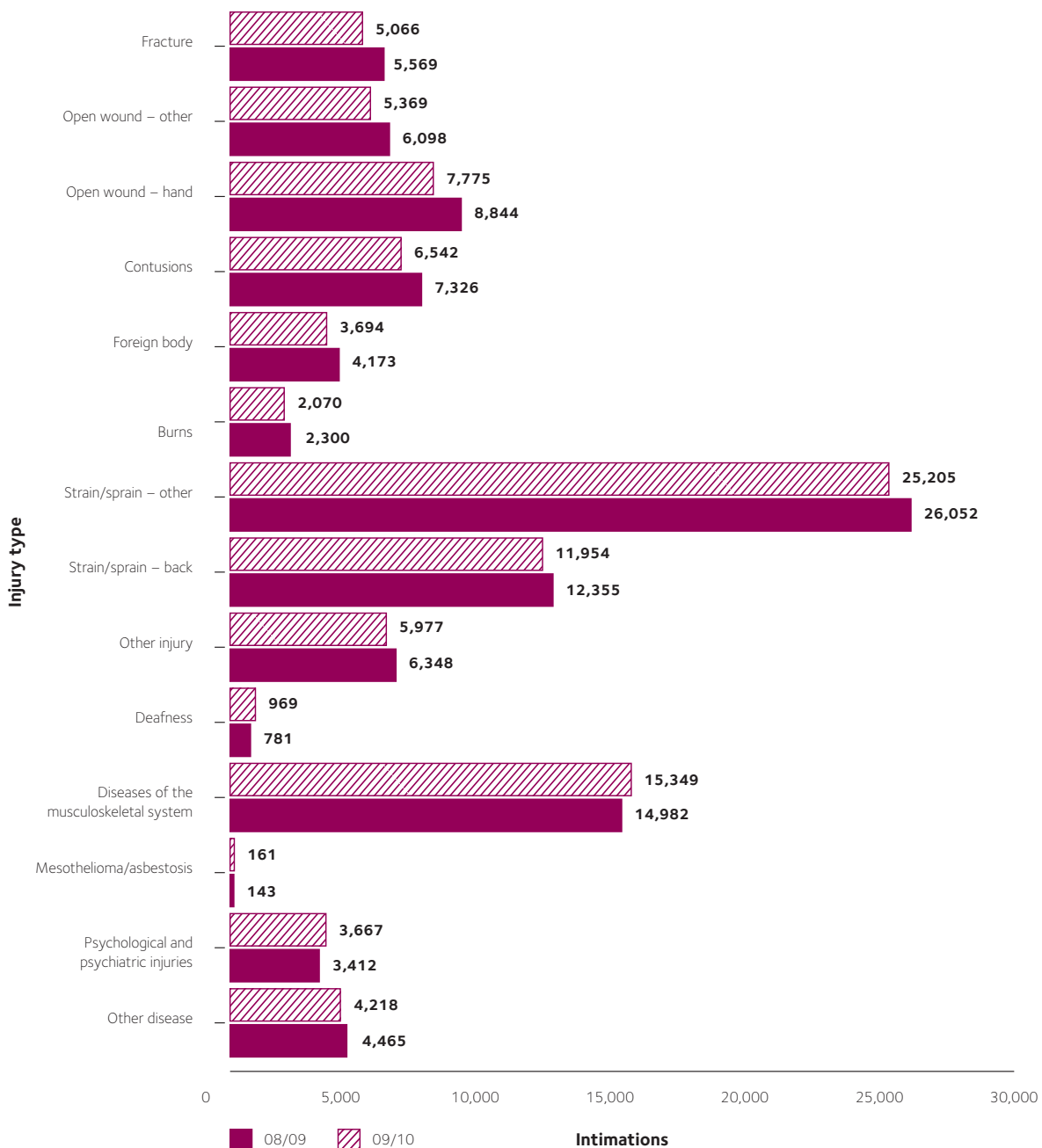
## Injury type

Strain or sprain injury claims accounted for over a third (37.9%) of all injuries intimated in 2009–2010. Of these, the back was the major body location (accounting for over one tenth or 12.2% of all intimations).

Deafness experienced a large increase (up 24.1%) from 781 in 2008–2009 to 969 in 2009–2010.

Psychological and psychiatric injuries also experienced an increase (up 7.5%) from 3,412 in 2008–2009 to 3,667 in 2009–2010. Mesothelioma / asbestosis claims experienced an increase of 12.6% (up from 143 in 2008–2009 to 161 in 2009–2010). The only other injury which experienced an increase was diseases of the musculoskeletal system (up 2.4%). All other injuries experienced a decrease in intimations in 2009–2010.

## 10 Statutory claim intimations by injury type 2008–2009 and 2009–2010

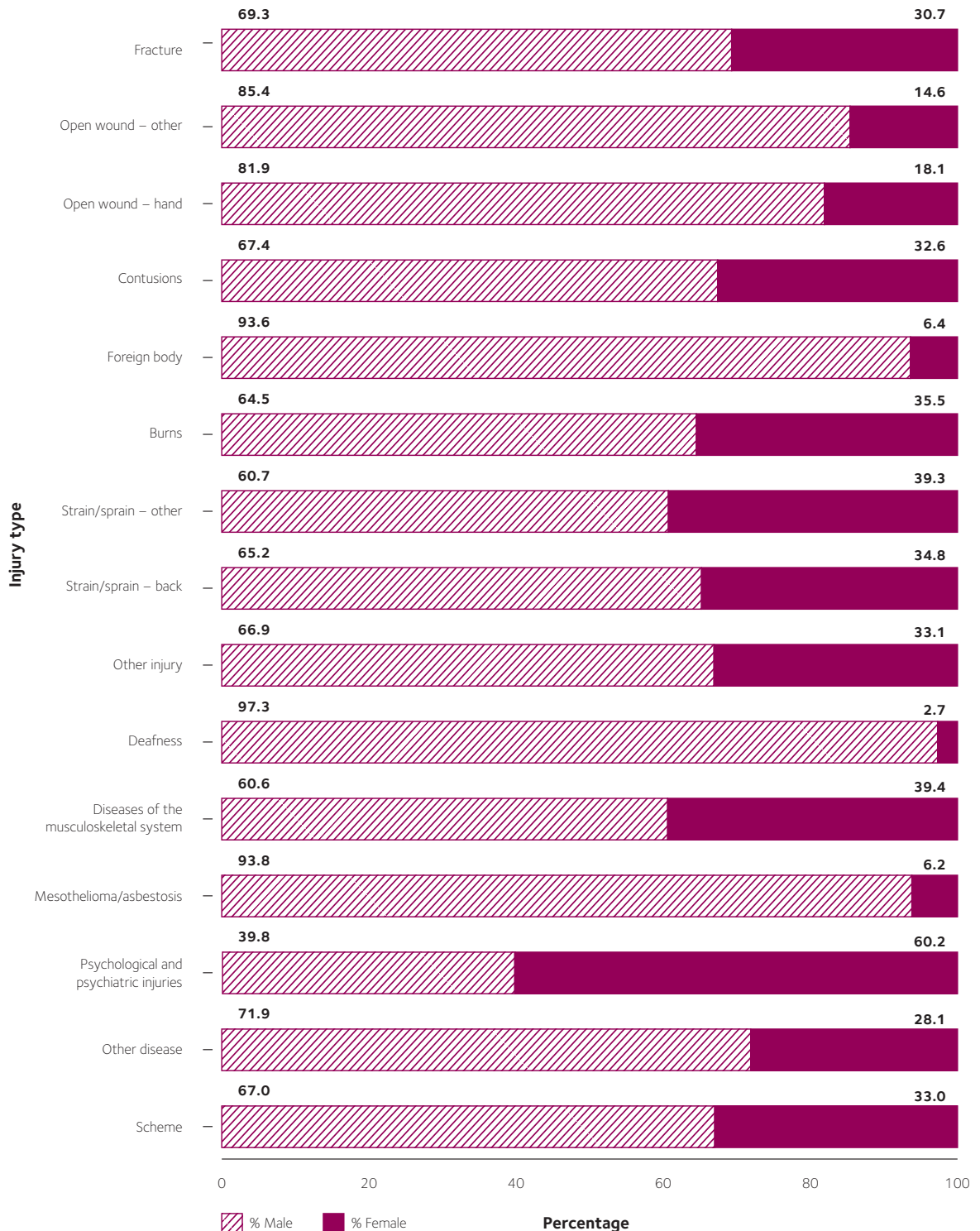


## Gender

In 2009–2010, males represented 67.0% (n = 65,660) of the 98,016 claims intimated in the Queensland workers' compensation scheme. Injuries where males represented a much higher proportion of claims than females were deafness (97.3%), mesothelioma or asbestosis (93.8%), foreign body (93.6%) and open wound to both the hand (81.9%) and other locations (85.4%).

The only injury type where females were represented more than males was psychiatric or psychological injury, where females accounted for 60.2% of claims.

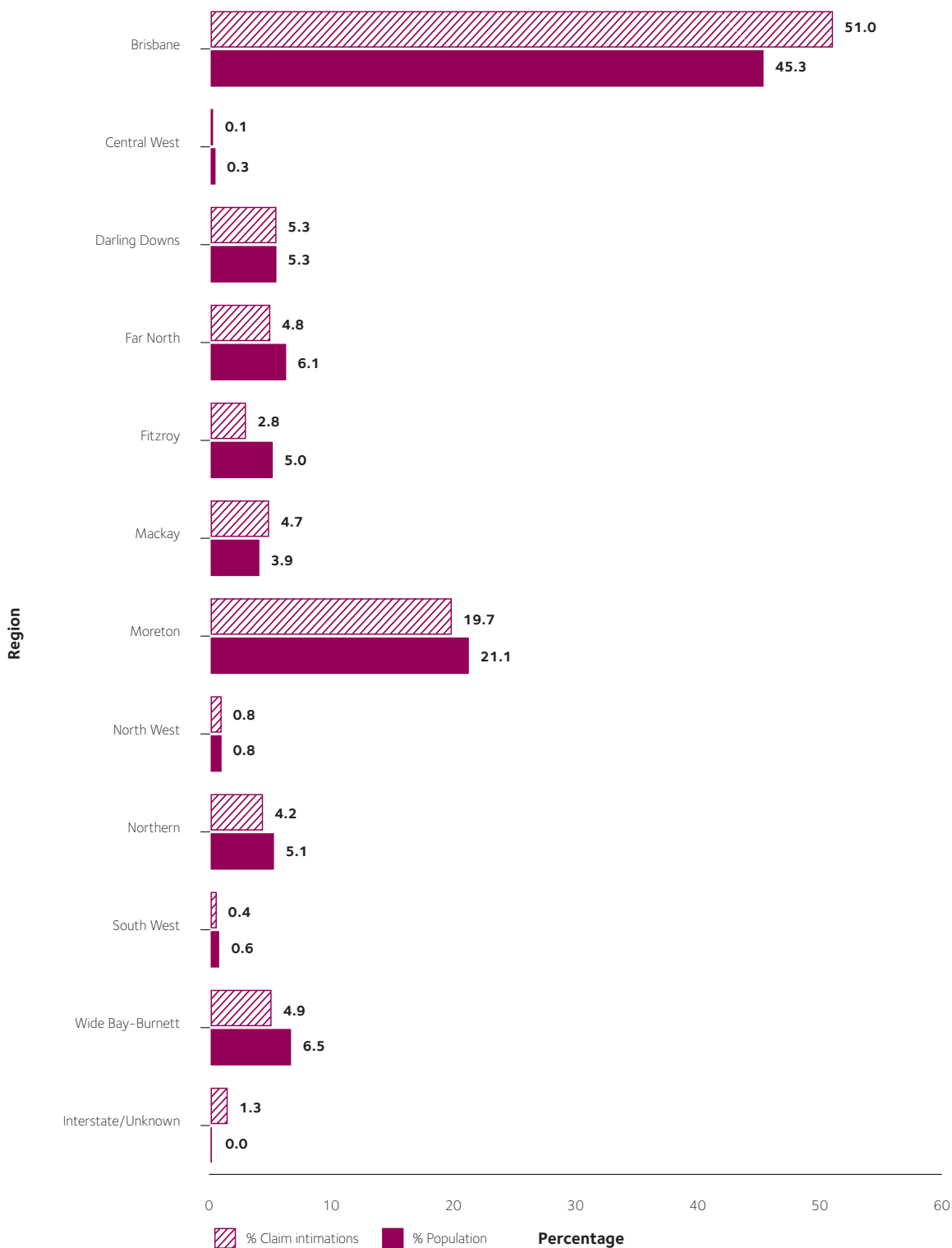
### 11 Proportion of statutory claim intimations by injury type and gender 2009–2010



## Geographical region

In 2009–2010, the Brisbane region represented more than half (51.0%) of the 98,016 claims intimated in the Queensland workers' compensation scheme, based on the address of the injured worker (compared to 45.3% of the Queensland population). The next largest region was Moreton, representing 19.7% of intimations (21.1% of the Queensland population).

### 12 Proportion of statutory claim intimations and population by region 2009–2010



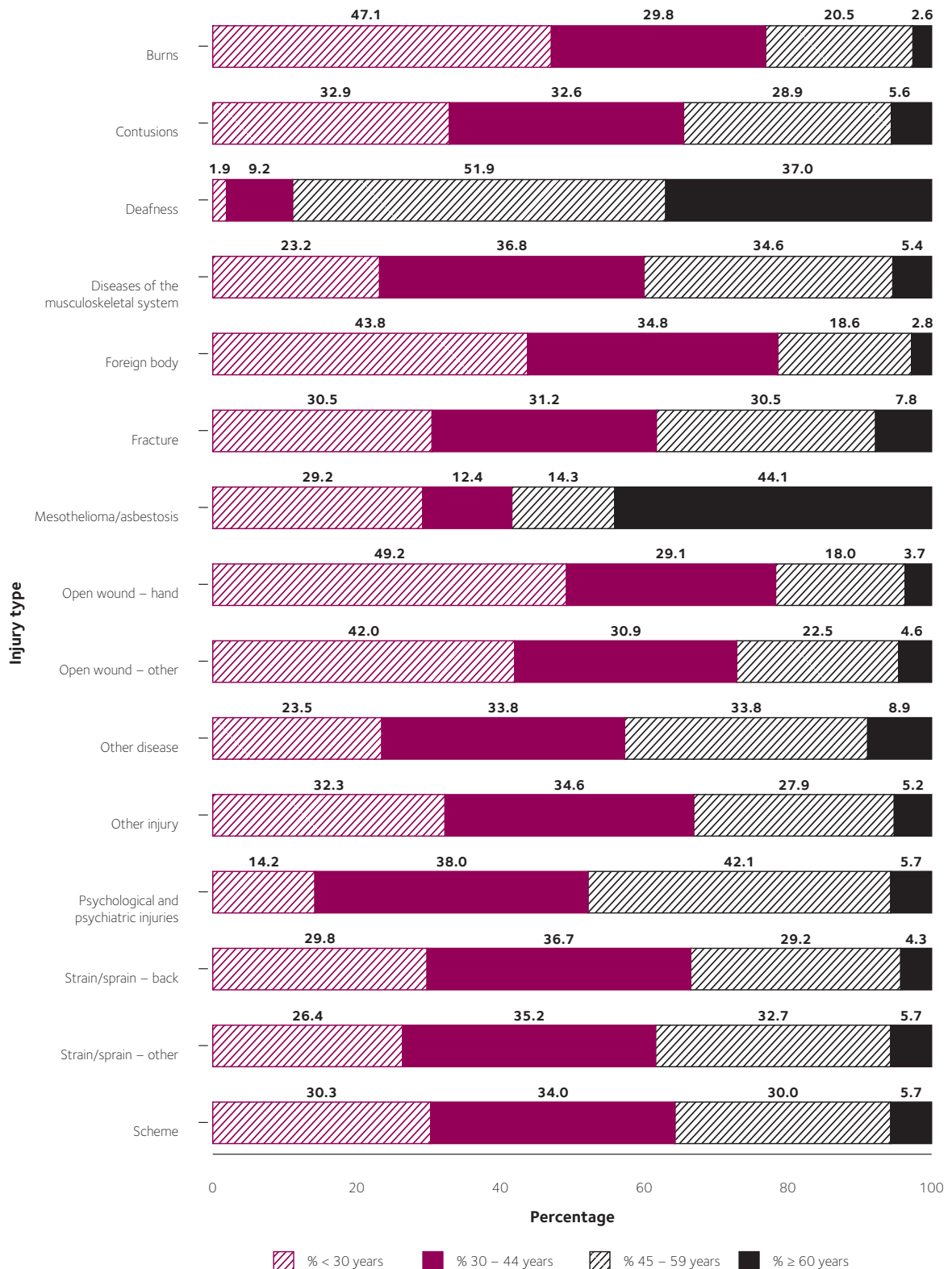
Source: Population figures are based on Australian Bureau of Statistics, Regional population Growth for Queensland, 2008-09, Cat No. 3218.0. Table 3 – Estimated resident population, statistical local areas, Queensland.

## Age

While older workers (60 years +) represented only 5.7% of all claims intimations, they have a high representation for injuries such as deafness (37.0%) and mesothelioma or asbestosis (44.1%).

