

**Table 4. Average time loss days and claim costs for accepted disabling claims by body part affected, Oregon 2007**

Body part affected	Claims resolved	Median time loss days paid	Mean time loss days paid	Average claim costs	Medical costs paid	Indemnity	Time loss dollars paid	PPD	CDA	DCS	Vocational assistance
Total	24,331	21	70	\$18,710	\$8,130	\$10,590	\$4,710	\$3,210	\$2,040	\$460	\$170
Head	621	4	34	14,520	5,970	8,560	2,330	4,060	1,900	200	70
Brain	52	7	84	25,000	13,620	11,380	5,180	2,760	3,160	270	0
Scalp	33	5	16	5,730	4,280	1,450	700	40	450	260	0
Skull	10	15	91	32,490	15,520	16,970	5,540	6,430	4,500	500	0
Ear	100	0	8	14,790	2,290	12,500	590	11,590	230	90	0
Eye	203	4	28	11,640	5,210	6,440	1,810	3,440	1,040	150	0
Nose	19	6	21	8,780	5,720	3,060	1,740	1,320	0	0	0
Mouth	13	8	62	16,840	8,370	8,460	4,810	0	3,460	190	0
Multiple head locations	91	11	42	18,900	8,750	10,150	3,190	2,860	3,740	80	290
Other/unknown head locations	100	6	39	12,190	3,640	8,550	2,870	1,710	3,350	450	160
Neck, including throat	429	27	93	26,570	10,420	16,140	6,910	4,700	2,980	1,340	210
Trunk	9,109	22	73	19,120	7,710	11,420	5,060	3,460	2,180	510	210
Shoulder	1,923	48	100	29,600	11,810	17,790	7,280	6,710	3,070	460	280
Chest, incl. internal locations	302	8	25	5,020	2,780	2,240	1,630	90	250	250	10
Back, including spine	5,385	18	71	17,630	6,760	10,860	4,840	2,950	2,240	600	220
Abdomen, incl. internal locations	656	19	28	7,810	5,380	2,430	2,050	180	110	40	50
Pelvic region	370	20	61	15,110	7,190	7,920	4,020	2,220	1,470	150	60
Multiple trunk locations	467	33	85	22,150	9,150	13,000	5,840	3,730	2,560	700	170
Other/unknown trunk locations	6	4	13	5,180	2,800	2,380	2,150	0	20	220	0
Upper extremities	5,377	16	52	14,090	6,890	7,200	3,310	2,490	1,090	190	120
Upper arm	145	44	73	20,440	9,190	11,250	4,960	3,760	1,770	460	300
Elbow	587	35	78	23,900	12,190	11,710	5,370	3,470	2,160	420	290
Forearm	209	10	38	9,530	5,160	4,370	2,290	1,270	730	40	40
Wrist	1,360	29	68	15,280	6,860	8,420	4,370	2,470	1,210	270	100
Hand, except finger	531	8	29	8,020	4,090	3,930	1,730	1,420	610	80	80
Finger, fingernail	1,976	9	30	9,790	5,580	4,210	1,790	1,960	320	80	60
Multiple upper extremities	522	31	85	22,600	9,430	13,170	5,520	4,690	2,580	130	260
Other/unknown upper extremities	47	15	69	18,060	5,950	12,100	4,090	1,670	4,760	1,580	0
Lower extremities	5,196	21	63	15,080	7,330	7,760	4,110	2,190	1,130	210	110
Thigh	143	14	65	24,020	16,550	7,480	4,380	1,830	1,020	150	110
Knee	2,486	27	72	17,850	8,680	9,160	4,730	2,770	1,270	280	100
Lower leg	298	17	59	14,850	7,560	7,290	3,730	2,070	1,140	110	230
Ankle	1,015	15	50	10,160	5,030	5,130	3,080	1,420	440	160	30
Foot, except toe	638	16	52	11,210	4,430	6,780	3,560	1,500	1,400	190	140
Toe, toenail	189	11	24	5,190	2,010	3,190	1,650	730	610	190	20
Multiple lower extremities	365	33	79	18,690	8,560	10,130	5,190	2,660	1,950	70	260
Other/unknown lower extremities	62	14	64	13,460	6,210	7,250	4,340	1,280	1,060	250	320
Body systems	91	10	70	17,370	4,080	13,290	4,980	2,110	4,420	1,700	80
Multiple body parts	3,496	37	105	30,200	12,730	17,470	6,970	4,890	4,350	1,010	250
Other/unknown body parts	12	7	30	\$6,760	\$3,880	\$2,880	\$2,050	\$0	\$420	\$420	\$0

Accepted disabling claims are claims, accepted by insurers, arising from occupational injuries or diseases that entitle workers to compensation for disability or death.

Claims are reported by the year of claim resolution, which is the year of latest claim closure or claim disposition agreement. Fatality and permanent total disability claims and their associated costs are excluded.

Body part affected is classified according to the Bureau of Labor Statistics' Occupational Injury and Illness Classification System (OIICS).

Claim cost figures have been rounded, thus component averages may not sum to composite averages. In addition, due to the estimation process, conclusions should not be drawn for rows with a small number of claims.

Average costs for the indemnity components are computed over all accepted disabling claims. The time loss days and dollars include estimates of time loss for claims with claim disposition agreements prior to claim closure. Insurers do not report this data to the department. Worker or employer reimbursements from the Workers' Benefit Fund are not included.

Indemnity costs incurred after claim closure that were paid through mid-May 2008 are included in this table. This primarily includes permanent partial disability and disputed claim settlements awarded at reconsideration or at hearings and vocational assistance costs. These costs after closure will increase over time.

Medical costs are reported at the time of claim closure for approximately 88 percent of claims. The average medical costs of claims without data (12 percent of claims) are assumed to be the same as those with reported data. Medical costs after claim resolution, which are often substantial, are not included in this report.

PPD = Permanent partial disability; CDA = Claim disposition agreement; DCS = Disputed claim settlement.

Data in this table will change. The claim counts will change as claims are reopened and resolved. Also, as mentioned above, post-closure costs will increase over time. However, if past trends continue it is anticipated that the average time loss costs and time loss days for the most recent year will decline as claims are reopened and then closed in future years.

Source: Information Management Division, Oregon Department of Consumer and Business Services, January 2009