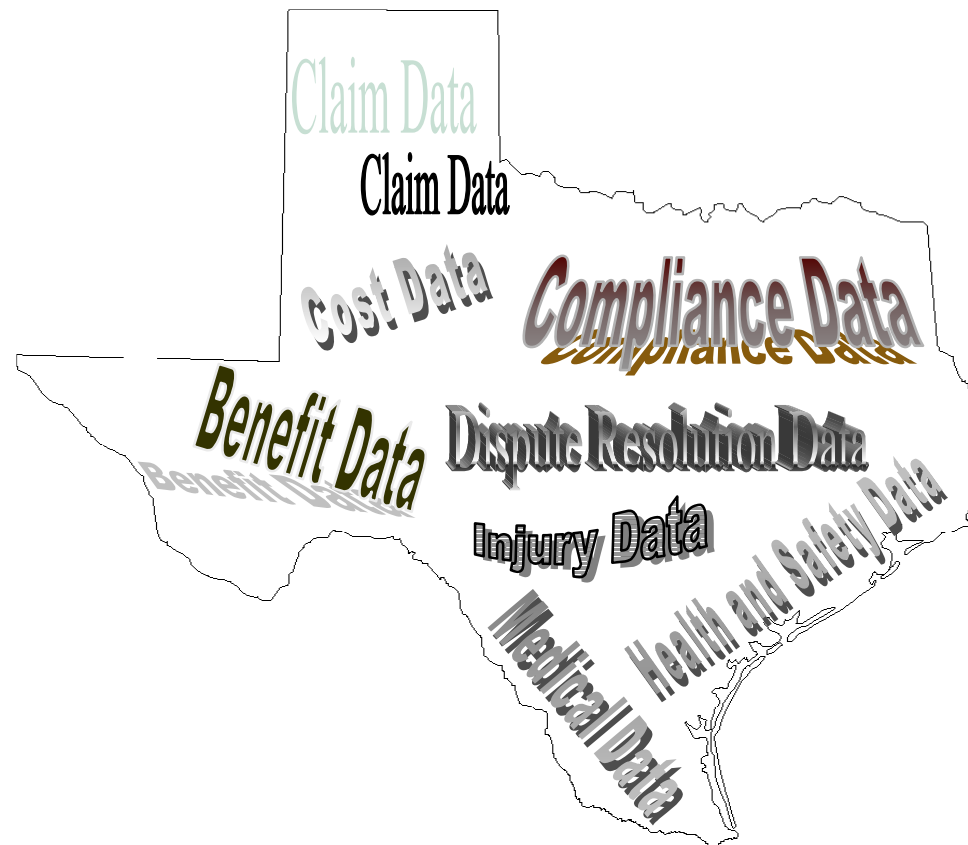


# TEXAS WORKERS' COMPENSATION SYSTEM DATA REPORT



Includes data through June 30, 2005

Prepared by the Texas Workers' Compensation Commission

**Access the  
Workers' Compensation System  
Data Report**

**Online at**

**[www.twcc.state.tx.us](http://www.twcc.state.tx.us)**

**As of September 1, 2005, access  
this same information**

**Online at**

**[www.tdi.state.tx.us](http://www.tdi.state.tx.us)**

*Online Information Includes:*

- Information for Injured Workers, Employers, and Healthcare Providers
- Texas Workers' Compensation Act
- Texas Workers' Compensation Rules
- Appeals Panel Decisions
- Workers' Health and Safety Publications and Seminars
- Forms (can be downloaded and printed)
- News Releases
- Advisories
- Public Meetings
- Insurance Coverage Information
- Submission of Attorney Fee Requests
- Public Comments on Rule and Form Proposals
- Seminar/Training Schedules
- Job Postings
- System Data Report
- Return to Work Information

# Table of Contents

<b>Introduction</b>	i
<b>Part 1 - General</b>	
Injuries and Claims	1
Benefits	6
Maximum Medical Improvement	18
Impairment Ratings	19
<b>Part 2 - Enforcement</b>	
Administrative Violation Referrals	20
Compliance Audits and Quality of Care Reviews	22
Fraud	23
Overall Compliance for Two Key Functions	25
Criminal and Administrative Penalties	26
<b>Part 3 - Workplace Health &amp; Safety</b>	
Occupational Safety and Health Consultations (OSHCON)	27
Hazardous Employer Program	28
Rejected Risk Employer Program	29
Accident Prevention Services	30
Safety Training, Materials, and Violations Hotline	31
<b>Part 4 - Benefit Dispute Resolution</b>	
General	32
Informal Benefit Dispute Resolution	36
Formal Benefit Dispute Resolution	37
Assistance and Representation	40
<b>Part 5 - Medical</b>	
General	42
Medical Payments	43
Medical Cost Containment and Medical Compliance	44
Medical Dispute Resolution	45
Appendix A - Injuries by Nature	51
Appendix B - Injuries by Body Part	53

## INTRODUCTION

For this issue of the Texas Workers' Compensation System Data Report, the following new measures have been added:

- average impairment rating;
- percent of initial temporary income benefits paid timely;
- percent of medical bills processed timely; and
- distribution of injuries by industry type.

Measures that use medical billing data have not been updated for this report. In February 2005, the Commission stopped receiving medical billing data while transitioning to a new medical bill data collection process. Due to this transition, the Commission is unable to report measures that rely on medical billing data for this issue.

As always, you are welcome to make suggestions for additional data that would be of assistance. Please email your requests to **[strategic.planning@twcc.state.tx.us](mailto:strategic.planning@twcc.state.tx.us)**.

For additional copies, please call Publications at 512-804-4240 or see the TWCC website at **[www.twcc.state.tx.us/newsandpublications.html](http://www.twcc.state.tx.us/newsandpublications.html)**. As of September 1, 2005, the Commission will become the Division of Worker's Compensation at the Texas Department of Insurance. At that time, you will be able to access the Workers' Compensation System Data Report at **[www.tdi.state.tx.us](http://www.tdi.state.tx.us)**.

## GENERAL: Injuries and Claims

Totals in Table 1 are based on the year the injury occurred and include only those injuries reported by employers with workers' compensation insurance that caused the worker to miss at least one full day of work. The totals also include all occupational diseases without regard to lost-time. Totals in Table 2 include claims for injuries that caused the worker to lose all or some wages for at least eight days, and claims for which death benefits were paid to a beneficiary. The maturation of the data illustrates the increase in the totals, over time.

Table 1

<b>Number of Injuries Required to be Reported to TWCC</b>						
	<b>Year Injury Occurred</b>					
	2000	2001	2002	2003	2004 <sup>1</sup>	Jan-June 2005
<b>As of June 2005</b>	207,395	204,210	180,879	163,071	134,733	49,973
<b>Maturation of the Number of Injuries Required to be Reported to TWCC</b>						
<b>Reported at End of Injury Year</b>	171,443	176,683	142,935	145,487	122,200 <sup>2</sup>	
<b>6 months Post Injury Year</b>	198,921	197,204	176,043	160,662	134,733	
<b>12 months Post Injury Year</b>	204,409	201,310	179,901	162,475		
<b>24 months Post Injury Year</b>	207,103	204,592	180,705			
<b>36 months Post Injury Year</b>	208,272	204,159				
<b>48 months Post Injury Year</b>	207,371					
<b>60 months Post Injury Year</b>						

**Notes:**

<sup>1</sup> In September 2004, automation changes were made to only identify claims as "required to be reported" if there is at least one day of lost time. Previously reported numbers included all claims reported to the Commission, even if there was no lost time.

<sup>2</sup> Data did not include occupational disease claims in which there was no lost time.

Table 2

<b>Number of Claims for Which Income and Death Benefits Were Paid</b>						
	<b>Year Injury Occurred</b>					
	2000	2001	2002	2003	2004 <sup>1</sup>	Jan-June 2005
<b>As of June 2005</b>	94,968	89,260	81,860	71,587	61,748	21,487
<b>Maturation of the Number of Claims for Which Income and Death Benefits Were Paid</b>						
<b>Reported at End of Injury Year</b>	69,440	67,889	57,333	57,773	51,054 <sup>2</sup>	
<b>6 months Post Injury Year</b>	87,282	82,240	77,154	69,125	61,748	
<b>12 months Post Injury Year</b>	91,786	86,610	80,604	70,326		
<b>24 months Post Injury Year</b>	95,000	89,877	81,510			
<b>36 months Post Injury Year</b>	96,006	89,075				
<b>48 months Post Injury Year</b>	94,861					
<b>60 months Post Injury Year</b>						

**Notes:**

<sup>1</sup> The numbers reported as of December 2004 are lower for some years than previous reports due to the elimination of claims where wages were paid by the employer during the claimant's absence from work.

<sup>2</sup> In September 2004, automation changes were made to only identify claims as income/indemnity claims when income benefits have been paid and reported. Previously reported numbers did not account for the automation changes.