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

### 13 Proportion of statutory claim intimations by injury type and age group 2009–2010



## Fatalities

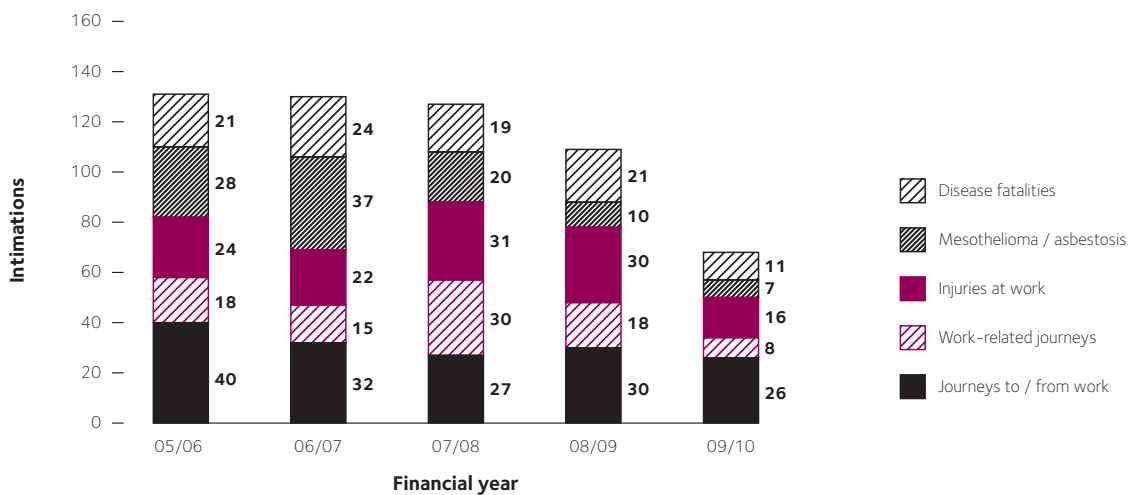
Compensated fatalities are included in the year a workers' compensation claim is lodged, not the year the worker died. Considerable time can, therefore, elapse between claim lodgement and the death of the injured worker.

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

In 2009–2010, the way fatality claims are reported changed. 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 68 fatalities intimated in 2009–2010.

### 14 Fatal claims accepted (excluding cancelled and withdrawn claims) 2005–2006 to 2009–2010



In 2009–2010:

- 23.5% of fatalities intimated were due to **injuries at work**
- 38.2% of fatalities resulted from **journeys to or from work**
- 11.8% of fatalities resulted from **work related journeys** – that is, journeys which occur as a part of the person's work
- 16.2% of fatalities intimated were due to **disease** related (excluding mesothelioma and asbestosis)
- 10.3% of fatalities intimated were due to **mesothelioma or asbestosis**

The industries recording the highest number of fatal injury intimations in 2009–2010 were manufacturing (16.2%, n = 11), transport and storage (14.7%, n = 10) and construction (14.7%, n = 10).

### Claim decision-making process

- Decision timeframes have decreased by over 9% for the 2009–2010 year.
- Rejections and claims for psychiatric or psychological injuries take longer to decide.
- Claims for psychiatric or psychological injuries have a higher chance of rejection.
- 80.7% 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.

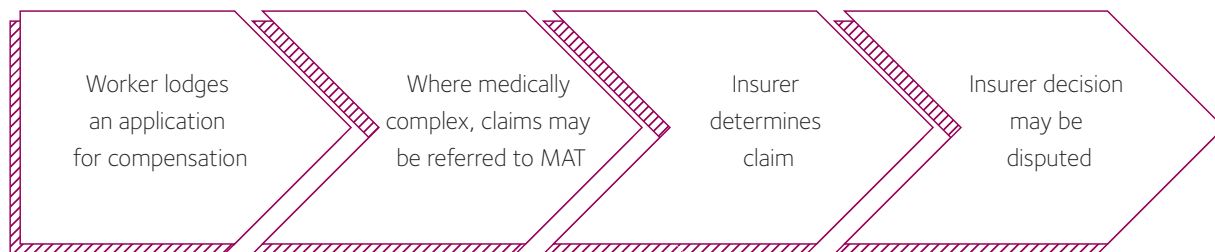
Once the insurer receives a complete application for compensation, they will determine whether or not the claim is compensable under the *Workers' Compensation and Rehabilitation Act 2003* (the Act). Insurers have 20 business days to determine liability for both physical injuries and psychiatric or psychological 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.

### 15 Claims decision-making process



The following figure illustrates the change in decision-making timeframes in 2008–2009 and 2009–2010.

### 16 Average time to decide by injury type 2008–2009 and 2009–2010

Injury type	Average decision time (days)	
	08/09	09/10
Fracture	4.6	4.5
Open wound – Other	3.6	2.5
Open wound – Hand	3.5	2.8
Contusions	4.3	3.4
Foreign body	3.5	2.5
Burns	3.8	2.9
Strain/sprain – other	6.8	6.0
Strain/sprain – back	7.1	6.3
Other injury	7.1	5.8
Deafness	21.4	16.8
Diseases of the musculoskeletal system	8.6	7.5
Mesothelioma/asbestosis	31.8	22.2
Psychological and psychiatric injuries	35.0	33.1
Other disease	12.7	12.5
<b>Total average</b>	<b>7.3</b>	<b>6.6</b>

Overall, average decision-making timeframes decreased to 6.6 days in 2009–2010 from 7.3 days in 2008–2009. This followed a decrease in timeframes between 2007–2008 (10.5) and 2008–2009 (7.3).

All injury types experienced a reduction in average timeframes to make a decision. The injury type with the highest decrease in decision times was mesothelioma/asbestosis from 31.8 days to 22.2 days (30.2% decrease). The next highest reduction was deafness claims where average timeframes dropped from 21.4 days to 16.8 days (21.5% decrease).

The following figure illustrates decision-making timeframes and outcomes for claims determined in 2009–2010.

### 17 Decisions made and average time to decide by decision type and injury type 2009–2010

Injury type	Number of decisions	Proportion of decisions		Average decision time		
		Admitted %	Rejected %	Admitted days	Rejected days	Total days
Fracture	4,830	96.8	3.2	3.5	35.6	4.5
Open wound – Other	7,377	99.4	0.6	2.4	23.2	2.5
Open wound – Hand	5,044	98.9	1.1	2.6	17.7	2.8
Contusions	6,133	98.6	1.4	3.2	19.4	3.4
Foreign body	3,510	99.4	0.6	2.3	29.0	2.5
Burns	1,959	98.9	1.1	2.8	13.3	2.9
Strain/sprain – other	23,804	97.4	2.6	5.3	29.7	6.0
Strain/sprain – back	11,285	97.5	2.5	5.4	41.2	6.3
Other injury	5,357	96.1	3.9	4.8	30.7	5.8
Deafness	750	87.3	12.7	16.3	20.4	16.8
Diseases of the musculoskeletal system	14,504	95.8	4.2	6.5	29.0	7.5
Mesothelioma/asbestosis	60	95.0	5.0	19.5	73.7	22.2
Psychological and psychiatric injuries	2,910	42.4	57.6	21.3	41.8	33.1
Other disease	3,837	91.4	8.6	10.7	31.5	12.5
<b>Total</b>	<b>91,360</b>	<b>95.4</b>	<b>4.6</b>	<b>5.2</b>	<b>34.9</b>	<b>6.6</b>

Most claims (95.4%) were accepted by insurers with an average determination time of 5.2 days. On average, decision timeframes tended to be longer for:

- rejected claims – determined in 34.9 days on average compared to 5.2 days on average for accepted claims
- diseases, particularly psychiatric or psychological injury claims (average 33.1 days to determine) and mesothelioma or asbestosis claims (average 22.2 days to determine).

Diseases tended to have higher rejection rates than injuries – 57.6% of psychiatric or psychological injury claims.

## Reasons for claim rejection

Insurers reject claims where, for some reason, the event or the person is not covered under the Act. For 80.7% of rejected claims, the reason for rejection was that the injury did not meet the definition under the Act.

The following figure details the main reasons claims were rejected.

### 18 Rejected claims by reason for rejection 2008–2009 and 2009–2010

Reason for rejection	08/09		09/10	
	Number of rejections	% of rejections	Number of rejections	% of rejections
Not an injury – s.32	3,030	75.8	3,390	80.7
Not a worker – s.11	186	4.7	165	4.0
Out of time – excluded under s.131	90	2.2	102	2.4
Journey – subsequent delay, interruption or deviation – s.36(2)(B)	40	1.0	48	1.1
Invalid application – s.132	135	3.4	307	7.3
Industrial deafness – excluded under s.125 – initial application	31	0.8	46	1.1
Not a journey – s.35	43	1.1	38	0.9
Other	440	11.0	106	2.5
<b>Total</b>	<b>3,995</b>	<b>100</b>	<b>4,202</b>	<b>100</b>

## 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.

For 2009–2010, only 55 claims were referred to a medical assessment tribunal for determination of the worker's injury for an application for compensation. In these cases, 37 (67.3%) were accepted and the remaining 18 (32.7%) 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 (0.6%), over one third (35.1%) of rejected claims are disputed by either the employer or the injured worker.

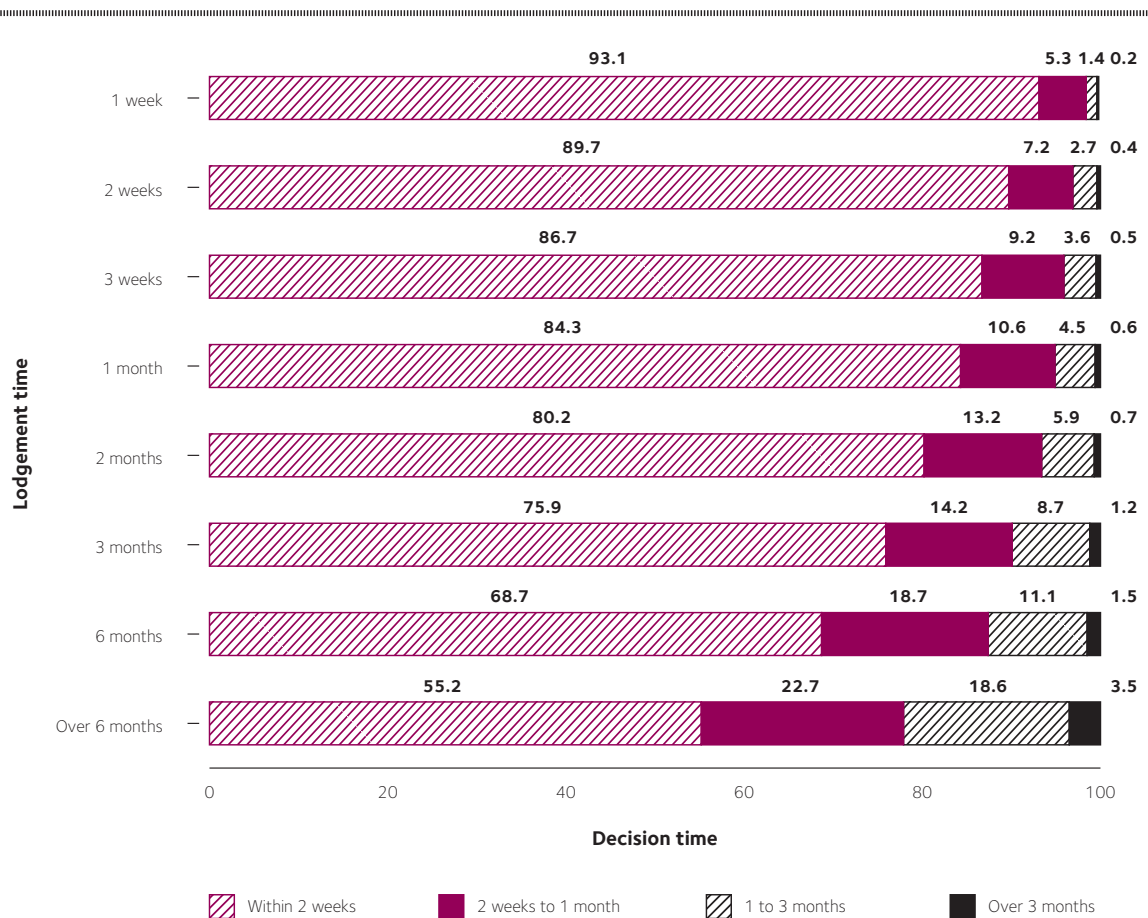
### Impact of lodgement time on determination time

Delays in the time from injury to the lodgement of a claim may lead to delays in the decision-making process and, ultimately, additional costs for the claim.

Over 90.0% 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 55.2%.

The following figure illustrates the link between lodgement and decision-making timeframes.

### 19 Decision-making timeframes for claims decided in 2009–2010 by the time taken to lodge the claim



## Claim management

### Open claims

The number of claims open at the end of the financial year decreased by 24.0%, while the duration of these claims increased by 6.4%.

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

### 20 Number of claims and average duration for claims open as at 30 June 2010 by claim type, duration and injury nature

Claim type and duration	Open claims				Average workdays lost		
	Psych	Other	Total	%	Psych	Other	Total
Medical expenses only	80	13,334	13,414	35.5	N/A	N/A	N/A
Time lost claims (TLC) (by workdays lost)							
1 - 5 days	54	6,615	6,669	17.6	2.8	2.7	2.7
6 - 10 days	49	2,938	2,987	7.9	8.2	7.8	7.8
11 - 20 days	78	2,757	2,835	7.5	15.4	15.0	15.0
21 - 40 days	103	3,209	3,312	8.7	30.4	29.7	29.7
41 - 65 days	123	2,292	2,415	6.4	53.9	51.8	51.9
66 - 130 days	201	2,921	3,122	8.3	95.8	91.8	92.1
131 - 260 days	226	1,842	2,068	5.4	183.3	179.9	180.3
> 260 days	172	839	1,011	2.7	412.2	393.8	396.9
TCL sub-total	1,006	23,413	24,419	64.5	142.2	52.4	56.1
<b>Total</b>	<b>1,086</b>	<b>36,747</b>	<b>37,833</b>	<b>100</b>			

There were 17.1% (172 out of 1,006) open time lost claims as at 30th June 2010 for psychiatric or psychological where the worker involved has had more than a year off work compared to 3.6% open time lost physical claims.

### 21 Number of claims and average duration for open time lost claims as at 30 June 2009 and 30 June 2010

Open time lost claims as at:	Claims			Average workdays lost		
	Psych	Other	Total	Psych	Other	Total
30 June 2009	1,029	30,864	31,893	140.7	49.8	52.7
30 June 2010	1,006	23,413	24,419	142.2	52.4	56.1
Variance %	-2.2	-24.1	-23.4	1.1	5.2	6.5

The number of open time lost claims decreased from 31,893 as at 30 June 2009 to 24,419 as at 30 June 2010 and the average duration of open claims increased from 52.7 days to 56.1 days.

The reduction in open time lost claims has been driven by a combination of an increase in claims finalised in 2009-2010 and a reduction in statutory lodgements.

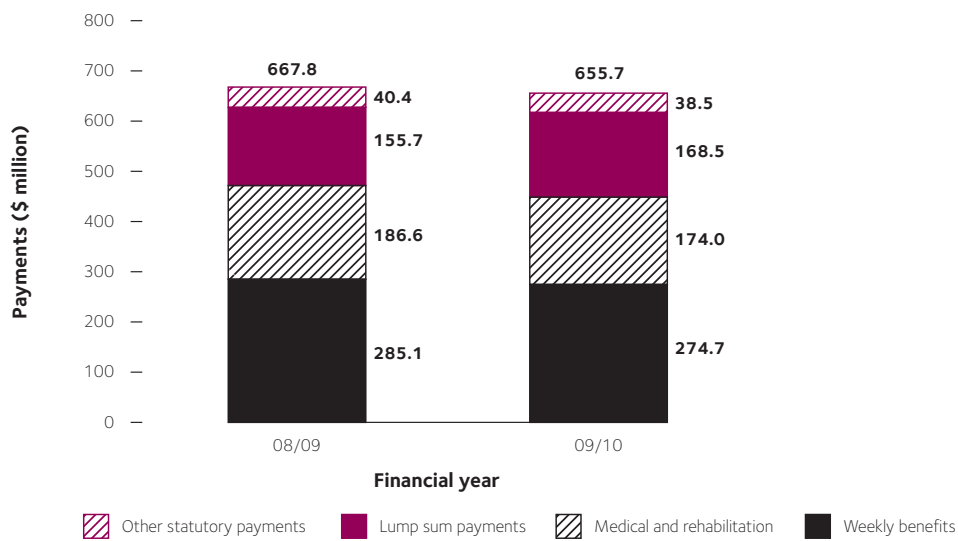
## Claim payments

- There was a 1.8% decrease in statutory payments made in 2009–2010.
- Medical and rehabilitation decreased by 6.8%.
- Lump sum payments increased by 8.2%.

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 2008–2009 and 2009–2010.

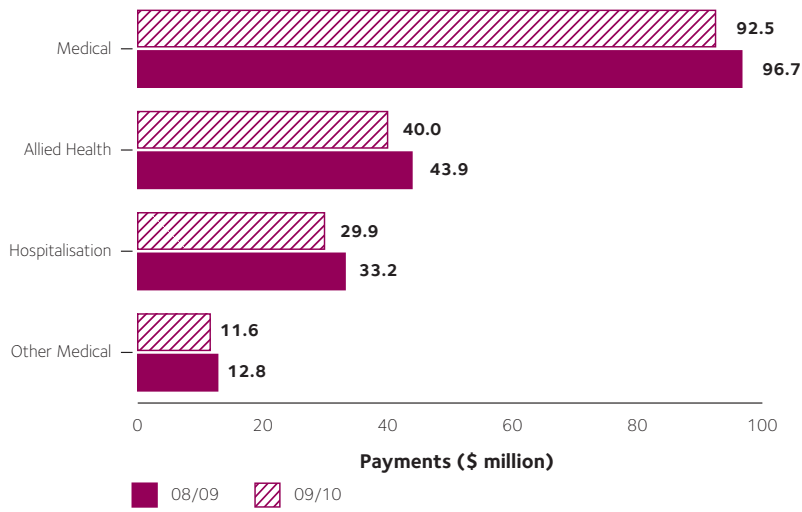
### 22 Statutory claim payments by payment type 2008–2009 and 2009–2010



The total amount spent on claims for the year has decreased by 1.8% from \$667.8 million in 2008–2009 to \$655.7 million in 2009–2010.

