

Table 5. Average temporary disability days and claim costs paid for resolved accepted disabling claims by body part affected, Oregon, 2012

Body part affected	Claims resolved	Median temporary disability days	Mean temporary disability days	Average claim costs	Medical services	Indemnity	Temporary disability costs	PPD	CDA	DCS	Vocational assistance
TOTAL	18,685	23	70	\$21,060	\$10,250	\$10,810	\$5,300	\$2,610	\$2,230	\$450	\$210
0 Head	548	4	26	\$13,530	\$6,840	\$6,680	\$1,960	\$3,770	\$880	\$30	\$30
01 Cranium	114	5	36	\$15,900	\$10,040	\$5,860	\$3,210	\$590	\$1,890	\$40	\$130
011 Brain	68	8	33	\$15,940	\$10,330	\$5,610	\$2,230	\$960	\$2,180	\$30	\$220
012 Scalp	22	4	8	\$3,590	\$3,020	\$570	\$570	\$0	\$0	\$0	\$0
013 Skull	4	23	47	\$17,610	\$8,780	\$8,830	\$3,200	\$630	\$5,000	\$0	\$0
01- Other/unknown cranial areas	20	6	77	\$28,940	\$17,010	\$11,940	\$9,440	\$0	\$2,350	\$150	\$0
02 Ear	149	0	11	\$16,730	\$5,070	\$11,660	\$800	\$10,510	\$340	\$0	\$0
03 Face	217	6	28	\$10,600	\$6,440	\$4,160	\$1,840	\$1,630	\$660	\$20	\$20
032 Eye	121	5	35	\$11,440	\$6,110	\$5,330	\$2,260	\$1,890	\$1,110	\$30	\$30
033 Nose	19	6	10	\$5,540	\$4,880	\$660	\$660	\$0	\$0	\$0	\$0
036 Mouth	15	5	16	\$5,560	\$4,760	\$800	\$800	\$0	\$0	\$0	\$0
03- Other/unknown facial areas	62	8	23	\$11,740	\$7,970	\$3,770	\$1,630	\$2,000	\$150	\$0	\$0
08 Multiple head locations	32	6	34	\$15,730	\$8,670	\$7,060	\$2,170	\$2,540	\$2,250	\$90	\$0
0- Other/unknown head locations	36	6	39	\$8,440	\$4,880	\$3,560	\$3,420	\$0	\$70	\$70	\$0
1 Neck, including throat	312	21	75	\$24,050	\$10,650	\$13,410	\$6,160	\$2,940	\$2,760	\$1,350	\$190
2 Trunk	6,954	24	70	\$20,630	\$9,580	\$11,040	\$5,380	\$2,800	\$2,120	\$550	\$190
21 Shoulder, including clavicle, scapula	1,675	56	103	\$33,420	\$15,040	\$18,380	\$8,250	\$5,560	\$3,520	\$690	\$360
22 Chest, inc. internal loc. of disease	246	10	29	\$7,340	\$3,940	\$3,400	\$2,290	\$580	\$340	\$190	\$0
23 Back, including spine, spinal cord	3,916	18	63	\$17,010	\$7,670	\$9,340	\$4,710	\$2,160	\$1,740	\$580	\$160
231 Lower back	2,550	17	58	\$15,360	\$7,100	\$8,260	\$4,290	\$1,740	\$1,490	\$640	\$100
232 Middle back	390	12	39	\$7,770	\$4,040	\$3,730	\$2,460	\$590	\$490	\$70	\$120
238 Multiple back regions	927	27	89	\$25,750	\$10,800	\$14,950	\$6,940	\$3,990	\$3,040	\$640	\$340
23- Other/unknown back locations	49	9	34	\$10,990	\$6,710	\$4,280	\$2,170	\$1,800	\$80	\$230	\$0
24 Abdomen, exc. internal loc. of disease	465	22	33	\$10,120	\$6,960	\$3,160	\$2,680	\$180	\$280	\$10	\$10
25 Pelvic region	273	19	51	\$15,580	\$8,800	\$6,780	\$3,560	\$1,680	\$1,310	\$210	\$20
251 Hip	105	26	73	\$23,050	\$12,880	\$10,170	\$4,650	\$3,190	\$2,020	\$250	\$50
254 Groin	86	14	33	\$8,170	\$5,200	\$2,970	\$2,410	\$20	\$300	\$230	\$0
25- Other/unknown pelvic region	82	17	41	\$13,800	\$7,370	\$6,440	\$3,360	\$1,490	\$1,460	\$120	\$0
28 Multiple trunk locations	378	32	90	\$26,640	\$12,700	\$13,940	\$6,280	\$2,720	\$3,900	\$770	\$280

Table 5. Average temporary disability days and claim costs paid for resolved accepted disabling claims by body part affected, Oregon, 2012