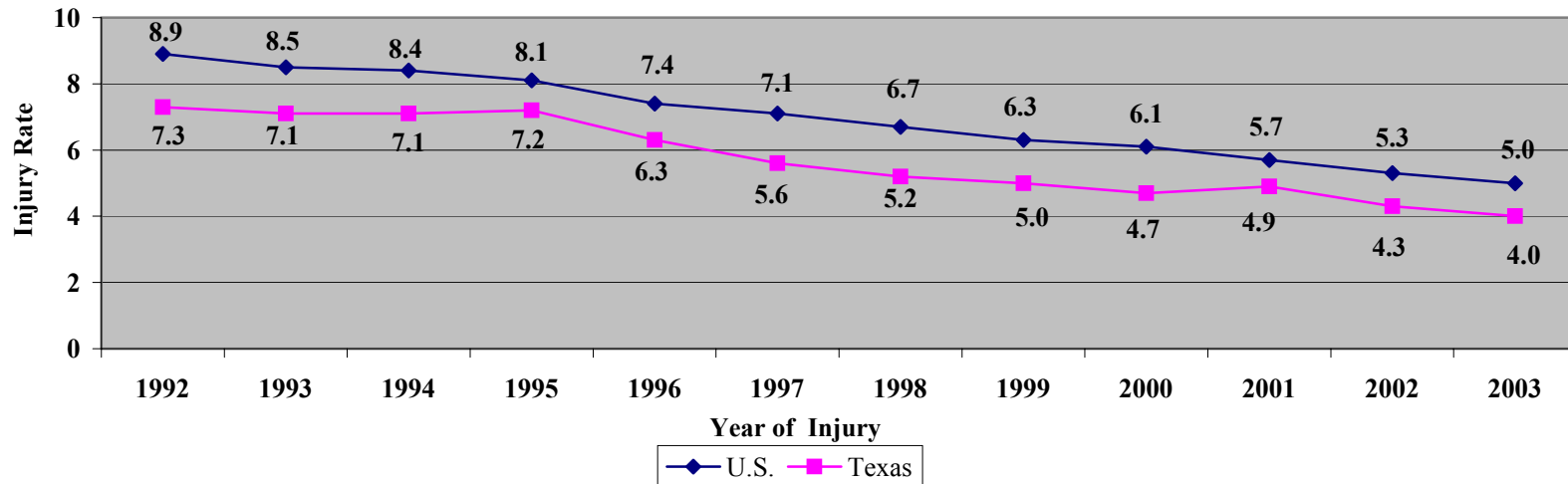
## GENERAL: Injuries and Claims

The Occupational Injury and Illness Incidence Rate Per 100 Full-Time Workers is derived from an annual survey of Texas employers (covered and non-covered for workers' compensation) conducted by the U.S. Department of Labor, Bureau of Labor Statistics (BLS), and the Commission. The rate is based on survey responses and does not reflect the number of injuries reported to the Commission shown in Tables 1 and 2 of this report.

Data is reported to the Commission near the end of a calendar year and includes the rate for the previous calendar year; therefore, 2003 data is reported at the end of 2004. As you can see, Texas' incidence rate has been below the national rate since 1992.

In 2002, the Annual Survey of Occupational Injuries and Illnesses began collecting data according to the North American Industry Classification System (NAICS), which replaced the Standard Industrial Classification (SIC) System. Because of differences between NAICS and SIC, the results by industry for 2003 constitute a break in the series, and users of this information are advised that comparisons between the 2003 industry categories and data from previous years is not possible.

Chart 1  
**Occupational Injury and Illness Incidence Rate Per 100 Full-Time Workers, Texas, United States  
1992-2003**



**GENERAL: Injuries and Claims**

Figure 1

**Number of Injuries Reported by Region and Field Office January through June 2005**

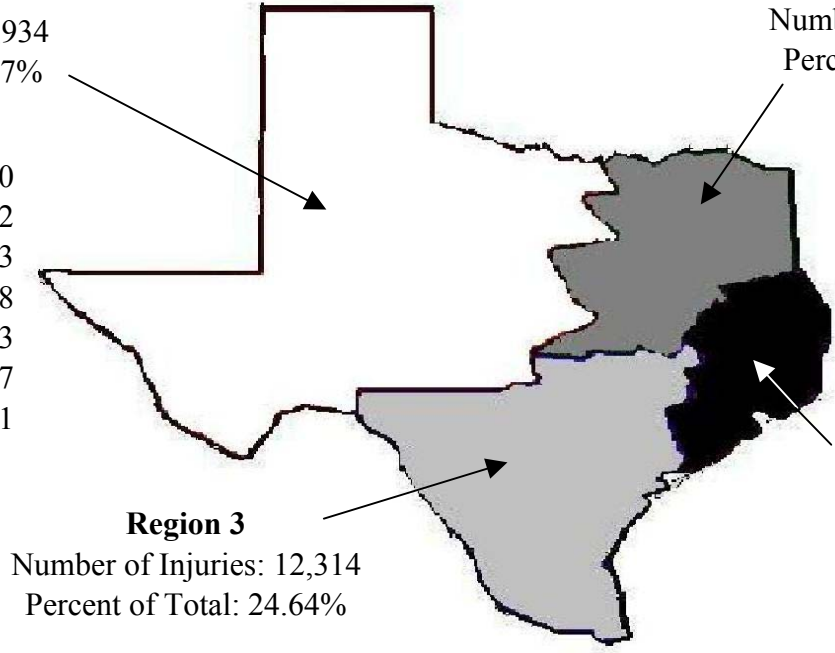
Data as of June 30, 2005

Statewide Total - 49,973

**Region 4**  
 Number of Injuries: 5,934  
 Percent of Total: 11.87%

**Region 4**

El Paso	1,610
Lubbock	1,042
Midland	973
Amarillo	818
Abilene	753
Wichita Falls	457
San Angelo	281



**Region 1**  
 Number of Injuries: 16,541  
 Percent of Total: 33.10%

**Region 1**

Fort Worth	5,164
Dallas	5,102
Denton	2,414
Tyler	2,132
Waco	1,729

**Region 3**  
 Number of Injuries: 12,314  
 Percent of Total: 24.64%

**Region 3**

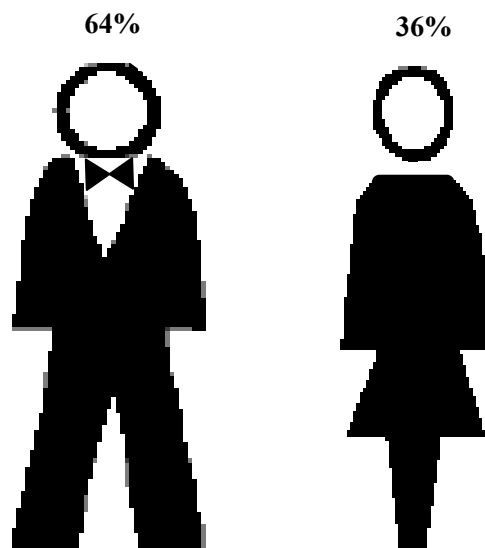
San Antonio	4,326
Austin	2,909
Weslaco	2,158
Laredo	1,004
Corpus Christi	984
Victoria	933

**Region 2**  
 Number of Injuries: 15,184  
 Percent of Total: 30.38%

**Region 2**

Houston West	5,131
Houston East	4,920
Missouri City	2,819
Bryan	788
Lufkin	783
Beaumont	743

Figure 2  
**Injuries by Gender**  
**Injuries Occurring January through June 2005**



Of the injuries reported to the Commission January through June 2005, 64% are sustained by males and 36% are sustained by females. Since 1995, the percentage of males has decreased 2.2%, while females increased.

**Notes:**

- Percentages by Gender, Age and Race/Ethnicity are based on information provided to the Commission. This information may not be provided on all claims.
- The sum of the percentages may not equal 100% due to rounding.

Table 3

<b>Injuries By Age At The Time of Injury</b>	
<b>Injuries Occurring January through June 2005</b>	
18 thru 29	23%
30 thru 39	26%
40 thru 49	27%
50 thru 59	18%
60 and over	6%
<b>Average Age</b>	
<b>40.1</b>	

The average age of an injured worker has increased 4.7 years since 1991.

Table 4

<b>Injuries By Race or Ethnicity</b>	
<b>Injuries Occurring January through June 2005</b>	
<b>White</b>	44%
<b>Hispanic</b>	37%
<b>Black</b>	17%
<b>Asian</b>	1%
<b>Other</b>	1%

The injury report form allows race (Black, White, Asian) information and ethnicity (Hispanic, Native, Other) information to be provided; however, race and ethnicity is only reported for approximately 8% of the injuries. A person who reported race as "White" and ethnicity as "Other" is reported as "White."



## GENERAL: Injuries and Claims

Percentages depicted in Figure 3, Tables 5 and 6 are based on injuries occurring January through June 2005 and for which data is reported. See appendices A and B for additional details on body part and nature of injuries reported.