The category showing the largest increase was lump sum payments (up 8.2%). While medical and rehabilitation payments decreased (down 6.8%). There was also a decrease in weekly benefits payments (down 3.6%) and other statutory payments decreased by 4.7%.

## 23 Medical and rehabilitation payments 2008–2009 and 2009–2010



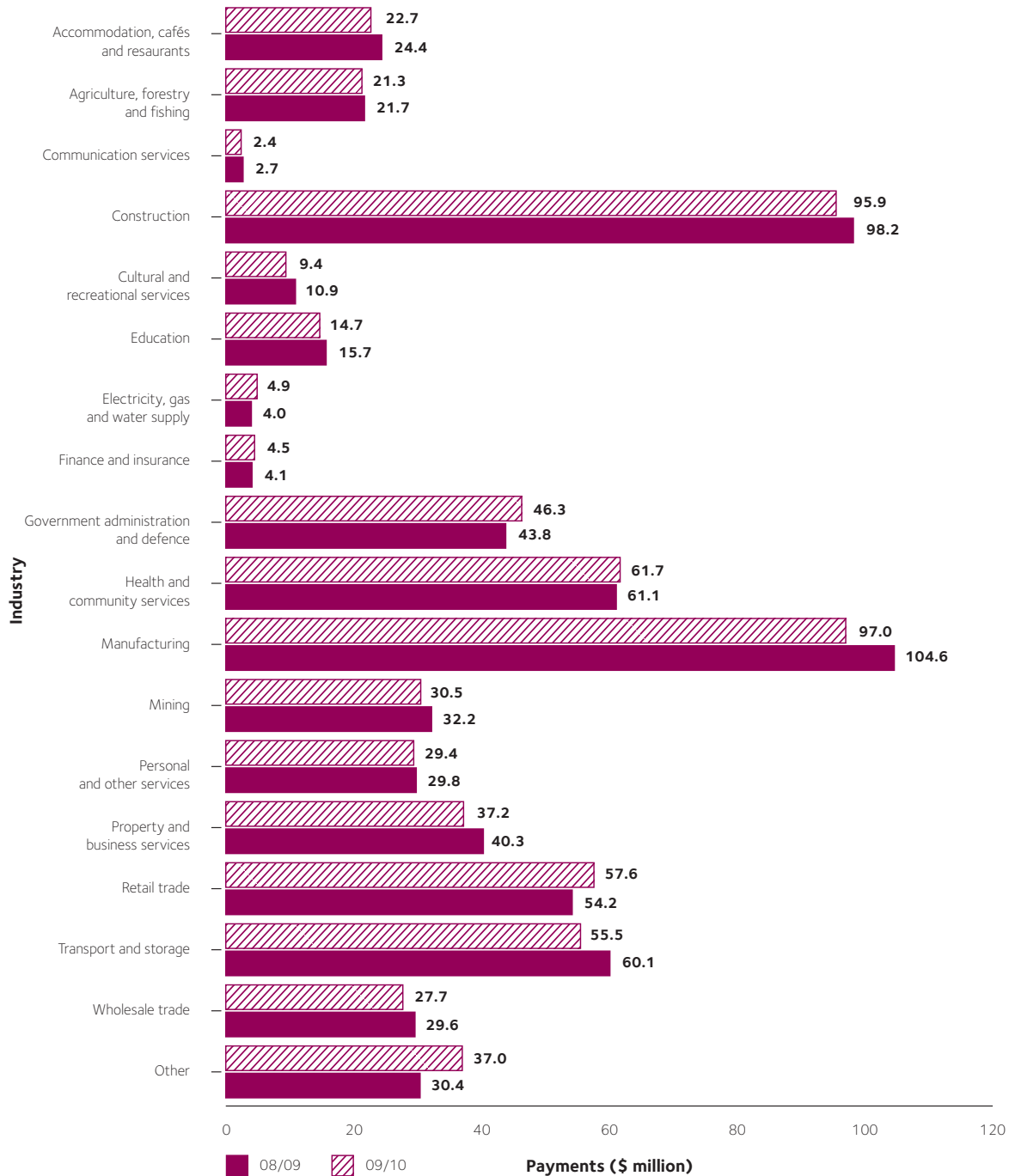
Payments for medical treatment accounted for more than half (53.2%) of all payments for medical and rehabilitation fees paid in the scheme in 2009–2010.

## Payments by industry

Claims from the manufacturing industry accounted for the largest proportion (14.8%) of statutory claim payments in 2009–2010. Construction was the next largest proportion with 14.6%.

While claim intimations for retail trade decreased marginally by 0.4%, however it experienced one of the largest percentage increases in statutory claim payments (up 6.3%) from \$54.2 million in 2008–2009 to \$57.6 million in 2009–2010.

### 24 Statutory claim payments by industry 2008–2009 and 2009–2010

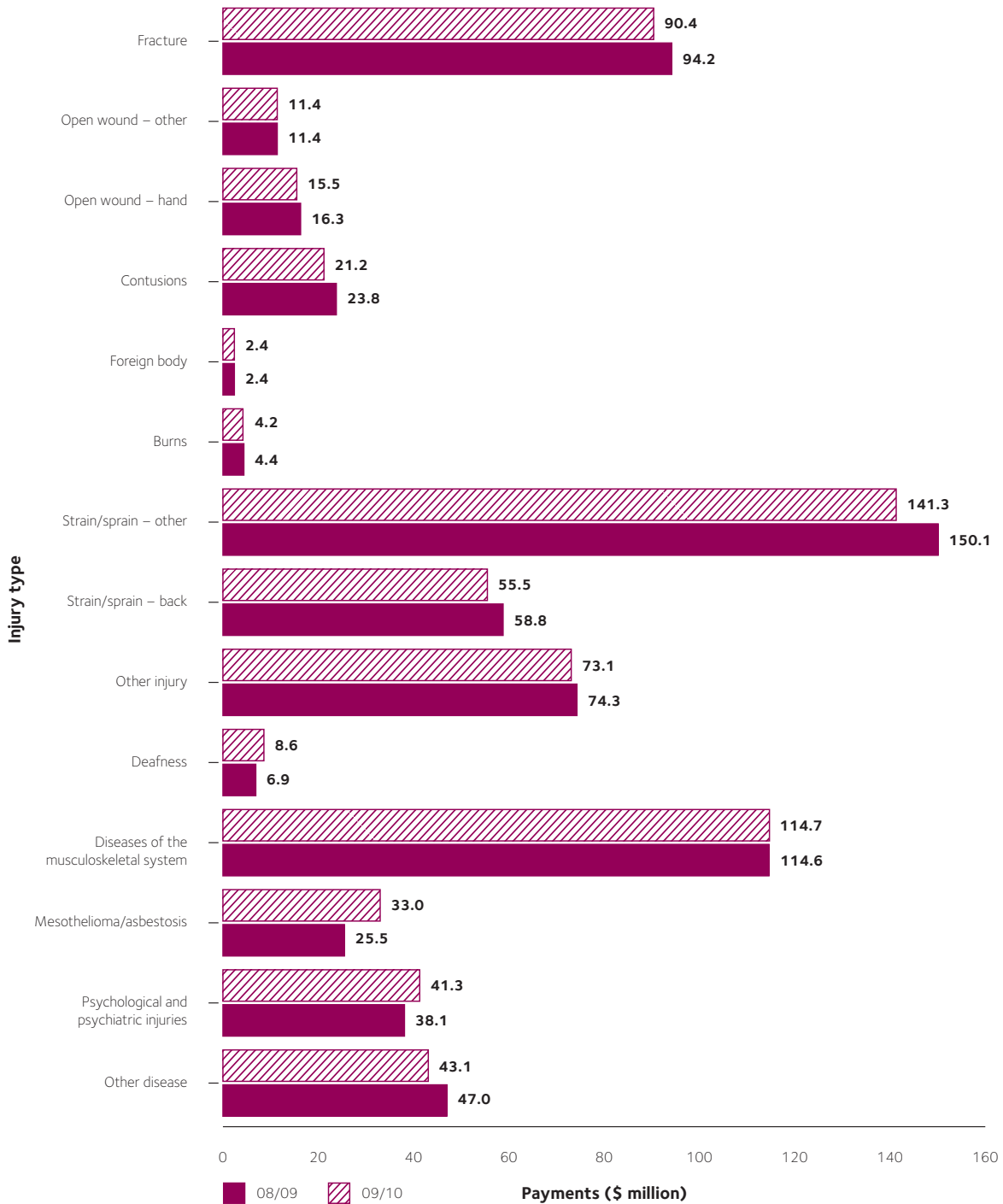


For industry "Other", this includes injuries pre July 1997 (pre ANZSIC classifications), household workers, workplace personal injury insurance (self employed, working directors) and volunteers.

Claims from strain or sprain to a location other than the back accounted for the largest proportion (21.5%) of statutory claim payments in 2009–2010. Disease of the musculoskeletal system claims accounted for 17.5% of statutory claim payments made in 2009–2010.

Injury types that experienced the largest percentage increase in statutory claim payments were mesothelioma / asbestosis (up 29.4%) and deafness (up 24.6%).

## 25 Statutory claim payments by injury type 2008–2009 and 2009–2010



### 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.
- Over 13.0% of cases referred for an ongoing incapacity decision are denied.
- Almost a quarter (24.4%) of psychiatric or psychological injury cases received no permanent impairment (PI) at the tribunal.
- Over two-thirds (67.9%) 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 1,908 claims in 2009–2010. 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 2009–2010, 682 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.

### 26 Cases heard in 2009–2010 for ongoing incapacity and the outcomes by tribunal type

	Psychiatric Tribunal (n=528)	Orthopaedic Tribunal (n=106)	Other (n=48)	Total (n=682)
	%	%	%	%
No ongoing incapacity for work from the injury	5.1	39.6	43.8	13.2
Ongoing incapacity (requires further treatment)	11.7	9.4	8.3	11.1
Ongoing incapacity (stable and stationary)	83.2	51.0	47.9	75.7
<b>Total</b>	100	100	100	100

Psychiatric or psychological injury cases are more likely to have an ongoing incapacity (94.9%) with 11.7% of all cases seen by this MAT requiring ongoing treatment.

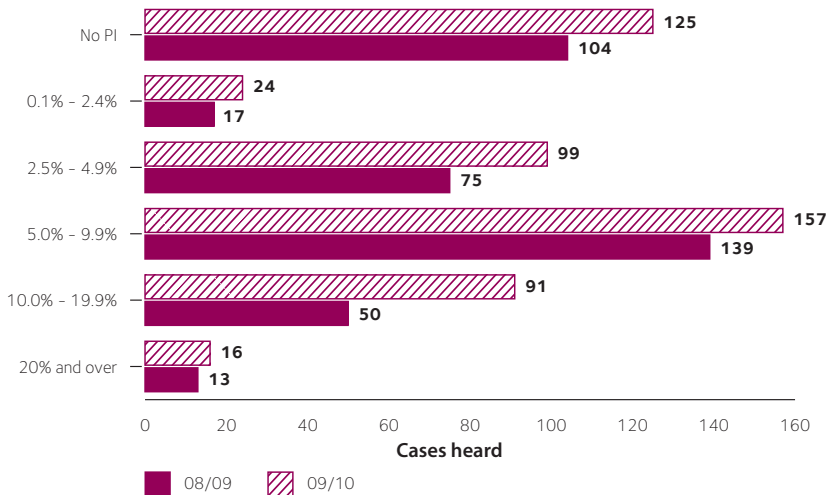
## Permanent impairment (PI)

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 2008–2009 and 2009–2010.

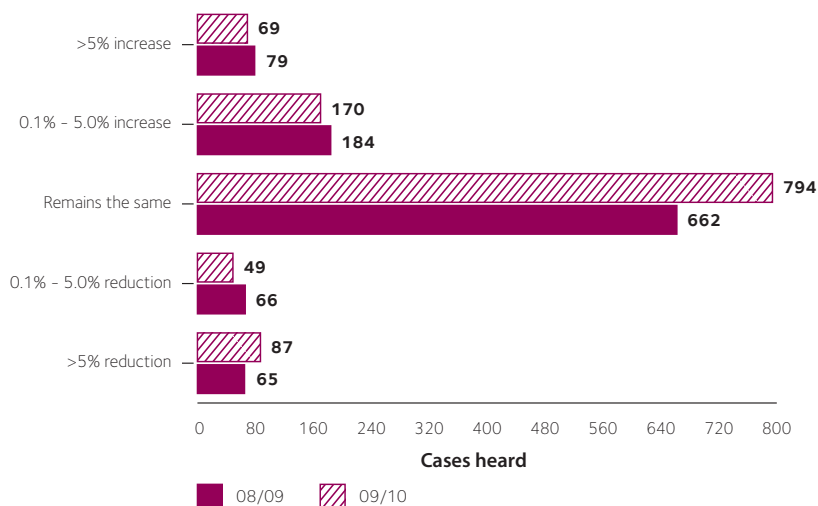
#### 27 Psychiatric or psychological permanent impairment cases heard by the MAT by level of impairment 2008–2009 and 2009–2010



### 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 2009–2010, 1,169 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.

#### 28 Outcomes of disputed permanent impairment cases heard by a MAT 2008–2009 and 2009–2010



### 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 "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 2008–2009 and 2009–2010.

#### 29 Finalised claims with a work related impairment 2008-2009 and 2009-2010

	08/09	09/10	Variance %
<b>Finalised claims</b>	99,537	104,128	4.6
Work related impairment	8,382	9,955	18.8
Proportion of finalised with work related impairment	8.4%	9.6%	
Work related impairment range			
0%	1,465	2,089	42.6
0.1%-19.9%	6,374	7,313	14.7
20.0%-49.9%	435	463	6.4
50.0%-99.9%	68	64	-5.9
100%	40	26	-35.0

For 2009–2010, 9.6% of claims were finalised with a WRI calculated. Of these, the majority of claims (94.4%) had a WRI of less than 20.0% and 21.0% were calculated as having no WRI.

### Finalised claims and outcomes

- 86.4% of workers with claims finalised in 2009–2010 returned to their same job with the same employer.
- Average costs of finalised medical expense only claims increased by 22.1%.
- Average costs of finalised time lost claims increased 10.0% while their durations increased 4.5%.

### 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 86.4% of injured workers who had time off work returning to the same job and the same employer.

### 30 Return to work status of finalised time lost claims 2008–2009 and 2009–2010

	08/09		09/10	
	Number	% of time lost claims	Number	% of time lost claims
Fit for work: same job/tasks with same employer	46,780	86.0	49,376	86.4
Fit for work: same job/tasks with different employer	851	1.6	926	1.6
Fit for work: different job/tasks with same employer	630	1.2	582	1.0
Fit for work: different job/tasks with different employer	1,245	2.3	1,205	2.1
Fit for work: no job	677	1.2	788	1.4
Fit for work: worker does not return	1,482	2.7	1,560	2.7
Not fit for work	980	1.8	797	1.4
Alternative outcome not claim related	1,726	3.2	1,944	3.4
<b>Total</b>	<b>54,371</b>	<b>100</b>	<b>57,178</b>	<b>100</b>

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 (2.7% 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.

**31 Return to work status of finalised time lost claims with/without a permanent impairment assessed 2008-2009 and 2009-2010**

	08/09 PI Assessed			09/10 PI Assessed		
	% No	% Yes	Number	% No	% Yes	Number
Fit for work: same job/tasks with same employer	91.3	8.7	46,780	89.6	10.4	49,376
Fit for work: same job/tasks with different employer	75.8	24.2	851	74.9	25.1	926
Fit for work: different job/tasks with same employer	52.7	47.3	630	44.3	55.7	582
Fit for work: different job/tasks with different employer	59.2	40.8	1,245	51.1	48.9	1,205
Fit for work: no job	54.2	45.8	677	49.7	50.3	788
Fit for work: worker does not return	58.9	41.1	1,482	54.2	45.8	1,560
Not fit for work	20.6	79.4	980	23.6	76.4	797
Alternative outcome not claim related	84.5	15.5	1,726	84.9	15.1	1,944
<b>Total</b>	<b>87.1</b>	<b>12.9</b>	<b>54,371</b>	<b>85.5</b>	<b>14.5</b>	<b>57,178</b>

Workers with claims assessed for permanent impairment are less likely to return to the same job with the same employer. Only 10.4% 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.

**32 Return to work status of finalised time lost claims by injury nature 2008-2009 and 2009-2010**

	08/09			09/10		
	Physical only %	Psych only %	Psych & Phys %	Physical only %	Psych only %	Psych & Phys %
Fit for work: same job/tasks with same employer	87.8	65.9	50.5	87.4	66.0	47.0
Fit for work: same job/tasks with different employer	1.5	2.8	3.0	1.5	4.5	3.4
Fit for work: different job/tasks with same employer	1.0	3.6	4.4	1.0	2.5	3.2
Fit for work: different job/tasks with different employer	1.9	7.6	9.5	1.9	7.0	8.8
Fit for work: no job	1.1	2.6	5.0	1.3	2.4	5.8
Fit for work: worker does not return	2.3	6.0	10.2	2.5	6.6	11.1
Not fit for work	1.3	8.0	12.7	1.0	7.6	16.5
Alternative outcome not claim related	3.1	3.5	4.7	3.4	3.4	4.2
<b>Total</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>
<b>Number</b>	<b>51,385</b>	<b>1,044</b>	<b>1,942</b>	<b>55,045</b>	<b>1,280</b>	<b>853</b>

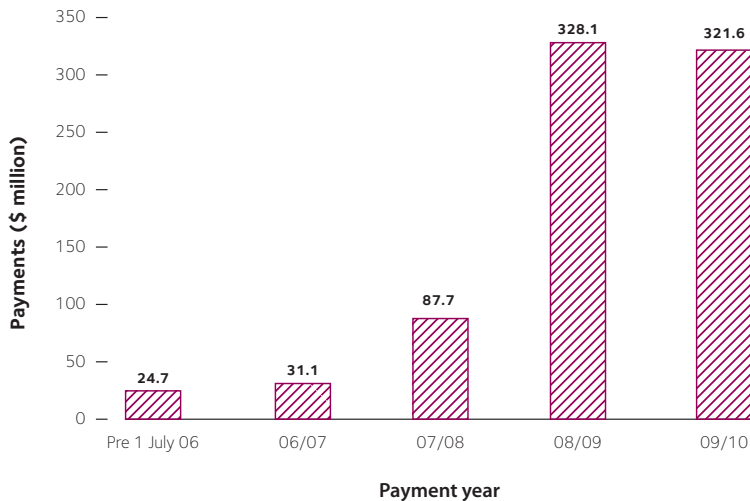
Workers having claims with both a physical and psychiatric or psychological component are the least likely to return to employment and more than one in ten are not fit for work at the end of the claim.