Body part affected	Claims resolved	Median temporary disability days	Mean temporary disability days	Average claim costs	Medical services	Indemnity	Temporary disability costs	PPD	CDA	DCS	Vocational assistance
2- Other/unknown trunk locations	1	2	2	\$590	\$430	\$160	\$160	\$0	\$0	\$0	\$0
3 Upper extremities	3,989	21	54	\$15,180	\$7,830	\$7,350	\$3,740	\$1,950	\$1,330	\$190	\$150
31 Arm	804	27	65	\$18,620	\$9,230	\$9,390	\$4,610	\$2,330	\$1,950	\$350	\$150
311 Upper arm	180	52	74	\$23,420	\$12,120	\$11,300	\$5,770	\$3,440	\$1,630	\$250	\$200
312 Elbow	396	27	65	\$17,010	\$8,300	\$8,710	\$4,560	\$2,100	\$1,480	\$380	\$190
313 Forearm	159	11	38	\$12,270	\$6,160	\$6,100	\$2,680	\$1,230	\$2,060	\$80	\$40
318 Multiple arm locations	46	52	117	\$36,720	\$17,400	\$19,320	\$7,980	\$3,540	\$6,560	\$1,220	\$20
31- Other/unknown arm locations	23	11	71	\$16,530	\$7,550	\$8,980	\$3,110	\$2,570	\$2,560	\$730	\$0
32 Wrist	960	30	67	\$17,100	\$8,340	\$8,760	\$4,760	\$1,810	\$1,660	\$250	\$280
33 Hand, except finger	378	10	28	\$7,360	\$4,210	\$3,150	\$1,680	\$1,050	\$380	\$40	\$0
34 Finger, fingernail	1,471	15	36	\$10,940	\$6,280	\$4,660	\$2,320	\$1,660	\$620	\$40	\$20
38 Multiple upper extremity locations	376	33	93	\$27,370	\$13,190	\$14,180	\$6,930	\$3,530	\$2,870	\$410	\$440
4 Lower extremities	3,955	25	70	\$19,700	\$10,180	\$9,520	\$5,460	\$1,980	\$1,560	\$270	\$250
41 Leg	2,342	30	72	\$21,010	\$10,900	\$10,110	\$5,680	\$2,220	\$1,750	\$260	\$210
411 Thigh	119	15	45	\$11,930	\$6,420	\$5,500	\$3,600	\$440	\$1,040	\$0	\$420
412 Knee	1,929	34	77	\$22,230	\$11,310	\$10,920	\$6,040	\$2,350	\$2,010	\$300	\$220
413 Lower leg	224	19	50	\$13,810	\$8,160	\$5,650	\$3,630	\$1,620	\$240	\$80	\$80
418 Multiple leg locations	49	30	93	\$30,480	\$17,410	\$13,070	\$7,150	\$5,100	\$600	\$70	\$150
41- Other/unknown leg locations	21	12	39	\$15,080	\$12,100	\$2,980	\$2,430	\$310	\$240	\$0	\$0
42 Ankle	750	19	65	\$15,910	\$7,700	\$8,210	\$5,210	\$1,310	\$1,080	\$240	\$370
43 Foot, except toe	481	19	61	\$14,650	\$7,390	\$7,260	\$4,660	\$1,390	\$900	\$70	\$230
44 Toe, toenail	147	12	31	\$7,240	\$4,110	\$3,130	\$1,910	\$270	\$280	\$670	\$0
48 Multiple lower extremities locations	234	37	108	\$37,030	\$20,600	\$16,430	\$7,990	\$3,950	\$3,320	\$750	\$430
4- Other/unknown lower extremities locations	1	5	5	\$2,630	\$2,510	\$120	\$120	\$0	\$0	\$0	\$0
5 Body systems	90	15	68	\$22,490	\$9,670	\$12,820	\$6,920	\$1,520	\$3,040	\$600	\$740
8 Multiple body parts	2,827	38	97	\$33,430	\$16,040	\$17,390	\$7,610	\$3,770	\$4,870	\$810	\$330
81 Neck and back	432	22	55	\$16,990	\$8,860	\$8,130	\$3,770	\$1,780	\$1,770	\$690	\$120
91 Prosthetic devices	2	15	15	\$9,170	\$7,480	\$1,680	\$1,680	\$0	\$0	\$0	\$0
9999 Other/nonclassifiable	8	28	35	\$17,880	\$15,440	\$2,440	\$2,230	\$200	\$0	\$0	\$0

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Accepted disabling claims are occupational injury or disease claims accepted by insurers that entitle workers to compensation for disability or death. Claims are reported by the year of claim resolution, which is the year of the latest notice of claim closure, determination order, or claim disposition agreement for initial claim openings. This may be different than the year of injury or claim acceptance. Death benefit and permanent total disability claims, as well as their indemnity costs, are excluded from this analysis. Worker, employer, and insurer reimbursements from the Workers' Benefit Fund are also generally excluded.

Claim cost is the composite of medical and indemnity costs. Indemnity includes temporary disability, permanent partial disability (PPD), claim disposition agreement (CDA), disputed claim settlement (DCS), and vocational assistance. Indemnity incurred after claim closure through July 2013 is also included in this table: primarily PPD modified by dispute resolution, CDA, DCS, and vocational assistance.

Cost statistics are means unless otherwise specified. Aside from temporary disability (TD) days, costs have been rounded, and components may not sum to composite averages. Some medical and indemnity are estimated, primarily TD days and costs and medical and vocational assistance costs for initial claims resolved by CDA, about which the department doesn't require regular cost reports.

Conclusions should not be drawn for rows with a small number of claims. Claim counts will change as claims are reopened and resolved in future years, and if past trends continue, then TD days and costs for the most recent year will decline. Post-closure costs will increase over time.

Claims are listed according to the Occupational Injury and Illness Classification System (OIICS), 2007 edition.

Central Services Division, Oregon Department of Consumer & Business Services, August 2013

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