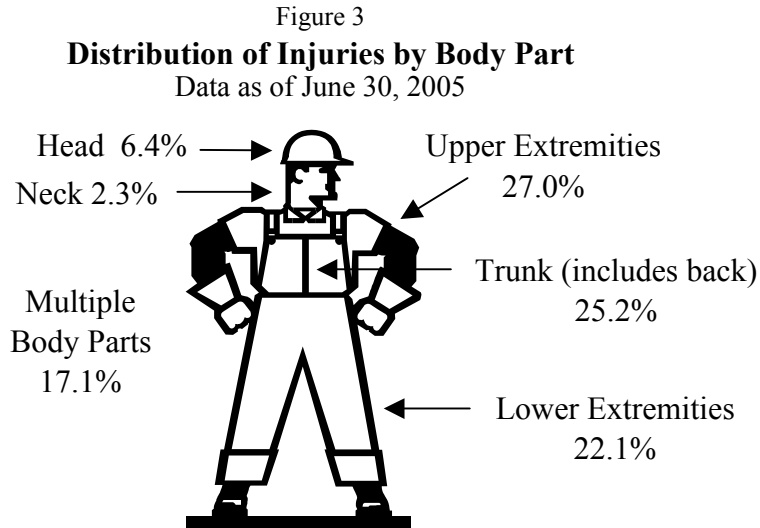


Table 5  
**Distribution of Injuries by Nature of Injury**  
Data as of June 30, 2005

Sprain or Strain	44.0%
Contusion	12.6%
Laceration or puncture	7.7%
Occupational Disease / Cumulative injuries	7.0%
Fracture	7.0%
Carpal tunnel syndrome	0.6%
Hernia / Rupture	1.3%
Multiple injuries	2.3%
All other claims	17.6%

Table 6  
**Distribution of Injuries by Industry**  
Data as of June 30, 2005

Educational Services	6,113	12.23%
Manufacturing	5,717	11.44%
Public Administration	4,969	9.94%
Retail Trade	4,841	9.69%
Construction	4,369	8.74%
Transportation and Warehousing	3,912	7.83%
Administrative and Support and Waste Management and Remediation Services	3,515	7.03%
Health Care and Social Assistance	3,048	6.10%
Wholesale Trade	1,650	3.30%
Accommodation and Food Services	1,560	3.12%
All Other Industries and Industries Not Reported	10,279	20.57%

**Notes:**

- The sum of the percentages may not equal 100% due to rounding.
- Industries reflected in Table 6 are based on the North American Industrial Classification System (NAICS) codes reported to the Commission.

## GENERAL: Benefits

Table 7 includes medical and/or income benefit costs for all claims. Table 8 includes medical and income benefit costs for claims where income benefits have been paid. Totals are higher in older years because claims have had more time for benefits to be paid.

*Note: The data for January through June 2005 cannot be reported because medical billing data has not been collected during this time.*

Table 7

Average Cost of All Claims (includes medical and/or income benefits)						
	Year Injury Occurred					
	2000	2001	2002	2003	2004	Jan-June 2005
<b>As of December 2004</b>	\$7,271	\$7,464	\$6,953	\$5,356	\$2,628	Not Available
Maturation of the Average Cost of All Claims						
Reported at End of Injury Year			\$2,391	\$2,412	\$2,628	
6 months Post Injury Year		\$3,374	\$3,786	\$3,831	Not Available	
12 months Post Injury Year		\$4,584	\$4,770	\$5,356		
24 months Post Injury Year	\$4,564	\$6,047	\$6,953			
36 months Post Injury Year	\$6,083	\$7,464				
48 months Post Injury Year	\$7,271					
60 months Post Injury Year						
<i>Note: The average cost of all claims was not reported prior to 2002.</i>						

Table 8

Average Cost of Income Claims (includes medical and income benefits)						
	Year Injury Occurred					
	2000	2001	2002	2003	2004	Jan-June 2005
<b>As of December 2004</b>	\$18,336	\$19,375	\$18,380	\$14,322	\$6,662	Not Available
Maturation of the Average Cost of Income Claims						
Reported at End of Injury Year	\$6,277		\$6,707	\$6,196	\$6,662	
6 months Post Injury Year		\$8,909	\$11,058	\$11,383	Not Available	
12 months Post Injury Year		\$13,070	\$14,060	\$14,322		
24 months Post Injury Year	\$15,581	\$17,660	\$18,380			
36 months Post Injury Year	\$17,494	\$19,375				
48 months Post Injury Year	\$18,336					
60 months Post Injury Year						
<i>Note: The medical component of the data reported in 2001 did not include all medical services provided due to a problem with receiving medical payment information (that has been corrected); therefore, the 2001 data is not reported.</i>						

## GENERAL: Benefits

Totals are based on year injury occurred, and the medical average only reflects those claims with medical accrued. Totals are higher in older years because claims have had more time for either benefits to be paid and/or medical bills to be submitted to the Commission.

**Note:** The data for January through June 2005 cannot be reported because medical billing data has not been collected during this time.

Table 9

Average Medical Cost of Income Claims						
	Year Injury Occurred					
	2000	2001	2002	2003	2004	Jan-June 2005
<b>As of December 2004</b>	\$11,270	\$12,045	\$11,626	\$9,628	\$5,389	Not Available
Maturation of the Average Medical Cost of Income Claims						
<b>Reported at End of Injury Year</b>			\$5,373	\$5,126	\$5,389	
<b>6 months Post Injury Year</b>		\$6,553	\$7,871	\$8,077	Not Available	
<b>12 months Post Injury Year</b>		\$8,895	\$9,487	\$9,628		
<b>24 months Post Injury Year</b>	\$9,684	\$11,012	\$11,626			
<b>36 months Post Injury Year</b>	\$10,687	\$12,045				
<b>48 months Post Injury Year</b>	\$11,270					
<b>60 months Post Injury Year</b>						

*Note: The average medical cost of income claims was not reported prior to 2002.*

Table 10

Average Medical Cost of Non-Income Claims						
	Year Injury Occurred					
	2000	2001	2002	2003	2004	Jan-June 2005
<b>As of December 2004</b>	\$1,185	\$1,191	\$1,159	\$1,157	\$960	Not Available
Maturation of the Average Medical Cost of Non-Income Claims						
<b>Reported at End of Injury Year</b>	\$642		\$784	\$768	\$960	
<b>6 months Post Injury Year</b>		\$922	\$890	\$942	Not Available	
<b>12 months Post Injury Year</b>		\$993	\$932	\$1,157		
<b>24 months Post Injury Year</b>	\$953	\$985	\$1,159			
<b>36 months Post Injury Year</b>	\$953	\$1,191				
<b>48 months Post Injury Year</b>	\$1,185					
<b>60 months Post Injury Year</b>						

*Note: The medical component of the data reported in 2001 did not include all medical services provided due to a problem with receiving medical payment information (that has been corrected); therefore, the 2001 data is not reported.*

## GENERAL: Benefits

For injuries occurring on or after September 1, 2003, the insurance carrier is required to begin payment of benefits no later than the fifteenth day after the date on which an insurance carrier receives written notice of an injury. For injuries occurring prior to September 1, 2003, the carrier is required to begin payment of benefits no later than the seventh day after the date on which notice of an injury is received.

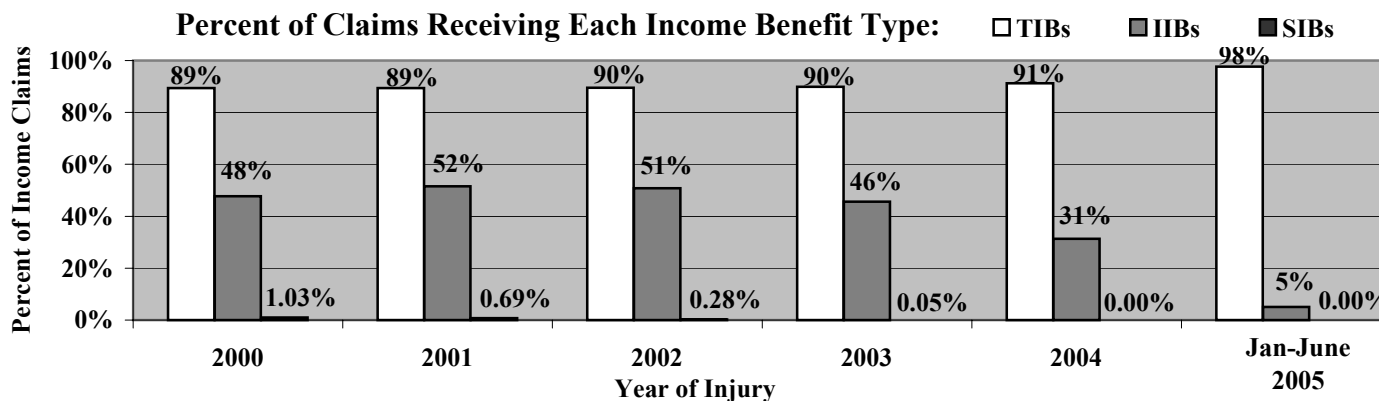
Table 11

<b>Median Number of Days for First Benefit Payment</b>					
Data is Based on Year Injury Occurred as of June 30, 2005					
2000	2001	2002	2003	2004	Jan-June 2005
16	15	14	14	14	13
<i>Note: Totals show the number of days between the date lost time began and the date of first payment. An injury may be reported prior to the injured worker losing any time from work.</i>					

Chart 2

### Summary of Income Benefit Information

Data as of June 30, 2005



**Notes:**

- The percentage of workers receiving TIBs does not equal 100% of the claims in which income benefits are received because some income claims start with another benefit type, such as IIBs or LIBs. Additionally, if an income payment is made, but not identified by type of benefit, the claim is not reflected here.
- The percentage of income claims receiving LIBs is at or below .19% each year.
- The same worker may be reflected in multiple income benefit categories.