### 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 2009–2010. Just under 60.0% of the payments for these claims occurred in previous years. Only 40.5% of the statutory payments made on claims finalised in 2009–2010 were also paid in that financial year. A further 41.4% of payments were made in the 2008–2009 financial year. The remaining 18.1% of the payments were made in 2007–2008 or earlier.

### £ Payments by payment year for claims finalised in 2009–2010



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 11.9% from \$6,453 in 2008–2009 to \$7,221 in 2009–2010), 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 claims (up 22.1%).

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 96.7% of all finalised claims during 2009–2010.

### 34 Finalised claims and average claim costs by claim type 2008–2009 and 2009–2010

Claim type	Number of claims			Average claim cost		
	08/09	09/10	% Variance	08/09	09/10	% Variance
Time lost claim	54,371	57,178	5.2	\$10,726	\$11,798	10.0
Medical expenses only claim	41,736	42,717	2.4	\$887	\$1,083	22.1
<b>Total</b>	<b>96,107</b>	<b>99,895</b>	<b>3.9</b>	<b>\$6,453</b>	<b>\$7,221</b>	<b>11.9</b>

The average finalised claim cost increased by 11.9% from \$6,453 in 2008–2009 to \$7,221 in 2009–2010.

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.

### 35 Changes in average finalised claim costs and economic indices 2009–2010

Indicator	% change from previous year
Average finalised claim cost	11.9
Average finalised time lost claim cost	10.0
Average finalised medical expense only claim cost	22.1
<b>Consumer price index</b>	
Average of all groups, Brisbane (excluding GST) <sup>a</sup>	3.0
Health, Brisbane (excluding GST) <sup>b</sup>	4.2
Full time adult ordinary earnings <sup>c</sup>	7.5

<sup>a</sup> Australian Bureau of Statistics, consumer price index, Australia Cat No. 6401.0 – Consumer Price Index, Australia, March 2010, Tables 1 and 2 CPI – all groups, index numbers and percentages changes, Index Numbers; All groups; Brisbane. [Percentage change from March 2009 to March 2010].

<sup>b</sup> Australian Bureau of Statistics, Australia Cat No. 6401.0 – Consumer Price Index, Australia, March 2010, Table 5 CPI – groups, index numbers by capital city, Index Numbers; Health; Brisbane. [Percentage change from March 2009 to March 2010].

<sup>c</sup> Australian Bureau of Statistics, average weekly earnings, Australia Cat No 6302.0 – Average weekly earnings Australia, Feb 2010. Table 11C Average weekly earnings Queensland (dollars) – trend, Earnings ; Queensland ; Persons ; Full Time ; Adult ; Ordinary time earnings. [Percentage change from February 2009 to February 2010].

### Average finalised medical expense only claim costs

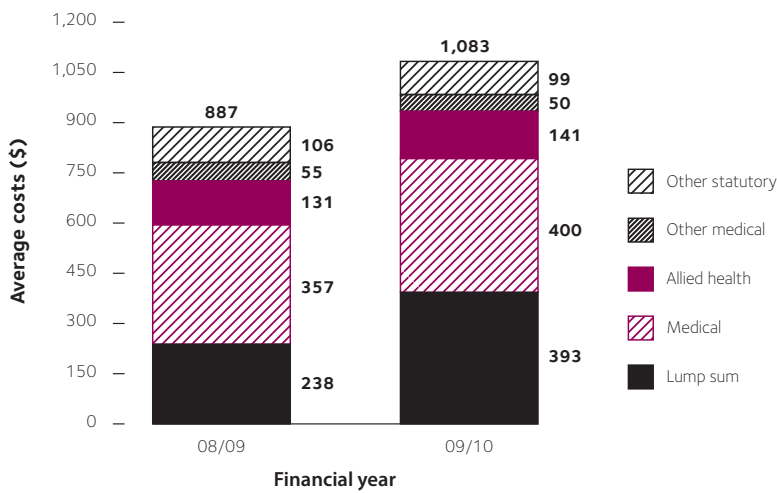
This section looks at a further breakdown of the average costs of finalised medical expense only claims.

The average cost of finalised medical expense only claims has increased by 22.1% from \$887 in 2008–2009 to \$1,083 in 2009–2010.

The breakdown of the average cost for 2009–2010 shows 36.9% of the cost is made up of medical and rehabilitation payments followed by lump sum payments of 36.3%. Allied health accounted for 13.0% and other statutory payments account for 9.2%. The remaining 4.6% of the average cost is made up of other medical payments (including hospitalisation).

The largest increase in average costs was lump sum payments (up 65.1%). The next largest increase was medical and rehabilitation payments (up 12.0%).

### 36 Average finalised medical expense only claim costs by payment type 2008–2009 and 2009–2010



### 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 by 5.2% from 54,371 in 2008–2009 to 57,178 in 2009–2010.

While durations for finalised time lost claims including the excess paid period by the employer (where applicable) have increased by 4.5%, from 37.8 days in 2008–2009 to 39.5 days in 2009–2010.

More than three-quarters of time lost claims have 40 or less workdays lost (75.5%), while the median workdays lost for all time lost claims is ten days. This illustrates how the small number of long term claims impact on the average duration. Only 8.0% of time lost claims had 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).

### 37 Number of time lost claims by workdays lost time band 2008–2009 and 2009–2010

Workdays lost	08/09		09/10	
	No. of claims	% of claims	No. of claims	% of claims
1 - 5 days	21,092	38.8	21,594	37.8
6 - 10 days	7,714	14.2	7,742	13.5
11 - 20 days	6,656	12.2	6,999	12.2
21 - 40 days	6,458	11.9	6,862	12.0
41 - 65 days	4,049	7.5	4,452	7.8
66 - 130 days	4,363	8.0	4,953	8.7
131 - 260 days	2,665	4.9	3,160	5.5
> 260 days	1,374	2.5	1,416	2.5
<b>Total time lost claims</b>	<b>54,371</b>	<b>100</b>	<b>57,178</b>	<b>100</b>

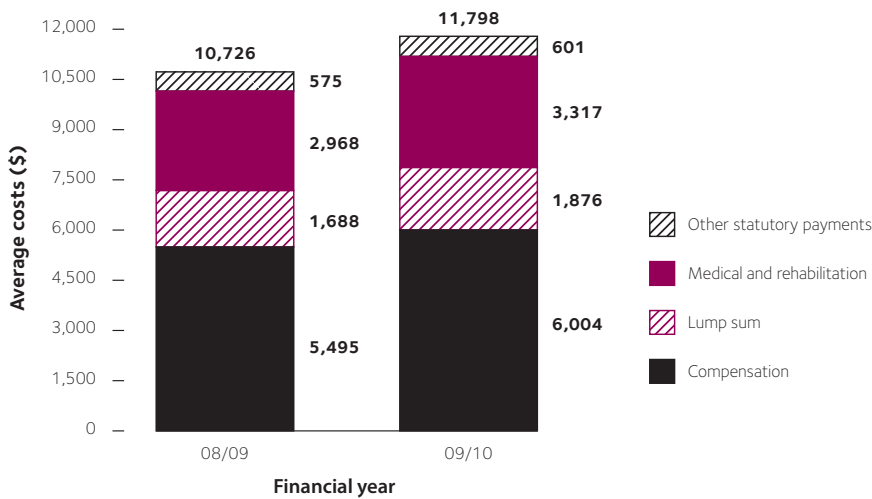
### Average finalised time lost claim costs

The average cost of finalised time lost claims has increased by 10.0% from \$10,726 in 2008–2009 to \$11,798 in 2009–2010.

The breakdown of the average cost in 2009–2010 shows over half (50.9%) of the cost is made up of weekly compensation payments. The compensation component of the average costs also increased 9.3% (from \$5,495 in 2008–2009 to \$6,004 in 2009–2010).

In 2009–2010, medical and rehabilitation payments accounted for over a quarter (28.1%) of the average cost and lump sum payments accounted for 15.9%. The remaining 5.1% of the average cost was made up of other statutory payments.

### 38 Average finalised time lost claim costs by payment type 2008–2009 and 2009–2010



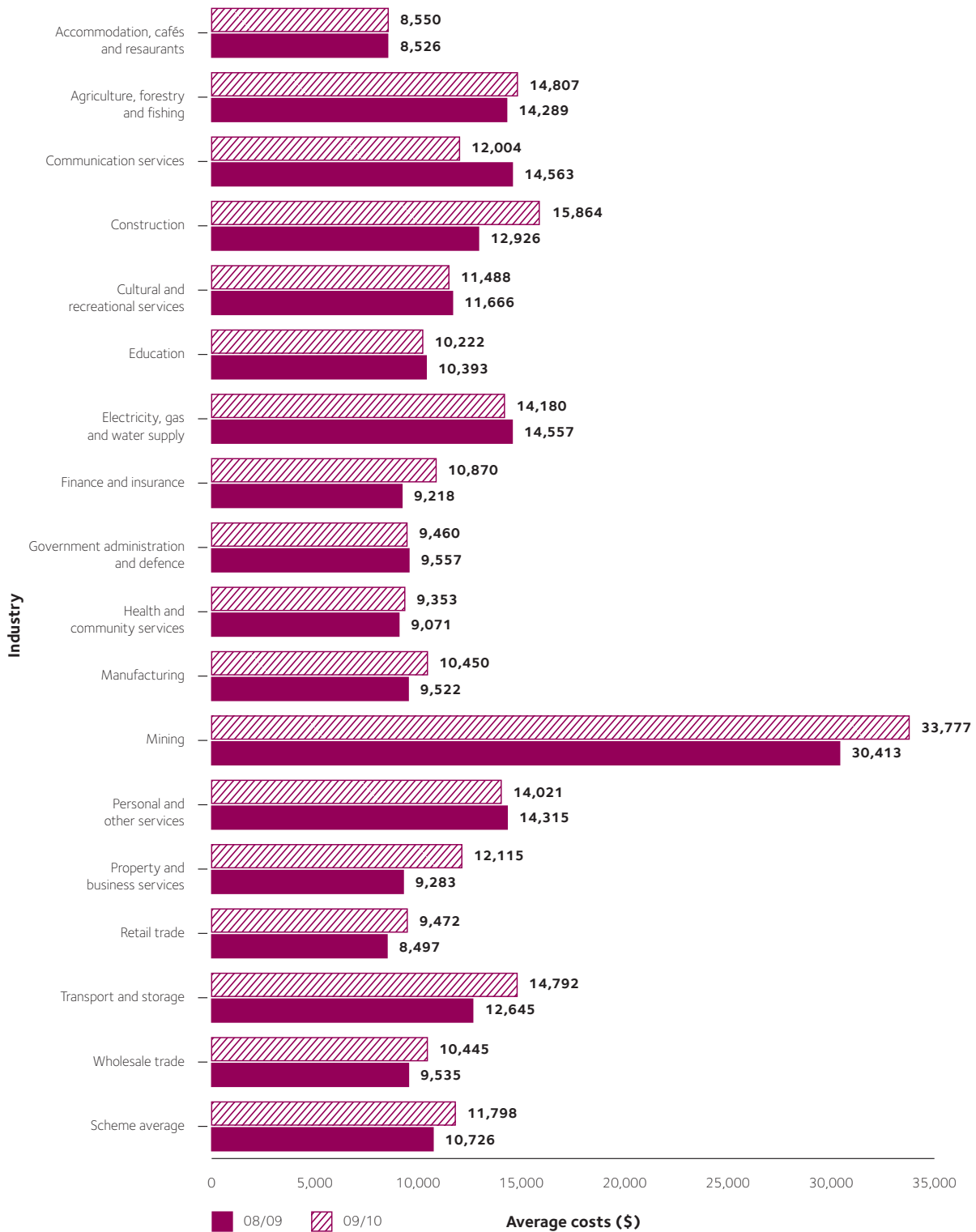
### **Average cost by industry**

Of all industry claims, mining industry claims had the highest average finalised time lost claim cost (\$33,777) 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 \$1,983 are the highest of all industries (Source: ABS, Average Weekly Earnings, Cat No. 6302.0, February 2010, table 10G. Average Weekly Earnings, Industry, Australia (Dollars) – Original – Persons, Full Time Adult Ordinary Time Earnings).

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 \$891 and \$937).

The largest percentage increase in average finalised time lost claim cost was in the property and business services industry, up 30.5% from \$9,283 in 2008–2009 to \$12,115 in 2009–2010. The next largest increase was in the construction industry, up 22.7% from \$12,926 in 2008–2009 to \$15,864 in 2009–2010.

**39 Average finalised time lost claim costs by industry 2008–2009 and 2009–2010**



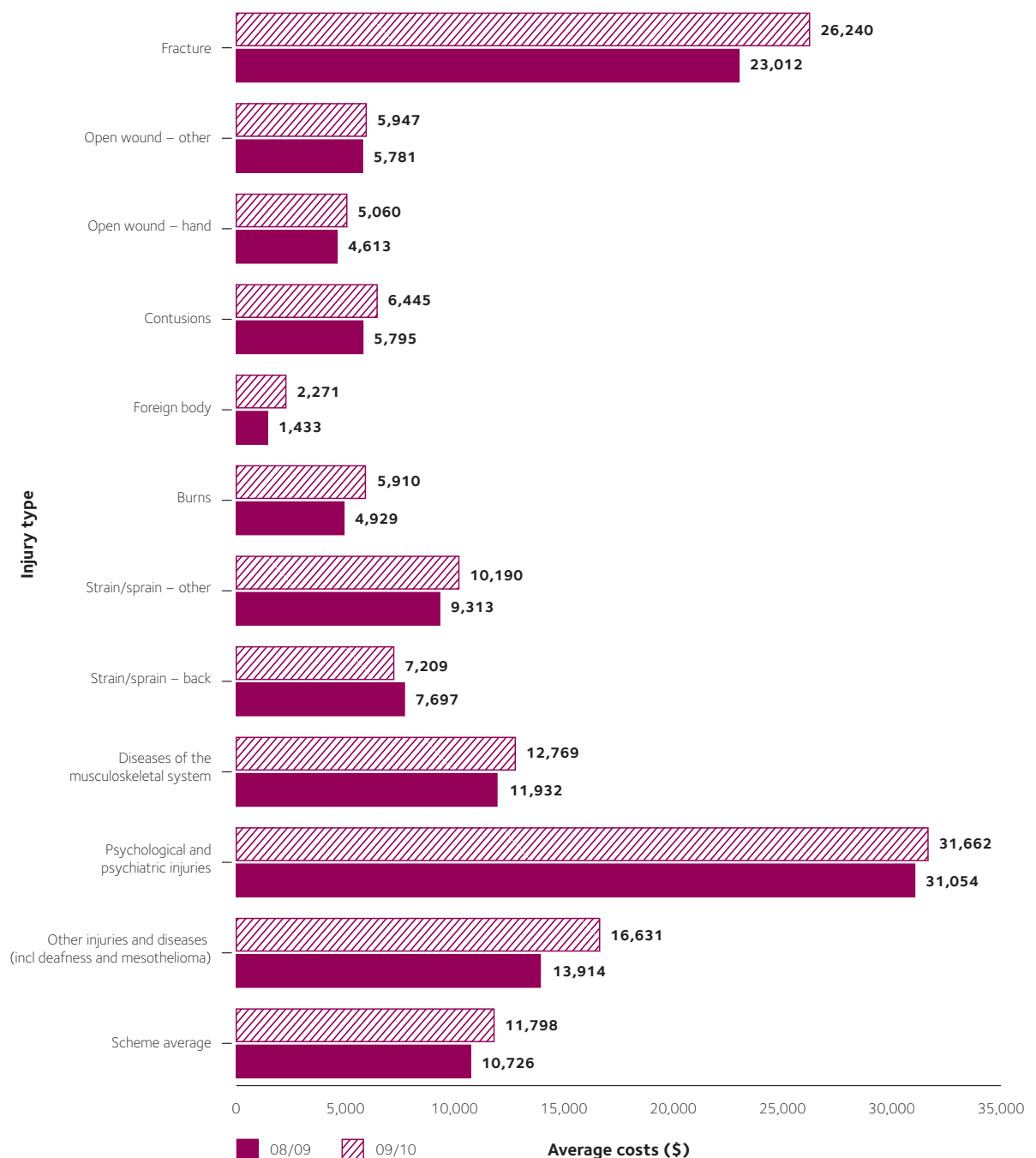
### Average cost by injury type

Although psychiatric or psychological injury claims account for only 2.4% of all claims finalised, they are the most expensive with an average finalised time lost claim cost of \$31,662 in 2009–2010 (up 2.0% from \$31,054 in 2008–2009).

In 2009–2010, the average duration of a psychiatric or psychological injury claim was 117.3 days (2008–2009: 120.6 days) compared with the overall scheme average of 39.5 days. Although there has been a 2.7% decrease in 2009–2010, 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 \$26,240, an increase of 14.0% compared to the average cost in 2008–2009 of \$23,012.