# GENERAL: Benefits

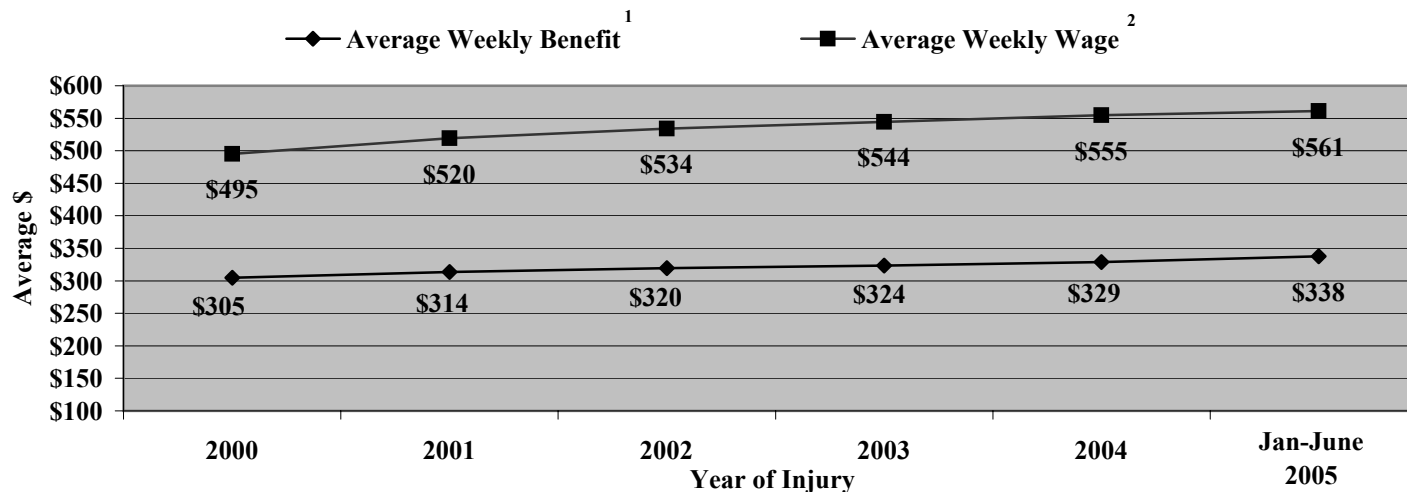
Table 12

Average Number of Weeks for Income Payment						
	Year Injury Occurred					
	2000	2001	2002	2003	2004	Jan-June 2005
<b>As of June 2005</b>	32.6	31.7	28.1	23.0	14.3	5.1
Maturation of the Average Number of Weeks for Income Payment						
<b>Reported at End of Injury Year</b>	7.0	9.3	9.7	9.4	9.1	
<b>6 months Post Injury Year</b>	13.9	15.1	14.9	15.0	14.3	
<b>12 months Post Injury Year</b>	18.9	20.7	19.7	19.4		
<b>24 months Post Injury Year</b>	27.8	28.5	26.7			
<b>36 months Post Injury Year</b>	31.0	31.1				
<b>48 months Post Injury Year</b>	32.1					
<b>60 months Post Injury Year</b>						

Chart 3

## Average Weekly Benefit and Average Weekly Wage

Data as of June 30, 2005



**Notes:**

<sup>1</sup> Totals show the average weekly benefit due as calculated by the insurance carrier and include carrier's calculations for TIBs, IIBs, SIBs, LIBs, and Death Benefits.

<sup>2</sup> The average weekly wage is calculated by the insurance carrier and is the average amount earned during the 13 weeks immediately before the injury. Totals are the average weekly wage of all injured workers receiving benefits.

**Temporary Income Benefits (TIBs)**

An injured worker becomes eligible for temporary income benefits on the eighth day of disability. Benefits are not paid for the first week of lost wages unless disability lasts for four weeks or more.

Temporary income benefits equal 70 percent of the difference between a worker's average weekly wage and the weekly wage after the injury. If the worker earned less than \$8.50 an hour before the injury, temporary income benefits for the first 26 weeks of payments equal 75 percent of the difference between the worker's average weekly wage and the wage after the injury. Statutory limitations on the minimum and maximum amount of TIBs are applied, if applicable.

Temporary income benefits end at the earlier of:

- the date the worker reaches maximum medical improvement;
- the date the worker is again physically able to earn the pre-injury average weekly wage; or
- 104 weeks from the date the worker became eligible to receive income benefits, with an exception for workers having spinal surgery.

Table 13

<b>Number of Workers Receiving TIBs</b>						
	<b>Year Injury Occurred</b>					
	<b>2000</b>	<b>2001</b>	<b>2002</b>	<b>2003</b>	<b>2004</b>	<b>Jan-June 2005</b>
<b>As of June 2005</b>	84,874	79,784	73,327	64,314	56,338	20,978
<b>Maturation of the Number of Workers Receiving TIBs</b>						
<b>Reported at End of Injury Year</b>	66,664	62,958	53,562	53,483	48,364	
<b>6 months Post Injury Year</b>	79,221	74,180	69,641	61,904	56,338	
<b>12 months Post Injury Year</b>	82,107	77,110	71,758	63,557		
<b>24 months Post Injury Year</b>	84,090	79,264	73,112			
<b>36 months Post Injury Year</b>	84,792	79,674				
<b>48 months Post Injury Year</b>	84,809					
<b>60 months Post Injury Year</b>						

**Notes:**

- In publications prior to June 2001, first income benefit notices were reported as TIBs payments (including forms that were miscoded or did not indicate the benefit type). Benefit reports are now grouped as reported or excluded from the totals if blank.
- As of June 2004, multiple claims that were created for the same injury have been eliminated.

**GENERAL: Benefits**

**Temporary Income Benefits (TIBs) - Cont.**

Table 14

Average Number of Weeks For TIBs Payments						
	Year Injury Occurred					
	2000	2001	2002	2003	2004	Jan-June 2005
As of June 2005	22.4	22.4	20.4	17.4	11.4	4.9
Maturation of the Average Number of Weeks For TIBs Payments						
Reported at End of Injury Year	6.4	8.1	8.4	8.1	7.9	
6 months Post Injury Year	11.4	12.4	12.0	12.0	11.4	
12 months Post Injury Year	14.5	16.0	15.1	14.9		
24 months Post Injury Year	20.8	21.4	19.9			
36 months Post Injury Year	22.0	22.3				
48 months Post Injury Year	22.3					
60 months Post Injury Year						

Table 15

Average Weekly TIBs						
	Year Injury Occurred					
	2000	2001	2002	2003	2004	Jan-June 2005
As of June 2005	\$312	\$323	\$329	\$333	\$335	\$338
Maturation of Average Weekly TIBs						
Reported at End of Injury Year	\$271	\$320	\$328	\$322	\$335	
6 months Post Injury Year	\$311	\$322	\$317	\$333	\$335	
12 months Post Injury Year	\$311	\$322	\$329	\$333		
24 months Post Injury Year	\$312	\$323	\$329			
36 months Post Injury Year	\$312	\$323				
48 months Post Injury Year	\$312					
60 months Post Injury Year						

Table 16

FY Statutory Maximum/Minimum Weekly TIBs						
	2000	2001	2002	2003	2004	2005
FY Statutory Maximum	\$531	\$533	\$536	\$537	\$537	\$539
FY Statutory Minimum	\$80	\$80	\$80	\$81	\$81	\$81

*Note: Maximum and minimum benefits are set by the Commission each fiscal year (FY). For FY 2000-2003, the maximum and minimum benefits were based on the statewide average weekly wage for manufacturing workers. The state average weekly wage for FY 2004-2005 was set by statute.*

**Impairment Income Benefits (IIBs)**

An injured worker becomes eligible for IIBs the day after the worker reaches maximum medical improvement and has a permanent impairment from the work-related injury or illness.

Impairment income benefits equal 70 percent of the worker's pre-injury average weekly wage and are paid until the worker has received three weeks of benefits for each percentage point of impairment rating. Statutory limitations on the minimum and maximum amount of IIBs are applied, if applicable.

Table 17

<b>Number of Workers Receiving IIBs</b>						
	<b>Year Injury Occurred</b>					
	<b>2000</b>	<b>2001</b>	<b>2002</b>	<b>2003</b>	<b>2004</b>	<b>Jan-June 2005</b>
<b>As of June 2005</b>	45,267	45,995	41,598	32,654	19,311	1,088
<b>Maturation of the Number of Workers Receiving IIBs</b>						
<b>Reported at End of Injury Year</b>	1,677	9,079	9,666	9,088	8,540	
<b>6 months Post Injury Year</b>	20,696	23,260	24,307	21,651	19,311	
<b>12 months Post Injury Year</b>	30,168	33,578	32,510	28,579		
<b>24 months Post Injury Year</b>	41,639	43,520	40,437			
<b>36 months Post Injury Year</b>	44,467	45,575				
<b>48 months Post Injury Year</b>	45,037					
<b>60 months Post Injury Year</b>						

*Note: In publications prior to June 2001, first income benefit notices were reported as TIBs payments (including forms that were miscoded or did not indicate the benefit type). Benefit reports are now grouped as reported or excluded from the totals if blank.*



**GENERAL: Benefits**

**Impairment Income Benefits (IIBs) - Cont.**

Table 18

Average Number of Weeks For IIBs Payments						
	Year Injury Occurred					
	2000	2001	2002	2003	2004	Jan-June 2005
<b>As of June 2005</b>	22.2	20.1	17.6	14.4	10.2	4.2
Maturation of the Average Number of Weeks For IIBs Payments						
<b>Reported at End of Injury Year</b>	11.7	8.2	7.9	8.0	7.7	
<b>6 months Post Injury Year</b>	11.2	10.9	10.7	10.6	10.2	
<b>12 months Post Injury Year</b>	14.4	13.7	13.3	12.9		
<b>24 months Post Injury Year</b>	18.1	17.3	16.3			
<b>36 months Post Injury Year</b>	21.0	19.6				
<b>48 months Post Injury Year</b>	21.9					
<b>60 months Post Injury Year</b>						

Table 19

Average Weekly IIBs						
	Year Injury Occurred					
	2000	2001	2002	2003	2004	Jan-June 2005
<b>As of June 2005</b>	\$288	\$293	\$296	\$298	\$300	\$306
Maturation of Average Weekly IIBs						
<b>Reported at End of Injury Year</b>	\$306	\$296	\$297	\$297	\$302	
<b>6 months Post Injury Year</b>	\$288	\$294	\$290	\$298	\$300	
<b>12 months Post Injury Year</b>	\$288	\$293	\$296	\$299		
<b>24 months Post Injury Year</b>	\$288	\$294	\$297			
<b>36 months Post Injury Year</b>	\$288	\$294				
<b>48 months Post Injury Year</b>	\$288					
<b>60 months Post Injury Year</b>						

Table 20

FY Statutory Maximum/Minimum Weekly IIBs						
	2000	2001	2002	2003	2004	2005
<b>FY Statutory Maximum</b>	\$372	\$373	\$375	\$376	\$376	\$377
<b>FY Statutory Minimum</b>	\$80	\$80	\$80	\$81	\$81	\$81

*Note: Maximum and minimum benefits are set by the Commission each fiscal year (FY). For FY 1999-2003, the maximum and minimum benefits were based on the statewide average weekly wage for manufacturing workers. The state average weekly wage for FY 2004-2005 was set by statute.*

**Supplemental Income Benefits (SIBs)**

An injured worker may become eligible for supplemental income benefits the day after impairment income benefits end. An injured worker may receive supplemental income benefits if:

- the worker has an impairment rating of 15 percent or more; and
- the worker has not returned to work because of the impairment, or has returned to work but is earning less than 80 percent of the average weekly wage because of the impairment; and
- the worker did not take a lump sum payment of impairment income benefits; and
- the worker has tried to find a job that matches his or her ability to work.

The worker must apply for SIBs each quarter. If the worker is determined to be eligible, benefits are paid for the next quarter.

Supplemental income benefits are paid monthly and equal 80 percent of the difference between 80 percent of the worker's pre-injury average weekly wage and the weekly wage after the injury. Statutory limitations on the minimum and maximum amount of SIBs are applied, if applicable.

Eligibility to receive supplemental income benefits ends 401 weeks from the date of injury. If the worker has an occupational illness, eligibility ends 401 weeks from the date the worker first became eligible to receive income benefits.

Table 21

<b>Number of Workers Receiving SIBs</b>						
	<b>Year Injury Occurred</b>					
	<b>2000</b>	<b>2001</b>	<b>2002</b>	<b>2003</b>	<b>2004</b>	<b>Jan-June 2005</b>
<b>As of June 2005</b>	978	618	226	33	3	0
<b>Maturation of the Number of Workers Receiving SIBs</b>						
<b>Reported at End of Injury Year</b>		0	0	0	0	
<b>6 months Post Injury Year</b>	5	0	2	1	3	
<b>12 months Post Injury Year</b>	28	11	16	6		
<b>24 months Post Injury Year</b>	170	139	122			
<b>36 months Post Injury Year</b>	570	433				
<b>48 months Post Injury Year</b>	881					
<b>60 months Post Injury Year</b>						
<b>Notes:</b>						
• SIBs data was not reported in the December 2000 publication.						
• Injured workers do not typically become eligible for SIBs for at least 18 months after the date of injury due to statutory eligibility requirements.						

**GENERAL: Benefits**

**Supplemental Income Benefits (SIBs) - Cont.**

Table 22

Average Number of Weeks For SIBs Payments						
	Year Injury Occurred					
	2000	2001	2002	2003	2004	Jan-June 2005
As of June 2005	31.4	21.5	18.2	16.8	7.1	N/A
Maturation of the Average Number of Weeks For SIBs Payments						
Reported at End of Injury Year		0.0	0.0	0.0	0.0	
6 months Post Injury Year	1.7	0.0	8.5	0.1	7.1	
12 months Post Injury Year	10.1	5.1	10.9	16.1		
24 months Post Injury Year	14.6	10.9	15.7			
36 months Post Injury Year	16.4	17.1				
48 months Post Injury Year	25.6					
60 months Post Injury Year						

Table 23

Average Weekly SIBs						
	Year Injury Occurred					
	2000	2001	2002	2003	2004	Jan-June 2005
As of June 2005	\$228	\$241	\$248	\$243	\$222	N/A
Maturation of Average Weekly SIBs						
Reported at End of Injury Year		\$0	\$0	\$0	\$0	
6 months Post Injury Year	\$230	\$0	\$308	\$376	\$222	
12 months Post Injury Year	\$224	\$228	\$261	\$338		
24 months Post Injury Year	\$221	\$226	\$249			
36 months Post Injury Year	\$230	\$239				
48 months Post Injury Year	\$230					
60 months Post Injury Year						

Table 24

FY Statutory Maximum/Minimum Weekly SIBs						
	2000	2001	2002	2003	2004	2005
FY Statutory Maximum	\$372	\$373	\$375	\$376	\$376	\$377
FY Statutory Minimum	N/A	N/A	N/A	N/A	N/A	N/A

*Note: Maximum and minimum benefits are set by the Commission each fiscal year (FY). For FY 2000-2003, the maximum and minimum benefits were based on the statewide average weekly wage for manufacturing workers. The state average weekly wage for FY 2004-2005 was set by statute. There is no minimum benefit for SIBs.*

**Notes:**

- Injured workers do not typically become eligible for SIBs for at least 18 months after the date of injury due to statutory eligibility requirements.
- SIBs data was not reported in the December 2000 publication.

**GENERAL: Benefits****Lifetime Income Benefits (LIBs)**

An injured worker becomes eligible for lifetime income benefits whenever a work-related injury or illness causes the worker to meet the conditions specified in Section 408.161 of the Texas Workers' Compensation Act.

Lifetime income benefits equal 75 percent of the worker's average weekly wage, with a 3 percent increase each year. A worker may receive lifetime income benefits for the rest of his or her life.

Table 25

Number of Workers Receiving LIBs						
	Year Injury Occurred					
	2000	2001	2002	2003	2004	Jan-June 2005
<b>As of June 2005</b>	181	158	132	73	50	9
Maturation of the Number of Workers Receiving LIBs						
Reported at End of Injury Year		21	47	26	20	
6 months Post Injury Year		35	72	45	50	
12 months Post Injury Year	87	104	96	58		
24 months Post Injury Year	131	134	123			
36 months Post Injury Year	154	155				
48 months Post Injury Year	173					
60 months Post Injury Year						

Table 26

Average Weekly LIBs						
	Year Injury Occurred					
	2000	2001	2002	2003	2004	Jan-June 2005
<b>As of June 2005</b>	\$311	\$331	\$318	\$327	\$301	\$341
Maturation of the Average Weekly LIBs						
Reported at End of Injury Year		\$363	\$312	\$292	\$289	
6 months Post Injury Year		\$356	\$316	\$295	\$301	
12 months Post Injury Year	\$306	\$334	\$320	\$317		
24 months Post Injury Year	\$307	\$333	\$317			
36 months Post Injury Year	\$309	\$330				
48 months Post Injury Year	\$310					
60 months Post Injury Year						

Table 27

FY Statutory Maximum/Minimum Weekly LIBs						
	2000	2001	2002	2003	2004	2005
<b>FY Statutory Maximum</b>	\$531	\$533	\$536	\$537	\$537	\$539
<b>FY Statutory Minimum</b>	\$80	\$80	\$80	\$81	\$81	\$81

*Note: Maximum and minimum benefits are set by the Commission each fiscal year (FY). For FY 2000-2003, the maximum and minimum benefits were based on the statewide average weekly wage for manufacturing workers. The state average weekly wage for FY 2004-2005 was set by statute.*

*Note: Lifetime Income Benefit data was not reported prior to the December 2001 publication.*

**GENERAL: Benefits**

**Death Benefits**

The spouse, dependent child or grandchild, or another eligible family member of a worker killed on the job may receive death benefits. A beneficiary becomes eligible for death benefits the day after the worker's death. Death benefits equal 75 percent of the deceased worker's average weekly wage. The length of time a family member may receive death benefits depends on the family member's relationship to the worker.