### 40 Average finalised time lost claim cost by injury type 2008–2009 and 2009–2010



## Claims for damages at common law

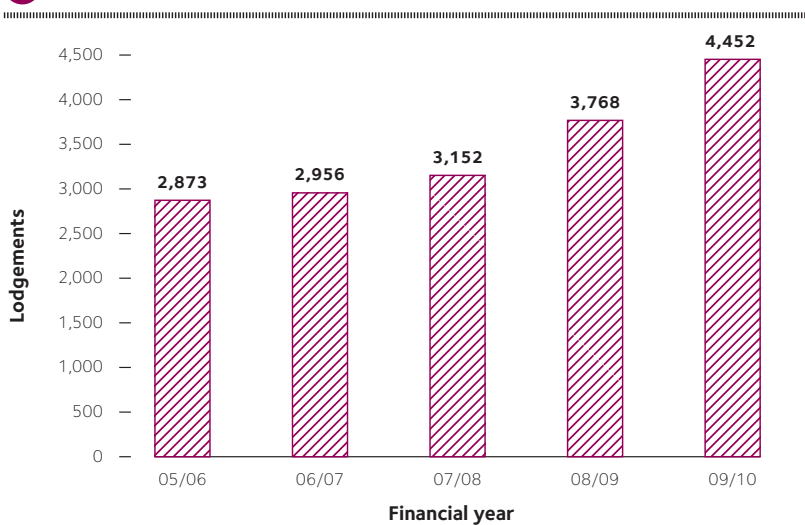
- Common law lodgements have increased over the past four years.
- The majority of lodgements are for injuries that occurred two to three years prior.
- The largest proportion of common law lodgements are associated with claims that have a work related impairment of 0.1%–19.9%.
- Psychiatric or psychological injury claims represent 5.1% of common law lodgements. They represent only 3.7% of statutory claim intimations.

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

### Lodgements

Common law claim lodgements have continued to increase since 2005–2006. Over the past year, common law claim lodgements have increased by 18.2% (from 3,768 in 2008–2009 to 4,452 in 2009–2010).

#### 41 Common law claim lodgements 2005–2006 to 2009–2010



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

#### 42 Common law claim lodgements 2002–2003 to 2009–2010 by injury year

Injury year	Lodgement year							
	02/03	03/04	04/05	05/06	06/07	07/08	08/09	09/10
Pre 01/07/1997	94	122	119	83	105	71	81	73
1997-1998	64	20	12	1	3	3	5	3
1998-1999	179	87	35	9	5	5	2	1
1999-2000	923	161	79	25	10	8	7	4
2000-2001	1,071	937	132	46	19	8	3	6
2001-2002	629	977	811	58	15	9	11	7
2002-2003	57	727	1,024	721	42	14	6	8
2003-2004		84	979	898	605	42	17	13
2004-2005			110	901	920	642	30	25
2005-2006				131	1,102	1,103	696	45
2006-2007					130	1,116	1,232	744
2007-2008						131	1,455	1,472
2008-2009							223	1,747
2009-2010								304
<b>Total</b>	<b>3,017</b>	<b>3,115</b>	<b>3,301</b>	<b>2,873</b>	<b>2,956</b>	<b>3,152</b>	<b>3,768</b>	<b>4,452</b>

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 2009–2010 by the injured worker's work related impairment assessment.

#### 43 Common law claim lodgements by work related impairment assessment 2009–2010

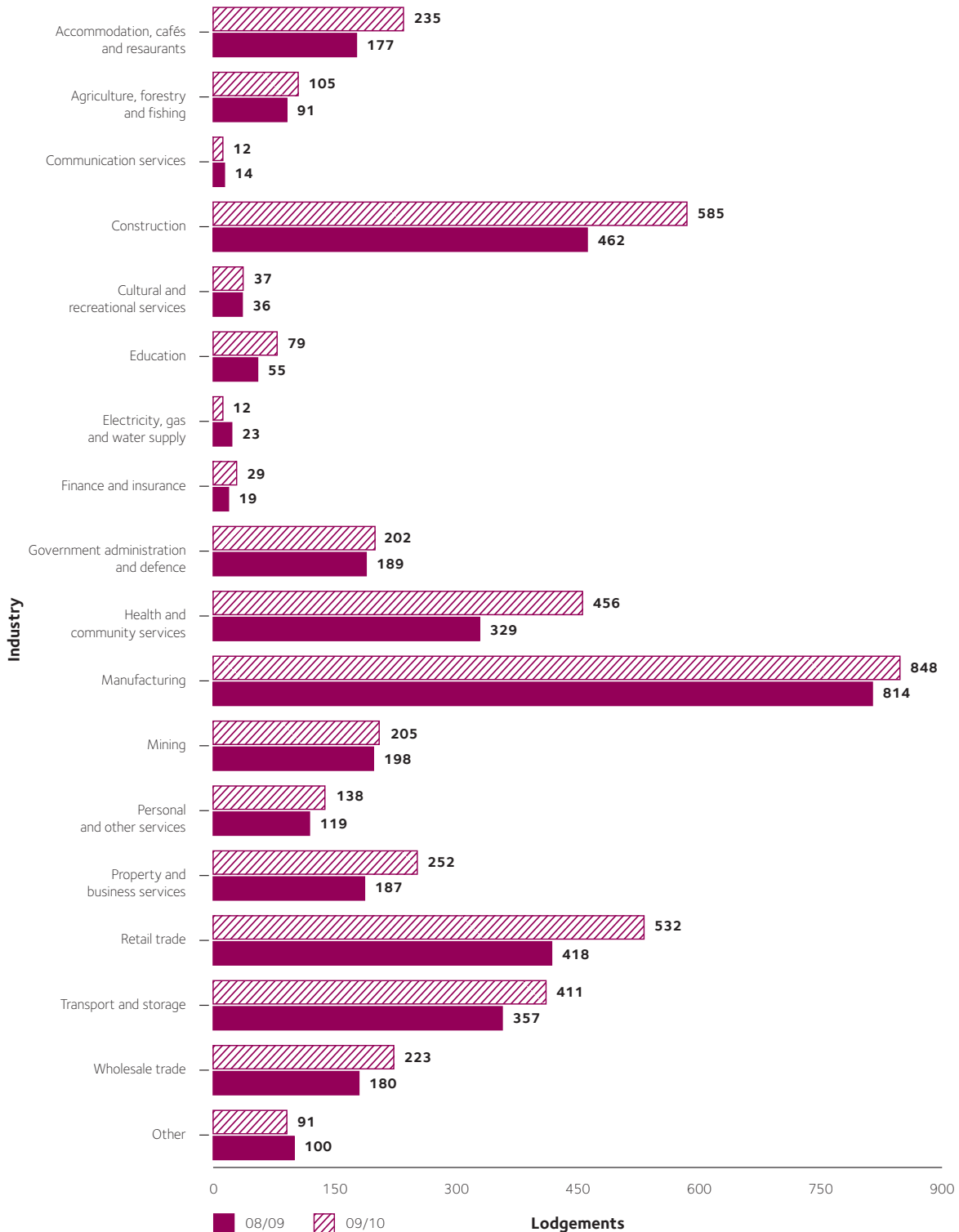
Work related impairment assessment	Common law lodgements	% of common law lodgements
No work related impairment assessed	791	17.8
0%	871	19.6
0.1%-19.9%	2,571	57.7
20.0%-49.9%	195	4.4
50.0%-99.9%	19	0.4
100%	5	0.1
<b>Total</b>	<b>4,452</b>	<b>100</b>

If the injured worker's work related impairment is less than 20.0%, 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 20.0% or more, the injured worker can accept a lump sum payment and seek damages. Only a small proportion of common law claims (4.9%) 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 almost a fifth (19.0%) of all common law claim lodgements in 2009–2010.

### 44 Common law claim lodgements by industry 2008–2009 and 2009–2010



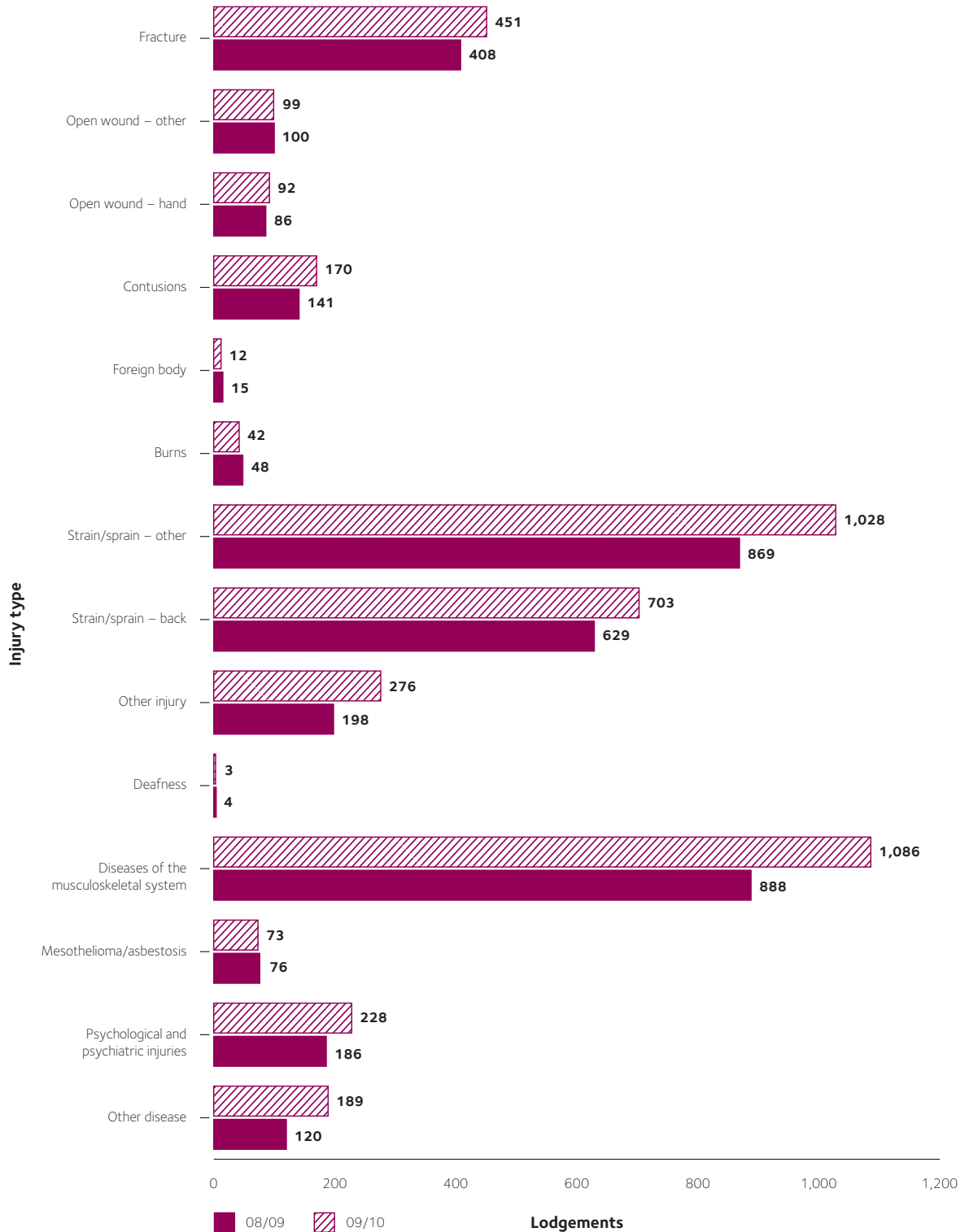
For industry "Other", this includes injuries pre July 1997 (pre ANZSIC classifications), household workers, workplace personal injury insurance (self employed, working directors) and volunteers.

## Injury type

Strain or sprain injury claims accounted for over a third (38.9%) of all common law claim lodgements in 2009–2010.

Although psychiatric or psychological injury claims represented only 3.7% of statutory claim intimations, they represented 5.1% of all common law claim lodgements in 2009–2010.

### 45 Common law claim lodgements by injury type 2008–2009 and 2009–2010



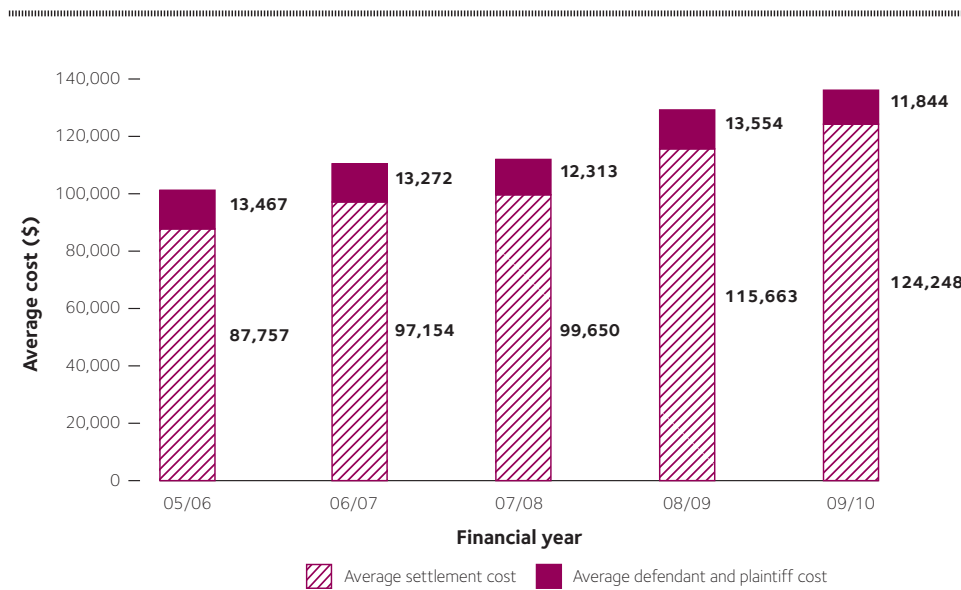
## Total common law payments

In 2009–2010 common law claims cost a total of \$627.3 million. This represented a 35.9% increase from the 2008–2009 cost of \$461.7 million.

## Average costs

Over the past year, the average settlement cost of a finalised common law claim has increased 7.4% from \$115,663 in 2008–2009 to \$124,248 in 2009–2010. The average defendant and plaintiff cost has decreased by 12.6% (\$13,554 in 2008–2009 to \$11,844 in 2009–2010). It should be noted that restrictions on awarding of plaintiff costs were introduced for injuries occurring on or after 1 January 1996.

### 46 Average costs for finalised common law claims by payment type 2005–2006 to 2009–2010



## 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 8.6% from 2.57 years in 2008–2009 to 2.35 years in 2009–2010.

For claims finalised in the financial year, the average time from the lodgement of a common law claim to finalisation has decreased (down 12.0%) from 1.08 years (12.9 months) in 2008–2009 to 0.95 years (11.4 months) in 2009–2010.

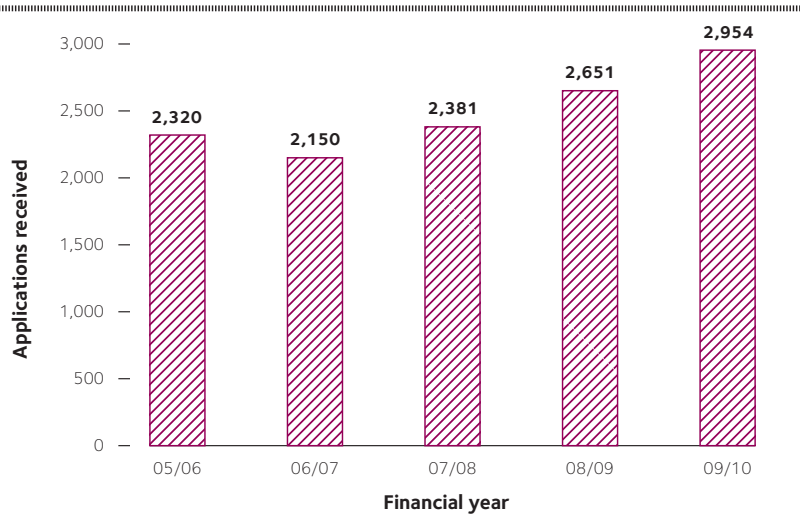
## Review of insurer decisions

### Applications received

In 2009–2010, 2,954 review applications were received (2,651 in 2008–2009). This 11.4% increase has continued the trend from the previous year of an 11.3% increase from 2007–2008 (2,381) to 2008–2009.