Table 28

Number of Claims for Which Death Benefits Were Paid						
	Year Injury Occurred					
	2000	2001	2002	2003	2004	Jan-June 2005
As of June 2005	224	189	181	194	147	40
Maturation of the Number of Claims for Which Death Benefits Were Paid						
Reported at End of Injury Year		93	73	106	87	
6 months Post Injury Year	140	127	126	156	147	
12 months Post Injury Year	164	144	163	186		
24 months Post Injury Year	191	172	177			
36 months Post Injury Year	211	187				
48 months Post Injury Year	220					
60 months Post Injury Year						

*Note: This measure number is different than the number of fatalities reported by the U.S. Bureau of Labor Statistics. This number only represents compensable fatalities where death benefits have been paid to a beneficiary. As of June 2001, data reflects death benefits paid (indicating the fatality was a result of a compensable injury). Because data is not comparable prior to June 2001, it is not included in the table.*

Table 29

Average Weekly Death Benefits						
	Year Injury Occurred					
	2000	2001	2002	2003	2004	Jan-June 2005
As of June 2005	\$376	\$387	\$382	\$400	\$384	\$447
Maturation of the Average Weekly Death Benefits						
Reported at End of Injury Year	\$394	\$413	\$414	\$415	\$394	
6 months Post Injury Year	\$376	\$396	\$359	\$404	\$384	
12 months Post Injury Year	\$380	\$388	\$383	\$403		
24 months Post Injury Year	\$378	\$381	\$383			
36 months Post Injury Year	\$375	\$385				
48 months Post Injury Year	\$379					
60 months Post Injury Year						

Table 30

FY Statutory Maximum/Minimum Weekly Death Benefits						
	2000	2001	2002	2003	2004	2005
<b>FY Statutory Maximum / Minimum</b>	\$531 / N/A	\$533 / N/A	\$536 / N/A	\$537 / N/A	\$537 / N/A	\$539 / N/A

*Note: Maximum and minimum benefits are set by the Commission each fiscal year (FY). For FY 2000-2003, the maximum and minimum benefits were based on the statewide average weekly wage for manufacturing workers. The state average weekly wage for FY 2004-2005 was set by statute. There is no minimum benefit for death benefits.*

## GENERAL: Maximum Medical Improvement

Maximum medical improvement is the earlier of:

- the point in time that an injured worker's injury or illness has improved as much as it is going to improve; or
- 104 weeks from the date the worker became eligible to receive income benefits (exception for spinal surgery).

In Table 31 and Chart 4, numbers reflect only claims in which income benefits were paid and have an impairment rating. Data is based on the year injury occurred, and the most current impairment rating provided to the Commission, subject to the following exceptions. If that rating is not from a designated doctor and there has been an examination by a designated doctor, the designated doctor rating is selected; however, if the designated doctor's examination is unrated and the most current rating provided to the Commission was from the treating doctor, then the treating doctor's rating is selected.

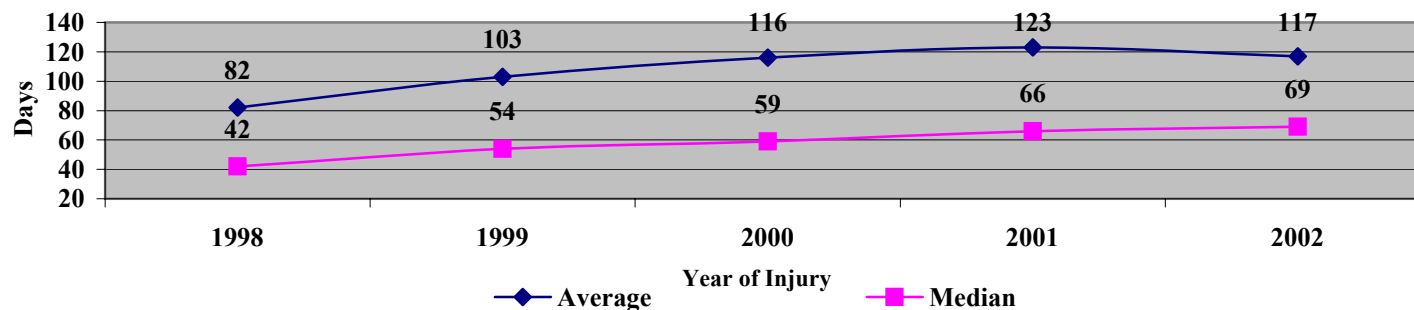
Table 31

<b>Number of Workers Reaching MMI</b>						
	<b>Year Injury Occurred</b>					
	2000	2001	2002	2003	2004	Jan-June 2005
<b>As of June 2005</b>	60,662	58,035	51,679	42,403	28,574	2,916
<b>Maturation of the Number of Workers Reaching MMI</b>						
<b>Reported at End of Injury Year</b>		18,786	16,503	14,051	14,644	
<b>6 months Post Injury Year</b>	36,630	38,014	33,832	30,730	28,574	
<b>12 months Post Injury Year</b>	47,080	46,166	41,924	38,022		
<b>24 months Post Injury Year</b>	58,127	55,828	50,553			
<b>36 months Post Injury Year</b>	60,484	57,749				
<b>48 months Post Injury Year</b>	60,543					
<b>60 months Post Injury Year</b>						

Chart 4 shows the number of days between the reported return-to-work date and the date disability began for claims with at least 24 months maturity and where the information is provided.

Chart 4

### Number of lost-time days for workers reaching MMI 24 Months Post Injury Year



## GENERAL: Impairment Ratings

Impairment is the permanent physical damage to a worker's body from a work related injury or illness.

A doctor will determine whether the worker has any permanent physical damage and will assign an impairment rating. The impairment rating determines whether the worker is eligible to receive impairment income benefits and supplemental income benefits. It also determines the length of time the worker may receive impairment income benefits.

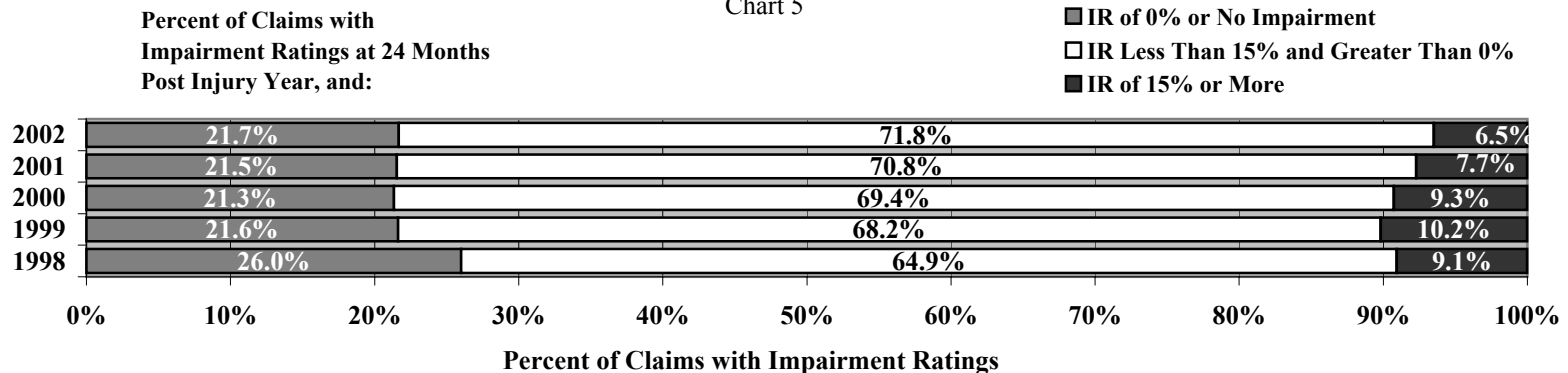
Impairment rating data depicted in Table 32 and Chart 5 reflect only claims in which income benefits were paid and which have an impairment rating. Data is based on the year injury occurred, and the most current impairment rating provided to the Commission, subject to the following exceptions. If that rating is not from a designated doctor and there has been an examination by a designated doctor, the designated doctor rating is selected; however, if the designated doctor's examination is unrated and the most current rating provided to the Commission was from the treating doctor, then the treating doctor's rating is selected.

Table 32

IMPAIRMENT RATINGS	Year Injury Occurred					
	2000	2001	2002	2003	2004	Jan-June 2005
<b>Impairment Rating (IR)</b>						
Claims with more than one impairment rating	24,586	21,049	16,794	11,736	4,880	81
Workers with an IR of 15% or more	6,102	4,759	3,574	2,063	700	17
Workers with IR less than 15% and greater than 0%	42,197	41,114	37,083	30,174	19,248	1,293
Workers with an IR of 0% or no impairment	12,363	12,162	11,022	10,166	8,626	1,606
Claims with disputed IRs <sup>1</sup>	2,631	2,753	2,495	1,551	521	9
Average impairment rating <sup>2</sup>	6.6	6.1	5.7	4.9	3.8	1.9

**Notes:**  
<sup>1</sup> Totals show the number of claims for which an impairment rating dispute was raised in a benefit review conference.  
<sup>2</sup> The average includes ratings for workers where the impairment rating was 0% or no impairment.

Chart 5



## ENFORCEMENT: Administrative Violation Referrals

The Commission reviews referrals concerning alleged administrative violations of the Act and Rules. Chart 6 identifies the number of administrative violation referrals received each year since 2000. Chart 7 identifies the number received in 2005 by the type of violator.

Chart 6  
**Administrative Violation Referrals Received**  
Data as of June 30, 2005

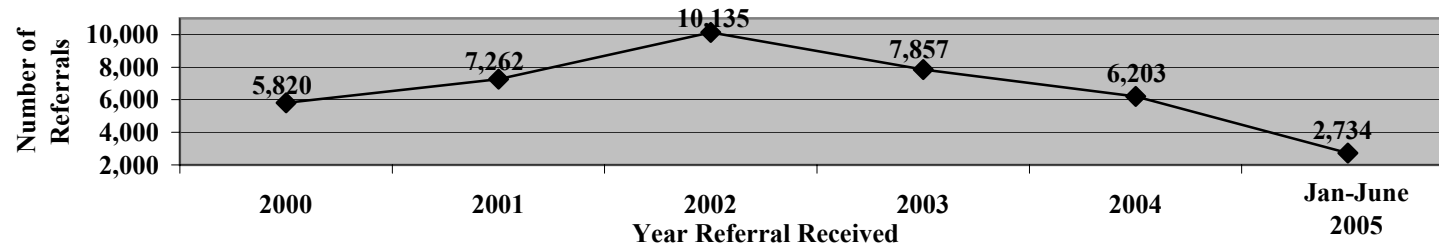


Chart 7  
**Administrative Violation Referrals Received in 2005**  
**by Alleged Violator Type**  
Data as of June 30, 2005

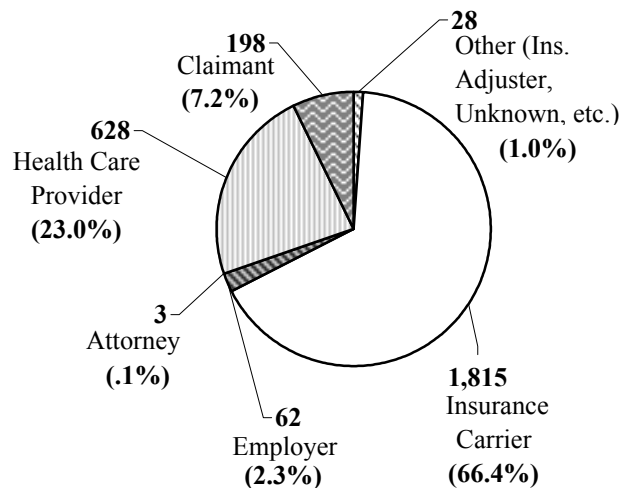


Table 33  
**Five Most Frequent Administrative Violation Allegations Received in 2005<sup>1</sup>**  
Data as of June 30, 2005

	2003	2004	Jan-June 2005
Failure to pay and/or dispute a medical bill within 45 days of receipt of a complete bill	18.4%	13.5%	13.2%
Failure to timely deny compensability/liability or initiate or dispute TIB's <sup>2</sup>	0.7%	7.2%	9.9%
Failure to timely respond to a request for reconsideration of a medical bill	6.0%	10.5%	5.9%
Improperly pursuing a private claim against an employee	3.8%	4.2%	5.9%
Failure, without good cause, to attend a Contested Case Hearing	0.7%	1.4%	5.2%

**Notes:**

<sup>1</sup> The five most frequent administrative violation allegations received in 2005 may not be the same as the five most frequent administrative violation allegations received in 2003 and 2004.

<sup>2</sup> All initial payments of temporary income benefits are reported to the Commission, and in 2004, the Commission began reviewing those reports for whether benefits were initiated timely in accordance with the statute. All untimely payments are considered administrative violation referrals.



**ENFORCEMENT: Administrative Violation Referrals**

Chart 8  
**Average Days to Complete Administrative Violation Referrals**  
 Data as of June 30, 2005

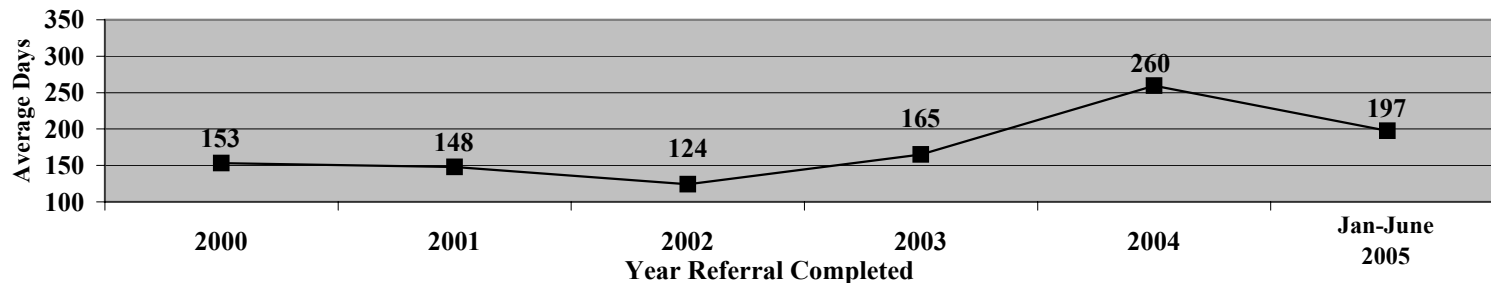


Chart 9  
**Outcome of Referrals Completed**  
 Data as of June 30, 2005

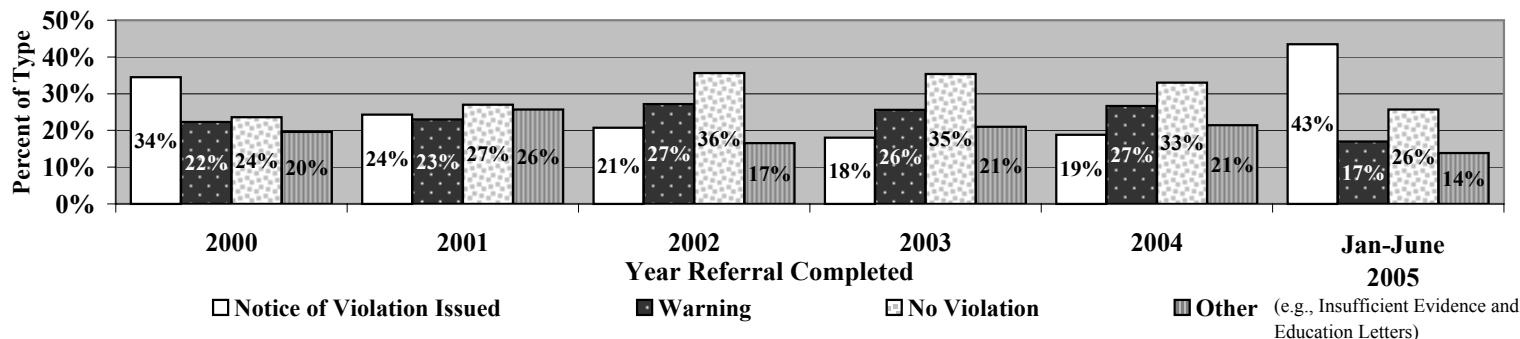


Table 34  
**Outcome of the Three Most Frequently Completed Administrative Violation Reviews in 2005**  
 Data as of June 30, 2005

	Failure to pay and/or dispute a medical bill within 45 days of receipt of a complete bill		Failure to timely respond to a request for reconsideration on a medical bill		Failure to timely deny compensability / liability or initiate TIBs	
	Number	Percent	Number	Percent	Number	Percent
Notice of Violation Issued	151	31.3%	123	30.7%	281	80.3%
Warning Issued	41	8.5%	88	22.0%	1	0.3%
No Violation Issued	218	45.1%	146	36.4%	50	14.3%
Other Outcome	73	15.1%	44	11.0%	18	5.1%

**Note:**  
 · The sum of the percentages may not equal 100% due to rounding.

## ENFORCEMENT: Compliance Audits and Quality of Care Reviews

The Commission conducts audits for compliance with statutory and rule requirements and quality of care reviews of insurance carriers and health care providers.

### Compliance Audits and Quality of Care Reviews Conducted January through June 2005

Data as of June 30, 2005

Chart 10

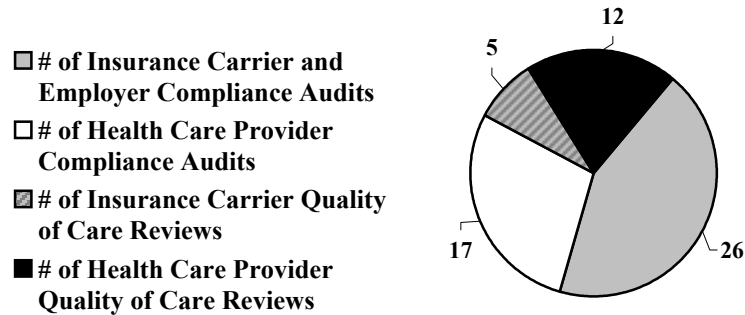


Table 35

Average Days to Conduct Audits and Reviews	
Insurance Carrier and Employer Compliance Audits	196.4
Health Care Provider Compliance Audit	158.0
Quality of Care Reviews of Insurance Carriers	80.4
Quality of Care Reviews of Health Care Providers	178.5

Table 36

### Actions Resulting from Quality of Care Reviews and Other Licensing Board Actions

Data reflects actions from January 2003 through June 2005

No.	Actions	MDs	DOs	DCs	Other
14	No action recommended	11	0	2	1
189	Letter Of Concern	15	7	166	1
7	Warning Letter	2	0	3	2
3	Agreements/restrictions	1	0	2	0
57	Denied admission to ADL	38	4	15	0
10	Removals from ADL	4	4	1	1
49	Denials/removals pending	9	3	37	0
3	Other actions pending	2	0	1	0
3	No application <sup>1</sup>	2	0	1	0

**Note :**

<sup>1</sup> Medical Quality Review Panel (MQRP) review completed prior to implementation of ADL and provider has not applied for admission to ADL.