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

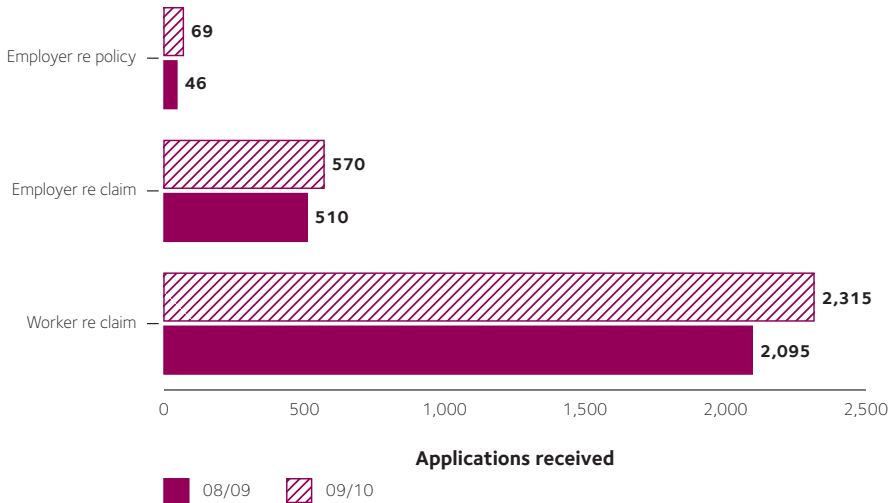
#### 47 Review applications received 2005–2006 to 2009–2010



## Types of applications

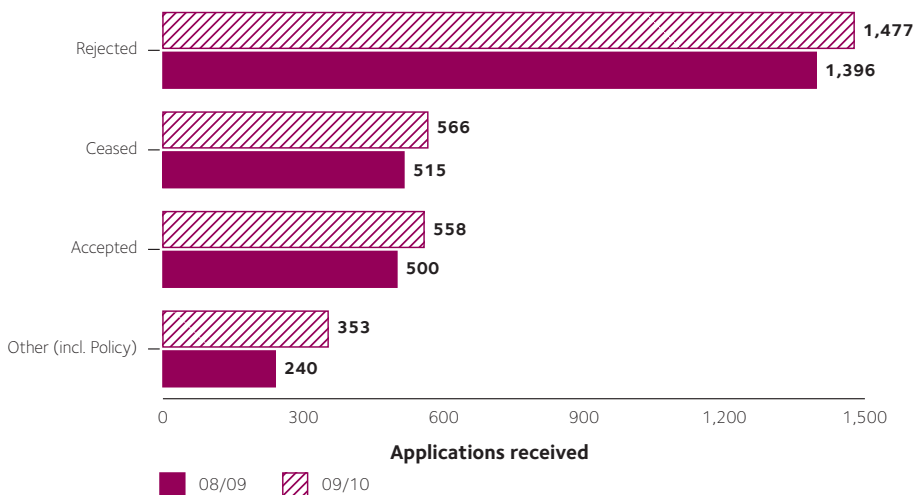
2009–2010 saw little change to the distribution of the type of review applications received compared to the previous financial year. Of the applications lodged, 78.4% were lodged by workers, 19.3% by employers, and the remaining 2.3% of applications were lodged by employers having a policy decision reviewed.

### 48 Review applications received by type 2008–2009 and 2009–2010



Half (50.0%) of all review applications received in 2009–2010 related to the insurer decision to reject the claim, 18.9% were lodged after the claim had been accepted and a further 19.2% were following the cessation of the claim. In 2009–2010, the proportions for accepted and ceased decision claims have remained stable, while rejected claims slightly dropped as a percentage of applications compared to 2008–2009.

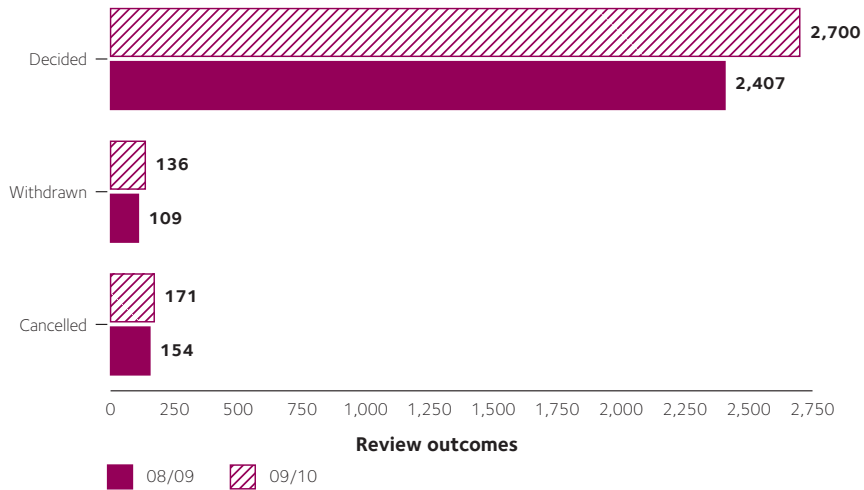
### 49 Review applications received by insurer decision 2008–2009 and 2009–2010



## Outcomes

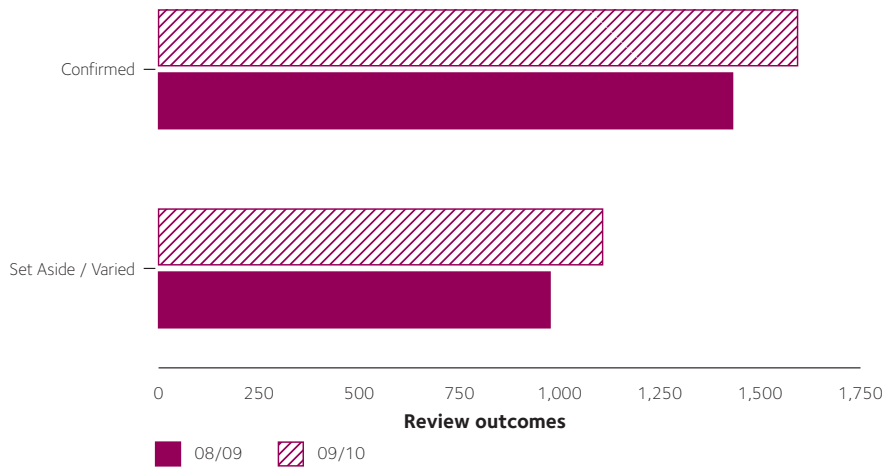
In 2009–2010, 89.8% of reviews finalised were decided (as compared to 90.1% in 2008–2009), 5.7% were cancelled (5.8% in 2008–2009), and the remaining 4.5% were withdrawn (4.1% in 2008–2009).

### 50 Review outcomes 2008–2009 and 2009–2010



In 2009–2010, the original decision of the insurer was confirmed by the Review Unit in 59.0% of review decisions made, compared to 59.5% in 2008–2009.

### 51 Decided review outcomes 2008–2009 and 2009–2010



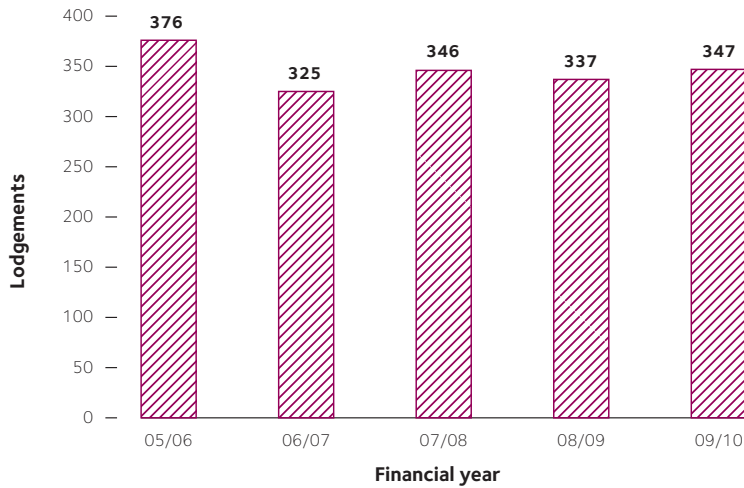
## Appeal of review decisions

### Appeal lodgements

In 2009–2010, 236 appeals were lodged with the Industrial Magistrate (IM) and 111 were lodged with the Queensland Industrial Relations Commission (QIRC). Of these, 19 further appealed in the Industrial Court.

Appeal lodgements have experienced an increase of 3.0% compared with 2008–2009.

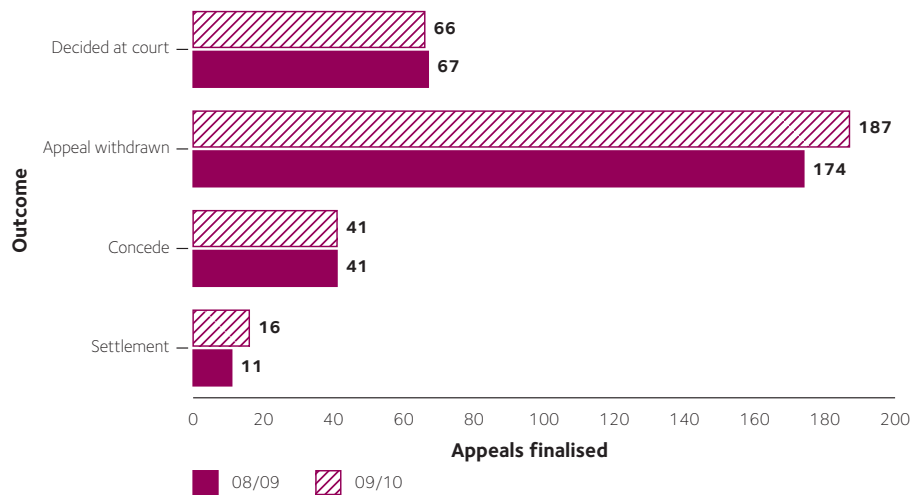
### 52 Appeals lodged 2005–2006 to 2009–2010



### Appeal outcomes

In 2009–2010, over three-quarters (78.7%) of appeals were finalised before reaching either the Industrial Magistrate or Industrial Relations Commission, with 76.6% of cases withdrawn by the appellant and a further 23.4% being settled or conceded.

#### 53 Appeals finalised by outcome 2008–2009 and 2009–2010



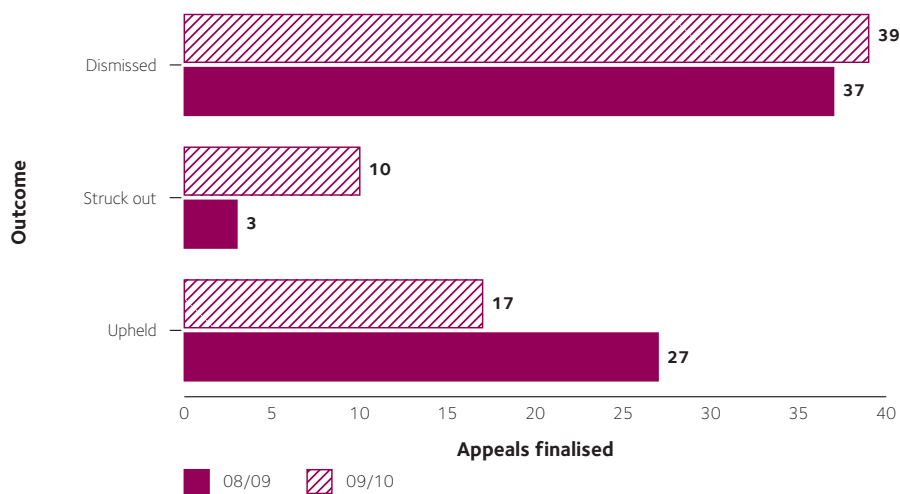
### Non-judicial resolution

In 2009–2010, 244 appeals were finalised before reaching the relative court/commission. This is an increase of 8.0% when compared to 226 in 2008–2009.

### Judicial resolution

A total of 66 cases were determined by a court/commission in 2009–2010, representing a 1.5% decrease from the 67 cases determined in 2008–2009. Of these, 49 cases (74.2%) were dismissed or struck-out by the magistrate and 17 cases (25.8%) were upheld in favour of the appellant.

#### 54 Appeals finalised judicially by outcome 2008–2009 and 2009–2010



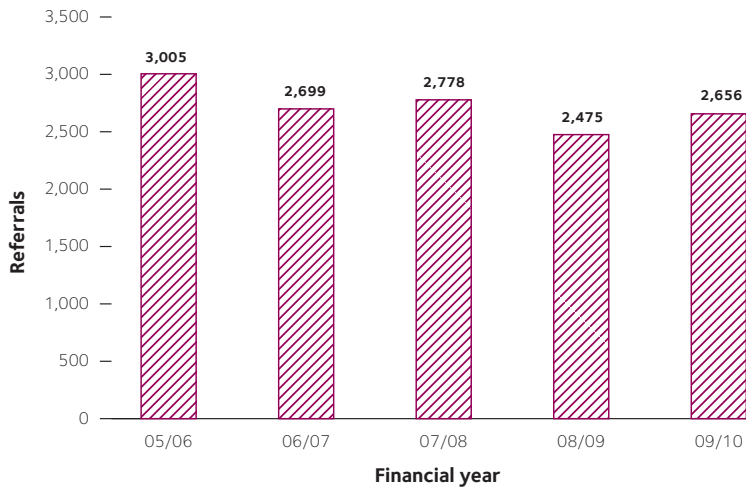
## Medical Assessment Tribunals (MAT)

### Referrals

In 2009–2010, 2,656 cases were referred to a MAT. This represented a 7.3% increase on the 2,475 cases referred in 2008–2009.

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

#### 55 MAT referrals received 2005–2006 to 2009–2010



## Cases determined

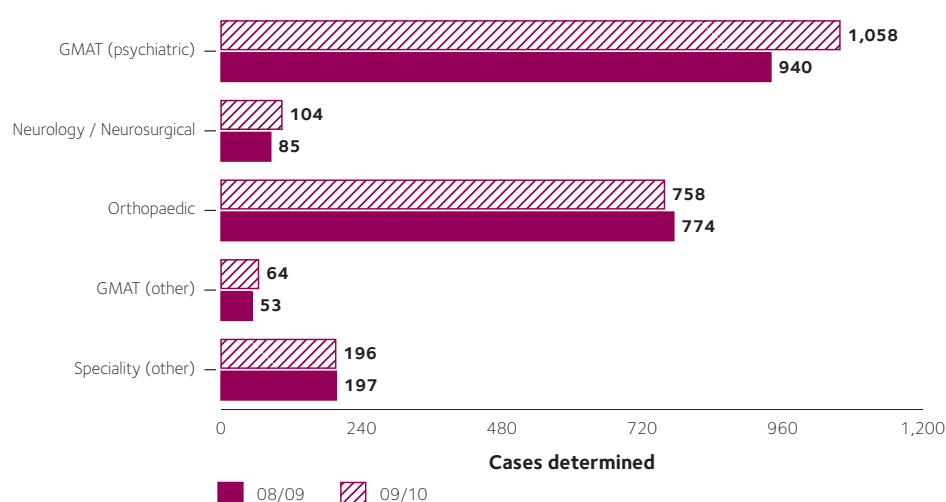
### Tribunal type

In 2009–2010, 2,180 cases were determined by a MAT. This represented a 6.4% increase from 2008–2009 (2,049 determinations).

In 2009–2010, 1,058 cases were heard at a General Medical Assessment Tribunal – Psychiatric compared to 940 in 2008–2009 representing an increase of 12.6%.

Almost half of all cases in 2009–2010 (48.5%) were determined at a General Medical Assessment Tribunal – Psychiatric compared to 45.9% in 2008–2009. A further 34.8% of cases were determined at an Orthopaedic Tribunal in 2009–2010 as compared to 37.8% in 2008–2009.

### 56 Cases determined by tribunal type 2008–2009 and 2009–2010



The figure below shows the average number of cases heard per tribunal in 2008–2009 and 2009–2010.

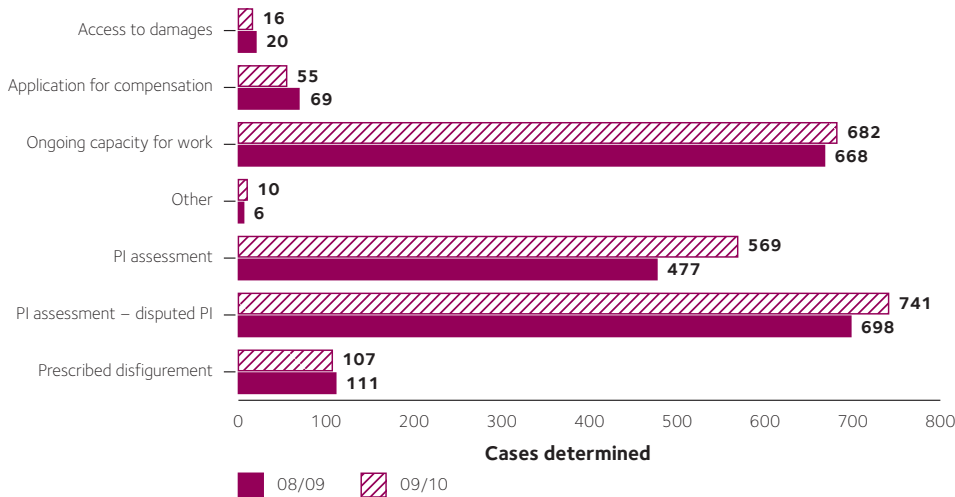
### 57 Average number of cases heard per tribunal by tribunal type 2008–2009 and 2009–2010

Tribunal	Average number of cases heard per tribunal	
	08/09	09/10
Orthopaedic	2.2	2.2
GMAT (psychiatric)	2.2	2.5
Neurology/Neurosurgical	1.9	1.9
GMAT (other)	1.4	1.8
Speciality (other)	3.6	3.8
<b>Total</b>	2.2	2.4

## Referral reason

In 2009–2010, 60.1% of the cases determined by the MAT were for permanent impairment (PI) assessment, compared to 57.3% in 2008–2009.

### 58 Cases determined by referral reason 2008–2009 and 2009–2010



There has been an increase in the proportion of referrals for an initial PI assessment (up from 23.3% in 2008–2009 to 26.1% in 2009–2010). Despite a 2.1% increase for assessment of ongoing capacity for work, there was a decrease in the proportion of assessment of ongoing capacity for work, down from 32.6% in 2008–2009 to 31.3% in 2009–2010.

### 59 Statutory claim intimations, statutory claim payments, average finalised time lost claim costs and durations by industry and sub-industry 2008-2009 and 2009-2010

	Claims intimations		Claims payments		Average finalised time lost claims cost			Average finalised time lost claims durations				
	08/09 no.	09/10 no.	Variance %	08/09 \$M	09/10 \$M	Variance %	08/09 \$	09/10 \$	Variance %	08/09 days	09/10 days	Variance %
<b>Accommodation, cafes and restaurants</b>	<b>5,024</b>	<b>4,707</b>	<b>-6.3</b>	<b>24.4</b>	<b>22.7</b>	<b>-7.0</b>	<b>8,526</b>	<b>8,550</b>	<b>0.3</b>	<b>40.0</b>	<b>38.8</b>	<b>-3.0</b>
Accommodation	1,963	1,794	-8.6	9.7	9.1	-7.0	7,706	7,824	1.5	36.6	36.5	-0.1
Cafes and restaurants	1,534	1,235	-19.5	6.3	4.9	-21.7	7,958	8,765	10.1	35.6	39.3	10.6
Clubs (hospitality)	578	587	1.6	3.2	3.0	-6.0	8,730	8,049	-7.8	43.2	39.3	-9.1
Pubs, taverns and bars	949	987	4.0	5.2	5.5	6.0	10,902	10,249	-6.0	51.3	43.3	-15.5
Labour hire	N/A	104	N/A	N/A	0.2	N/A	N/A	1,863	N/A	N/A	12.0	N/A
<b>Agriculture, forestry and fishing</b>	<b>2,111</b>	<b>1,985</b>	<b>-6.0</b>	<b>21.7</b>	<b>21.3</b>	<b>-2.1</b>	<b>14,289</b>	<b>14,807</b>	<b>3.6</b>	<b>52.6</b>	<b>51.0</b>	<b>-3.0</b>
Dairy cattle, poultry, other livestock and other crop growing	344	343	-0.3	3.6	3.0	-16.8	14,965	15,217	1.7	58.2	52.7	-9.4
Grain, sheep and beef cattle farming	519	511	-1.5	6.4	7.5	17.7	16,269	15,952	-1.9	58.0	63.3	9.2
Horticulture and fruit growing	896	798	-10.9	6.4	5.6	-13.1	10,362	10,803	4.3	40.6	42.3	4.1
Other agriculture, forestry and fishing	352	227	-35.5	5.3	5.0	-6.5	22,210	26,009	17.1	73.6	57.6	-21.7
Labour hire	N/A	106	N/A	N/A	0.2	N/A	N/A	2,045	N/A	N/A	13.0	N/A
<b>Communication services</b>	<b>313</b>	<b>268</b>	<b>-14.4</b>	<b>2.7</b>	<b>2.4</b>	<b>-11.0</b>	<b>14,563</b>	<b>12,004</b>	<b>-17.6</b>	<b>54.5</b>	<b>48.5</b>	<b>-11.0</b>
<b>Construction</b>	<b>12,393</b>	<b>10,749</b>	<b>-13.3</b>	<b>98.2</b>	<b>95.9</b>	<b>-2.3</b>	<b>12,926</b>	<b>15,864</b>	<b>22.7</b>	<b>40.2</b>	<b>46.4</b>	<b>15.4</b>
Building completion services	1,619	1,206	-25.5	13.3	12.6	-5.0	13,416	16,738	24.8	45.6	52.8	15.6
Building structure services	1,056	873	-17.3	11.3	10.5	-7.5	15,798	17,196	8.8	48.3	53.7	11.1
General construction	5,061	3,913	-22.7	38.9	35.7	-8.1	13,679	17,022	24.4	40.2	47.8	18.8
Installation trade services	2,624	2,205	-16.0	13.4	14.0	4.3	9,533	13,091	37.3	28.8	37.3	29.4
Other construction services	1,187	850	-28.4	11.6	9.4	-19.1	10,485	15,831	51.0	37.8	48.1	27.3
Site preparation services	846	724	-14.4	9.7	9.8	1.3	16,380	21,161	29.2	49.2	58.2	18.4
Labour hire	N/A	978	N/A	N/A	3.9	N/A	N/A	2,958	N/A	N/A	12.6	N/A

## Appendix 1 - Industry/sub-industry tables

	Claims intimations			Claims payments			Average finalised time lost claims cost			Average finalised time lost claims durations		
	08/09 no.	09/10 no.	Variance %	08/09 \$M	09/10 \$M	Variance %	08/09 \$	09/10 \$	Variance %	08/09 days	09/10 days	Variance %
<b>Cultural and recreational services</b>	<b>1,663</b>	<b>1,770</b>	<b>6.5</b>	<b>10.9</b>	<b>9.4</b>	<b>-12.8</b>	<b>11,666</b>	<b>11,488</b>	<b>-1.5</b>	<b>44.6</b>	<b>43.9</b>	<b>-1.6</b>
Libraries, museums and the arts	203	206	1.5	0.9	0.6	-30.3	10,604	9,775	-7.8	39.5	33.7	-14.6
Motion picture, radio and television services	142	246	73.2	0.7	1.2	63.9	16,161	9,828	-39.2	60.9	29.4	-51.7
Sport and recreation	1,318	1,310	-0.6	9.3	7.6	-18.1	11,415	11,851	3.8	43.8	46.5	6.1
Labour hire	N/A	8	N/A	N/A	0.0	N/A	N/A	N/A	N/A	N/A	N/A	N/A
<b>Education</b>	<b>2,740</b>	<b>2,843</b>	<b>3.8</b>	<b>15.7</b>	<b>14.7</b>	<b>-6.4</b>	<b>10,393</b>	<b>10,222</b>	<b>-1.6</b>	<b>39.2</b>	<b>37.4</b>	<b>-4.6</b>
Other education	689	701	1.7	4.3	4.9	14.7	9,336	9,346	0.1	48.4	43.8	-9.4
Post school education	838	908	8.4	5.1	4.2	-17.7	12,701	10,941	-13.9	38.7	36.4	-6.0
School education	1,213	1,227	1.2	6.3	5.6	-11.4	9,840	10,492	6.6	32.4	32.9	1.7
Labour hire	N/A	7	N/A	N/A	0.0	N/A	N/A	N/A	N/A	N/A	N/A	N/A
<b>Electricity, gas and water supply</b>	<b>710</b>	<b>778</b>	<b>9.6</b>	<b>4.0</b>	<b>4.9</b>	<b>22.5</b>	<b>14,557</b>	<b>14,180</b>	<b>-2.6</b>	<b>40.2</b>	<b>34.0</b>	<b>-15.4</b>
<b>Finance and insurance</b>	<b>790</b>	<b>693</b>	<b>-12.3</b>	<b>4.1</b>	<b>4.5</b>	<b>9.8</b>	<b>9,218</b>	<b>10,870</b>	<b>17.9</b>	<b>37.9</b>	<b>36.1</b>	<b>-4.7</b>
Finance	431	373	-13.5	2.0	2.3	12.2	8,869	8,985	1.3	36.6	32.1	-12.3
Insurance and services to finance and insurance	359	311	-13.4	2.1	2.2	4.7	9,583	12,835	33.9	39.3	40.4	2.8
Labour hire	N/A	9	N/A	N/A	0.1	N/A	N/A	N/A	N/A	N/A	N/A	N/A
<b>Government administration and defence</b>	<b>7,626</b>	<b>7,965</b>	<b>4.4</b>	<b>43.8</b>	<b>46.3</b>	<b>5.7</b>	<b>9,557</b>	<b>9,460</b>	<b>-1.0</b>	<b>31.0</b>	<b>30.6</b>	<b>-1.3</b>
Local government	2,624	2,799	6.7	16.4	17.6	7.1	8,318	8,972	7.9	27.5	27.7	0.6
Other government	5,002	5,009	0.1	27.4	28.3	3.3	10,365	9,818	-5.3	33.3	32.5	-2.5
Labour hire	N/A	157	N/A	N/A	0.4	N/A	N/A	N/A	N/A	N/A	14.0	N/A
<b>Health and community services</b>	<b>9,865</b>	<b>10,657</b>	<b>8.0</b>	<b>61.1</b>	<b>61.7</b>	<b>1.0</b>	<b>9,071</b>	<b>9,353</b>	<b>3.1</b>	<b>39.2</b>	<b>38.3</b>	<b>-2.3</b>
Community services	2,337	2,539	8.6	13.9	14.2	3.1	9,220	9,107	-1.2	44.1	43.7	-1.1
Hospitals	4,064	4,337	6.7	28.5	28.2	-1.2	9,178	10,082	9.8	36.9	37.6	1.9
Nursing homes	1,114	1,222	9.7	5.9	6.0	1.3	7,827	7,368	-5.9	41.5	38.8	-6.4
Other health services	2,350	2,492	6.0	12.8	13.1	1.8	9,450	9,375	-0.8	36.6	33.3	-9.1
Labour hire	N/A	67	N/A	N/A	0.2	N/A	N/A	N/A	N/A	N/A	N/A	N/A



	Claims intimations			Claims payments			Average finalised time lost claims cost			Average finalised time lost claims durations		
	08/09 no.	09/10 no.	Variance %	08/09 \$M	09/10 \$M	Variance %	08/09 \$	09/10 \$	Variance %	08/09 days	09/10 days	Variance %
<b>Personal and other services</b>	<b>4,225</b>	<b>4,267</b>	<b>1.0</b>	<b>29.8</b>	<b>29.4</b>	<b>-1.5</b>	<b>14,315</b>	<b>14,021</b>	<b>-2.1</b>	<b>44.3</b>	<b>42.2</b>	<b>-4.7</b>
Other services	681	628	-7.8	4.0	4.0	-1.4	13,154	12,953	-1.5	44.4	39.9	-10.0
Personal services	952	940	-1.3	7.0	6.4	-8.2	10,584	11,486	8.5	39.3	41.5	5.5
Public order and safety services	2,592	2,614	0.8	18.8	18.8	-0.1	16,729	15,788	-5.6	47.0	43.6	-7.3
Labour hire	N/A	85	N/A	N/A	0.2	N/A	N/A	N/A	N/A	N/A	N/A	N/A
<b>Property and business services</b>	<b>6,770</b>	<b>5,685</b>	<b>-16.0</b>	<b>40.3</b>	<b>37.2</b>	<b>-7.7</b>	<b>9,283</b>	<b>12,115</b>	<b>30.5</b>	<b>35.7</b>	<b>42.8</b>	<b>19.9</b>
Employment services	2,150	1,663	-22.7	8.2	7.2	-13.8	5,624	6,864	22.1	22.6	30.4	34.4
Legal, accounting, marketing and business services	785	639	-18.6	5.2	4.1	-20.4	11,462	11,809	3.0	40.8	34.9	-14.5
Other business services	2,369	2,043	-13.8	17.6	16.1	-8.4	11,714	13,991	19.4	48.5	50.2	3.5
Property services	482	426	-11.6	3.5	3.4	-2.1	12,775	15,547	21.7	44.1	56.8	28.8
Scientific, technical and computer services	984	858	-12.8	5.8	6.2	6.4	10,166	16,920	66.4	30.3	46.4	53.0
Labour hire	N/A	56	N/A	N/A	0.2	N/A	N/A	N/A	N/A	N/A	N/A	N/A
<b>Retail trade</b>	<b>11,155</b>	<b>11,114</b>	<b>-0.4</b>	<b>54.2</b>	<b>57.6</b>	<b>6.3</b>	<b>8,497</b>	<b>9,472</b>	<b>11.5</b>	<b>34.4</b>	<b>36.8</b>	<b>7.0</b>
Motor vehicle retailing and services	2,602	2,493	-4.2	15.6	15.9	2.1	10,850	11,899	9.7	39.2	39.8	1.5
Personal and household good retailing	3,649	3,297	-9.6	17.0	17.0	0.1	8,975	9,059	0.9	35.9	35.1	-2.2
Specialised food retailing	1,471	1,577	7.2	7.0	6.6	-6.9	7,715	6,851	-11.2	35.7	29.9	-16.2
Supermarket and grocery stores	3,433	3,611	5.2	14.6	17.6	21.4	6,520	9,456	45.0	28.5	40.4	41.6
Labour hire	N/A	136	N/A	N/A	0.5	N/A	N/A	N/A	N/A	N/A	N/A	N/A
<b>Transport and storage</b>	<b>6,389</b>	<b>6,395</b>	<b>0.1</b>	<b>60.1</b>	<b>55.5</b>	<b>-7.7</b>	<b>12,645</b>	<b>14,792</b>	<b>17.0</b>	<b>42.9</b>	<b>48.1</b>	<b>12.1</b>
Rail, water, air and other transport	1,982	1,951	-1.6	15.0	13.8	-7.7	9,905	13,710	38.4	32.1	37.0	15.0
Road transport	2,903	2,779	-4.3	34.9	31.8	-8.7	14,380	16,346	13.7	48.6	54.2	11.7
Services to transport	1,139	1,135	-0.4	8.1	7.7	-5.5	12,200	12,768	4.6	43.5	45.1	3.7
Storage	365	295	-19.2	2.1	1.3	-39.0	10,692	12,833	20.0	39.2	50.7	29.4
Labour hire	N/A	235	N/A	N/A	0.9	N/A	N/A	4,056	N/A	N/A	20.0	N/A

	Claims intimations			Claims payments			Average finalised time lost claims cost			Average finalised time lost claims durations		
	08/09 no.	09/10 no.	Variance %	08/09 \$M	09/10 \$M	Variance %	08/09 \$	09/10 \$	Variance %	08/09 days	09/10 days	Variance %
<b>Wholesale trade</b>	<b>5,235</b>	<b>4,906</b>	<b>-6.3</b>	<b>29.6</b>	<b>27.7</b>	<b>-6.4</b>	<b>9,535</b>	<b>10,445</b>	<b>9.5</b>	<b>33.7</b>	<b>34.6</b>	<b>2.7</b>
Basic material wholesaling	1,787	1,553	-13.1	10.1	8.9	-11.6	9,207	10,838	17.7	31.3	36.0	15.1
Machinery and motor vehicle wholesaling	1,712	1,637	-4.4	8.8	8.3	-6.6	10,232	10,242	0.1	32.3	29.4	-8.9
Personal and household good wholesaling	1,736	1,601	-7.8	10.7	10.2	-4.7	9,307	10,583	13.7	36.8	38.3	4.1
Labour hire	N/A	115	N/A	N/A	0.3	N/A	N/A	2,505	N/A	N/A	13.7	N/A
<b>Other</b>	<b>718</b>	<b>759</b>	<b>5.7</b>	<b>30.4</b>	<b>37.0</b>	<b>21.7</b>	<b>N/A</b>	<b>23,010</b>	<b>N/A</b>	<b>N/A</b>	<b>74.0</b>	<b>N/A</b>
<b>Total</b>	<b>102,848</b>	<b>98,016</b>	<b>-4.7</b>	<b>667.8</b>	<b>655.7</b>	<b>-1.8</b>	<b>10,726</b>	<b>11,798</b>	<b>10.0</b>	<b>37.8</b>	<b>39.5</b>	<b>4.5</b>

For industry "Other", this includes injuries pre July 1997 (pre ANZSIC classifications), household workers, workplace personal injury insurance (self employed, working directors) and volunteers.

"Labour hire" pre July 2009 was classified under industry "Property and business services" - Employment services". Post June 2009, WorkCover created a "labour hire" classification for each industry.

**60 Statutory claim decisions and statutory claim finalisations by industry and sub-industry 2008–2009 and 2009–2010**

	Claim decisions		Time lost claim finalisation								Alternative outcome not claim related %	
	Admit %	Rejected %	Total claims decided	Total time lost claims finalised	Fit for work: same job / tasks with same employer %	Fit for work: same job / tasks with diff employer %	Fit for work: diff job / tasks with same employer %	Fit for work: diff job / tasks with diff employer %	Fit for work: no job %	Fit for work: worker does not return %		Not fit for work %
<b>Accommodation, cafes and restaurants</b>	<b>95.7</b>	<b>4.3</b>	<b>4,273</b>	<b>2,957</b>	<b>84.1</b>	<b>2.1</b>	<b>0.7</b>	<b>2.2</b>	<b>1.7</b>	<b>3.4</b>	<b>1.5</b>	<b>4.3</b>
Accommodation	95.2	4.8	1,596	1,144	83.8	1.9	1.2	2.1	1.6	3.0	1.4	5.0
Cafes and restaurants	95.8	4.2	1,117	762	82.8	2.1	0.7	2.0	2.0	4.1	1.3	5.0
Clubs (hospitality)	95.3	4.7	537	371	87.4	1.6	0.5	1.9	1.6	3.2	1.1	2.7
Pubs, taverns and bars	96.5	3.5	933	644	82.8	3.0	0.2	2.8	1.7	3.7	2.2	3.6
Labour hire	96.7	3.3	90	36	94.4	0.0	0.0	0.0	2.8	0.0	2.8	0.0
<b>Agriculture, forestry and fishing</b>	<b>97.0</b>	<b>3.0</b>	<b>1,828</b>	<b>1,662</b>	<b>81.8</b>	<b>2.2</b>	<b>0.8</b>	<b>4.7</b>	<b>1.4</b>	<b>4.5</b>	<b>1.5</b>	<b>3.1</b>
Dairy cattle, poultry, other livestock and other crop growing	97.1	2.9	314	271	84.2	1.8	1.1	3.0	1.1	3.7	1.8	3.3
Grain, sheep and beef cattle farming	97.6	2.4	464	446	79.7	3.4	0.2	6.7	1.3	5.6	1.1	2.0
Horticulture and fruit growing	97.2	2.8	745	674	83.1	1.0	1.0	4.2	1.2	4.3	1.5	3.7
Other agriculture, forestry and fishing	94.3	5.7	209	231	77.9	3.9	1.3	4.8	2.6	4.3	2.2	3.0
Labour hire	99.0	1.0	96	40	92.5	2.5	0.0	2.5	0.0	0.0	0.0	2.5
<b>Communication services</b>	<b>91.9</b>	<b>8.1</b>	<b>248</b>	<b>197</b>	<b>78.7</b>	<b>1.5</b>	<b>0.5</b>	<b>3.0</b>	<b>5.6</b>	<b>4.1</b>	<b>1.0</b>	<b>5.6</b>
<b>Construction</b>	<b>97.2</b>	<b>2.8</b>	<b>9,965</b>	<b>6,571</b>	<b>81.8</b>	<b>2.9</b>	<b>0.7</b>	<b>3.0</b>	<b>2.4</b>	<b>4.0</b>	<b>1.6</b>	<b>3.6</b>
Building completion services	96.4	3.6	1,137	914	79.3	3.7	0.1	2.6	3.7	4.8	2.2	3.6
Building structure services	98.4	1.6	804	626	79.6	3.2	0.3	3.0	3.5	4.8	1.8	3.8
General construction	97.1	2.9	3,617	2,334	81.3	3.2	0.8	2.9	2.5	3.8	1.8	3.7
Installation trade services	97.8	2.2	2,052	1,269	85.6	2.2	1.3	2.0	1.2	2.8	1.1	3.8
Other construction services	95.6	4.4	751	640	78.3	2.3	1.1	5.6	1.9	6.1	1.1	3.6
Site preparation services	97.0	3.0	677	515	80.6	2.5	0.6	4.1	3.3	4.1	2.1	2.7
Labour hire	97.8	2.2	927	273	91.2	1.5	0.0	1.8	0.0	1.5	0.7	3.3

	Claim decisions			Time lost claim finalisation								Alternative outcome not claim related %
	Admit %	Rejected %	Total claims decided	Total time lost claims finalised	Fit for work: same job / tasks with same employer %	Fit for work: same job / tasks with diff employer %	Fit for work: diff job / tasks with same employer %	Fit for work: diff job / tasks with diff employer %	Fit for work: no job %	Fit for work: worker does not return %	Not fit for work %	
<b>Cultural and recreational services</b>	<b>94.6</b>	<b>5.4</b>	<b>1,685</b>	<b>1,000</b>	<b>87.5</b>	<b>1.7</b>	<b>0.6</b>	<b>2.3</b>	<b>1.4</b>	<b>3.1</b>	<b>1.2</b>	<b>2.2</b>
Libraries, museums and the arts	96.4	3.6	193	72	91.6	0.0	0.0	4.2	1.4	1.4	0.0	1.4
Motion picture, radio and television services	96.2	3.8	234	89	84.3	4.5	1.1	1.1	5.6	0.0	3.4	0.0
Sport and recreation	94.0	6.0	1,250	836	87.3	1.6	0.6	2.3	1.0	3.6	1.1	2.5
Labour hire	100.0	0.0	8	3	100.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
<b>Education</b>	<b>95.2</b>	<b>4.8</b>	<b>2,660</b>	<b>1,693</b>	<b>91.2</b>	<b>0.8</b>	<b>0.9</b>	<b>0.9</b>	<b>0.4</b>	<b>1.2</b>	<b>1.2</b>	<b>3.4</b>
Other education	96.4	3.6	658	560	90.5	0.9	1.1	0.9	0.9	0.7	1.4	3.6
Post school education	93.7	6.3	855	435	93.0	0.0	0.7	0.5	0.0	1.4	0.5	3.9
School education	95.5	4.5	1,143	697	90.2	1.3	1.0	1.1	0.3	1.6	1.6	2.9
Labour hire	100.0	0.0	4	1	100.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
<b>Electricity, gas and water supply</b>	<b>95.3</b>	<b>4.7</b>	<b>729</b>	<b>263</b>	<b>89.7</b>	<b>1.5</b>	<b>1.9</b>	<b>0.8</b>	<b>0.4</b>	<b>1.5</b>	<b>0.4</b>	<b>3.8</b>
<b>Finance and insurance</b>	<b>87.6</b>	<b>12.4</b>	<b>638</b>	<b>390</b>	<b>86.6</b>	<b>2.3</b>	<b>0.8</b>	<b>2.1</b>	<b>0.5</b>	<b>2.6</b>	<b>1.3</b>	<b>3.8</b>
Finance	87.9	12.1	346	194	87.1	1.5	1.0	2.1	0.5	2.1	0.5	5.2
Insurance and services to finance and insurance	87.3	12.7	284	194	86.0	3.1	0.5	2.1	0.5	3.1	2.1	2.6
Labour hire	87.5	12.5	8	2	100.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
<b>Government administration and defence</b>	<b>93.6</b>	<b>6.4</b>	<b>7,510</b>	<b>4,784</b>	<b>92.5</b>	<b>0.3</b>	<b>1.1</b>	<b>0.5</b>	<b>0.5</b>	<b>0.8</b>	<b>1.0</b>	<b>3.3</b>
Local government	94.5	5.5	2,710	1,635	94.2	0.2	2.3	0.6	0.3	0.6	0.7	1.1
Other government	92.9	7.1	4,654	3,094	91.6	0.4	0.5	0.4	0.5	0.9	1.2	4.5
Labour hire	97.3	2.7	146	55	94.5	0.0	0.0	0.0	5.5	0.0	0.0	0.0

	Claim decisions			Time lost claim finalisation								Alternative outcome not claim related %	
	Admit %	Rejected %	Total claims decided	Total time lost claims finalised	Fit for work: same job / tasks with same employer %	Fit for work: same job / tasks with diff employer %	Fit for work: diff job / tasks with same employer %	Fit for work: diff job / tasks with diff employer %	Fit for work: no job %	Fit for work: worker does not return %	Not fit for work %		
<b>Health and community services</b>	<b>93.0</b>	<b>7.0</b>	<b>9,882</b>	<b>7,258</b>	<b>89.2</b>	<b>1.3</b>	<b>1.1</b>	<b>1.1</b>	<b>1.1</b>	<b>0.5</b>	<b>2.3</b>	<b>1.2</b>	<b>3.3</b>
Community services	93.4	6.6	2,349	1,773	86.9	1.7	1.2	1.8	1.8	0.8	3.0	1.7	2.9
Hospitals	92.2	7.8	4,005	3,086	91.0	0.8	1.2	0.6	0.6	0.2	1.6	1.1	3.5
Nursing homes	94.8	5.2	1,172	896	88.6	0.8	1.6	1.1	1.1	0.7	3.2	0.4	3.6
Other health services	93.4	6.6	2,295	1,485	88.9	2.2	0.5	1.1	1.1	0.7	2.2	1.1	3.3
Labour hire	86.9	13.1	61	18	88.8	0.0	0.0	0.0	0.0	0.0	5.6	5.6	0.0
<b>Manufacturing</b>	<b>97.3</b>	<b>2.7</b>	<b>19,050</b>	<b>10,444</b>	<b>87.1</b>	<b>1.2</b>	<b>1.2</b>	<b>1.9</b>	<b>1.9</b>	<b>1.6</b>	<b>2.5</b>	<b>0.9</b>	<b>3.6</b>
Machinery and equipment	98.2	1.8	3,490	1,889	86.7	1.9	0.5	2.6	2.6	1.7	2.4	0.6	3.6
Meat and meat product manufacturing	96.3	3.7	2,926	1,966	88.2	0.7	2.5	1.2	1.2	0.9	2.9	0.9	2.7
Metal product	98.0	2.0	4,957	2,479	87.6	1.1	1.0	1.7	1.7	1.8	1.8	0.8	4.2
Non-metallic mineral product manufacturing	96.9	3.1	915	476	83.3	1.7	1.7	2.1	2.1	1.5	3.6	1.5	4.6
Other food manufacturing	95.7	4.3	2,051	1,122	85.5	0.7	1.1	2.3	2.3	2.0	3.4	0.9	4.1
Other manufacturing	97.7	2.3	860	565	86.9	1.6	0.5	2.5	2.5	2.3	1.6	0.4	4.2
Petroleum, coal, chemical and associated product	97.4	2.6	1,215	597	88.0	1.0	1.0	2.7	2.7	1.0	2.3	1.5	2.5
Printing, publishing and recorded media	95.1	4.9	386	229	91.3	0.9	0.0	1.3	1.3	1.7	2.2	0.4	2.2
Textile, clothing, footwear and leather	96.5	3.5	230	170	81.1	2.4	0.6	1.2	1.2	4.1	5.3	2.4	2.9
Wood and paper product manufacturing	97.6	2.4	1,145	630	86.0	1.3	0.5	1.1	1.1	2.2	2.9	1.4	4.6
Labour hire	98.3	1.7	875	321	94.4	0.0	0.9	1.9	1.9	0.3	0.3	0.0	2.2

	Claim decisions			Time lost claim finalisation								
	Admit %	Rejected %	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: diff job / tasks with diff employer %	Fit for work: no job %	Fit for work: worker does not return %	Not fit for work %	Alternative outcome not claim related %	
<b>Mining</b>	<b>94.7</b>	<b>5.3</b>	<b>2,320</b>	<b>976</b>	<b>81.8</b>	<b>2.6</b>	<b>2.8</b>	<b>4.2</b>	<b>1.3</b>	<b>3.3</b>	<b>1.8</b>	<b>2.2</b>
Coal mining	93.8	6.2	1,012	415	87.3	1.4	2.9	3.1	0.5	1.9	1.2	1.7
Metal ore mining	94.7	5.3	552	148	78.4	4.7	4.7	4.7	0.7	3.4	2.0	1.4
Other mining	96.5	3.5	201	141	77.3	2.1	1.4	4.3	2.1	4.3	2.8	5.7
Services to mining	95.2	4.8	478	251	77.6	3.6	2.4	6.0	2.0	4.8	2.0	1.6
Labour hire	97.4	2.6	77	21	80.9	0.0	0.0	0.0	9.5	4.8	4.8	0.0
<b>Personal and other services</b>	<b>93.5</b>	<b>6.5</b>	<b>3,736</b>	<b>2,328</b>	<b>86.7</b>	<b>1.5</b>	<b>0.9</b>	<b>2.1</b>	<b>0.9</b>	<b>2.5</b>	<b>1.6</b>	<b>3.8</b>
Other services	89.0	11.0	565	332	87.4	2.4	0.9	2.1	0.3	2.7	0.9	3.3
Personal services	95.7	4.3	858	667	82.1	2.8	0.3	3.7	1.6	4.6	1.3	3.6
Public order and safety services	93.9	6.1	2,232	1,306	89.0	0.6	1.1	1.3	0.5	1.4	2.0	4.1
Labour hire	92.6	7.4	81	23	91.4	0.0	0.0	4.3	4.3	0.0	0.0	0.0
<b>Property and business services</b>	<b>94.2</b>	<b>5.8</b>	<b>5,164</b>	<b>3,535</b>	<b>84.1</b>	<b>2.3</b>	<b>0.7</b>	<b>2.9</b>	<b>1.4</b>	<b>3.3</b>	<b>2.0</b>	<b>3.3</b>
Employment services	95.2	4.8	1,480	1,018	88.3	1.9	0.3	2.0	1.0	1.8	1.0	3.7
Legal, accounting, marketing and business services	90.8	9.2	578	346	85.5	3.8	0.3	3.2	1.4	1.2	3.2	1.4
Other business services	94.5	5.5	1,865	1,464	81.8	2.0	0.7	3.1	1.6	4.9	2.5	3.4
Property services	91.2	8.8	399	263	77.1	3.8	0.4	3.4	2.7	4.6	3.4	4.6
Scientific, technical and computer services	94.9	5.1	791	422	84.4	1.7	1.9	4.3	0.9	2.8	1.2	2.8
Labour hire	100.0	0.0	51	22	95.5	4.5	0.0	0.0	0.0	0.0	0.0	0.0

	Claim decisions			Time lost claim finalisation								
	Admit %	Rejected %	Total claims decided	Total time lost claims finalised	Fit for work: same job / tasks with same employer %	Fit for work: same job / tasks with diff employer %	Fit for work: diff job / tasks with same employer %	Fit for work: diff job / tasks with diff employer %	Fit for work: no job %	Fit for work: worker does not return %	Not fit for work %	Alternative outcome not claim related %
<b>Retail trade</b>	<b>96.0</b>	<b>4.0</b>	<b>10,502</b>	<b>6,133</b>	<b>85.6</b>	<b>1.5</b>	<b>1.3</b>	<b>2.5</b>	<b>1.4</b>	<b>2.7</b>	<b>1.7</b>	<b>3.3</b>
Motor vehicle retailing, services	96.9	3.1	2,358	1,480	85.3	2.2	0.6	2.8	1.5	2.6	1.5	3.5
Personal and household	95.1	4.9	3,102	1,920	84.0	1.6	1.7	2.7	1.9	3.2	1.3	3.6
Specialised food retailing	96.7	3.3	1,475	997	85.9	2.1	0.5	2.3	1.4	2.7	1.7	3.4
Supermarket and grocery stores	95.6	4.4	3,440	1,711	87.6	0.6	2.0	2.1	0.6	2.2	2.2	2.7
Labour hire	99.2	0.8	127	25	76.0	4.0	0.0	4.0	0.0	8.0	0.0	8.0
<b>Transport and storage</b>	<b>94.0</b>	<b>6.0</b>	<b>6,011</b>	<b>4,019</b>	<b>85.3</b>	<b>1.9</b>	<b>0.9</b>	<b>2.2</b>	<b>1.9</b>	<b>3.1</b>	<b>2.1</b>	<b>2.6</b>
Rail, water, air and other transport	92.5	7.5	1,855	892	89.3	1.0	2.0	1.0	0.9	1.7	1.6	2.5
Road transport	94.5	5.5	2,596	2,170	82.1	2.6	0.7	3.0	2.5	3.9	2.7	2.5
Services to transport	94.2	5.8	1,064	744	89.0	1.1	0.4	1.2	1.6	2.2	1.5	3.0
Storage	97.5	2.5	277	158	85.4	1.9	0.0	3.8	1.3	3.8	1.3	2.5
Labour hire	97.3	2.7	219	55	94.6	1.8	0.0	0.0	1.8	1.8	0.0	0.0
<b>Wholesale trade</b>	<b>96.9</b>	<b>3.1</b>	<b>4,626</b>	<b>2,769</b>	<b>86.2</b>	<b>1.4</b>	<b>0.8</b>	<b>2.5</b>	<b>1.7</b>	<b>3.1</b>	<b>1.0</b>	<b>3.3</b>
Basic material wholesaling	97.1	2.9	1,456	873	85.2	1.4	1.1	3.0	1.6	3.1	0.9	3.7
Machinery and motor vehicle wholesaling	97.6	2.4	1,543	830	88.9	1.3	0.7	1.8	1.6	2.3	0.7	2.7
Personal and household good wholesaling	95.8	4.2	1,516	1,026	84.6	1.6	0.5	2.7	1.8	3.8	1.3	3.7
Labour hire	99.1	0.9	111	40	97.5	0.0	0.0	0.0	2.5	0.0	0.0	0.0
<b>Other</b>	<b>88.2</b>	<b>11.8</b>	<b>533</b>	<b>199</b>	<b>76.0</b>	<b>3.5</b>	<b>2.0</b>	<b>4.5</b>	<b>1.0</b>	<b>3.5</b>	<b>4.5</b>	<b>5.0</b>
<b>Total</b>	<b>95.4</b>	<b>4.6</b>	<b>91,360</b>	<b>57,178</b>	<b>86.4</b>	<b>1.6</b>	<b>1.0</b>	<b>2.1</b>	<b>1.4</b>	<b>2.7</b>	<b>1.4</b>	<b>3.4</b>

For industry "Other", this includes injuries pre July 1997 (pre ANZSIC classifications), household workers, workplace personal injury insurance (self-employed, working directors) and volunteers.

## Appendix 2 – Industry classification codes

### 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 1993), ABS.

#### Accommodation, cafes and restaurants

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

#### Agriculture, forestry and fishing

Dairy cattle, poultry, other livestock and other crop growing .....	(ANZSIC: all 013, 014, 015 and 016)
Grain, sheep and beef cattle farming .....	(ANZSIC: all 012)
Horticulture and fruit growing .....	(ANZSIC: all 011)
Other agriculture, forestry and fishing .....	(ANZSIC: all 021, 022, 030, 041 and 042)

#### Communication services

Communication services .....	(ANZSIC: all 711 and 712)
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#### Construction

Building completion services .....	(ANZSIC: all 424)
Building structure services .....	(ANZSIC: all 422)
General construction .....	(ANZSIC: all 411 and 412)
Installation trade services .....	(ANZSIC: all 423)
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#### Electricity, gas and water supply

Electricity, gas and water supply .....	(ANZSIC: all 361, 362 and 370)
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## Health and community services

Community services .....	(ANZSIC: all 872)
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Nursing homes .....	(ANZSIC: all 8613)
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## Manufacturing

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

## 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)

## Personal and other services

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

## Property and business services

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Property services .....	(ANZSIC: all 771 and 772)
Scientific, technical services and computer services .....	(ANZSIC: all 781, 782 and 783)

## Retail trade

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

## Transport and storage

Rail, water, air and other transport .....	(ANZSIC: all 62, 63, 64 and 65)
Road transport .....	(ANZSIC: all 61)
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)

## 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 have 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 or rejected claims. A fatal application has been lodged and accepted by the insurer.

**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, Safe Work Australia and the "Type of Occurrence Classification System", Third Edition, Revision 1 Safe Work Australia. 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. excludes cancelled and withdrawn claims and includes 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' and '810' from the "Type of Occurrence Classification System", Second Edition, National Occupational Health and Safety Commission (NOHSC) and injury nature codes '783' and '861' from the "Type of Occurrence Classification System", Third Edition, Revision 1 Safe Work Australia 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, Safe Work Australia, and injury nature codes '702', '703', '704', '705', '706', '707', '718' and '719' from the "Type of Occurrence Classification System", Third Edition, Revision 1 Safe Work Australia have been renamed psychiatric or psychological injury in this publication.

**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, 2008-09 Cat No. 3218.0, March 2009. Table 3 – Estimated resident population, statistical local areas Queensland.*

**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.

**Average plaintiff’s cost** – The average plaintiff’s cost, regardless of when payments were made, of finalised common law claims.

**Average settlement cost** – The average settlement cost, regardless of when payments were made, of finalised common law claims.

**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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