## ENFORCEMENT: Fraud

The Commission investigates referrals concerning alleged fraud. Chart 11 identifies the number of fraud referrals received since 2000. Chart 12 identifies the distribution of alleged violator types in 2005.

Chart 11  
**Fraud Referrals Received**  
Data as of June 30, 2005

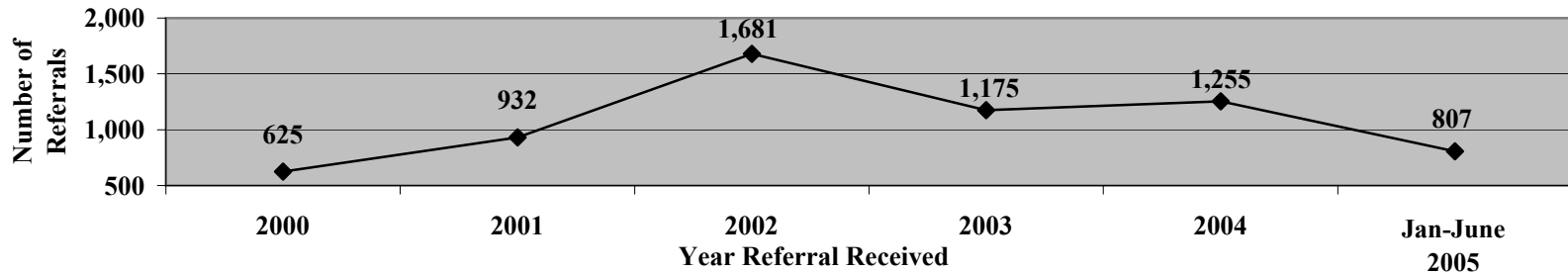


Chart 12  
**Fraud Referrals Received in 2005 by Alleged Violator Type**

Data as of June 30, 2005

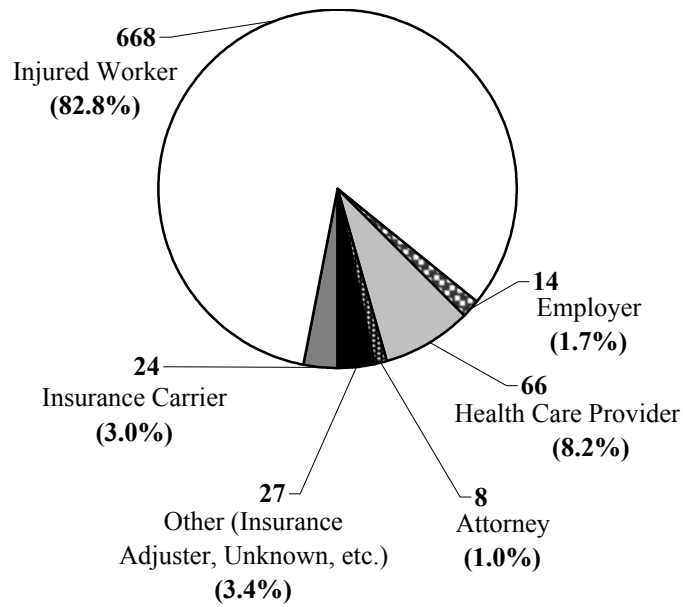


Table 37  
**Five Most Frequent Fraud-Related Allegations Received**

Data as of June 30, 2005

	2003	2004	Jan-June 2005
Fraudulently obtaining or denying workers' compensation benefits - Administrative (Less than \$1500)	45.3%	58.8%	76.9%
Fraudulently obtaining or denying workers' compensation benefits - Criminal (More than \$1500)	5.8%	16.0%	7.8%
Wrongful Acts by Health Care Provider	4.4%	6.3%	6.3%
Insurance Claim Fraud	35.0%	10.0%	3.8%
Securing Execution of Document by Deception	3.2%	4.2%	2.1%

**Notes:**

· The types of referrals listed reflect the top five referrals in 2005. The five most frequent fraud related allegations received in 2005 may not be the same as the five most frequent fraud related allegations received in 2003 and 2004.

· Fraud-related allegations in which a determination of classification has not been made are not included in the percentages.

# ENFORCEMENT: Fraud

Chart 13

## Average Days to Complete Fraud Referrals

Data as of June 30, 2005

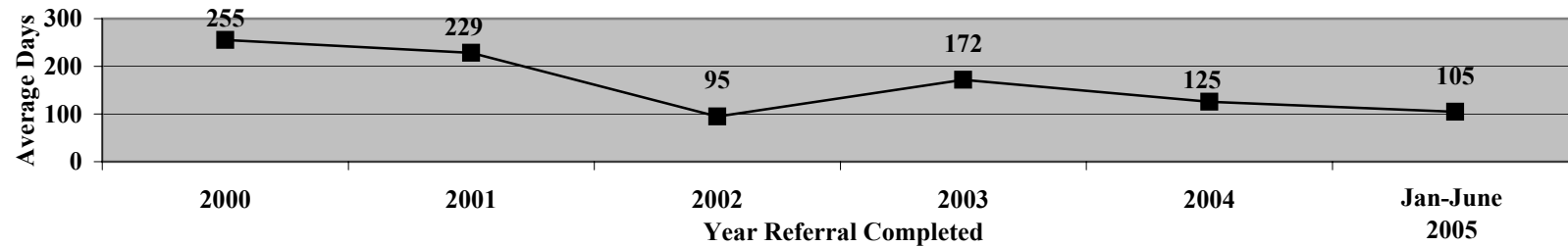


Chart 14

## Outcome of Fraud Referrals Completed

Data as of June 30, 2005

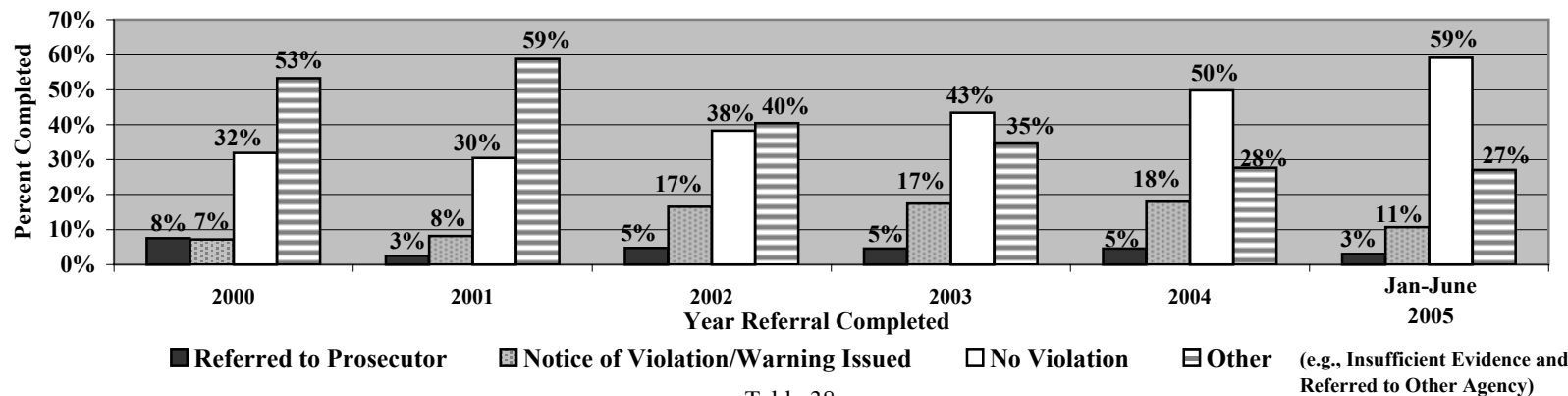


Table 38

## Outcome of the Three Most Frequently Completed Fraud-Related Allegations in 2005

Data as of June 30, 2005

	Fraudulently obtaining or denying workers' compensation benefits - Administrative (Less than \$1500)		Fraudulently obtaining or denying workers' compensation benefits - Criminal (More than \$1500)		Insurance Claim Fraud	
	Number	Percent	Number	Percent	Number	Percent
Referred to Prosecutor	2	0.8%	4	8.0%	2	7.4%
Notice of Violation/Warning Issued	42	16.1%	0	0.0%	0	0.0%
No Violation Issued	166	63.6%	26	52.0%	15	55.6%
Other Outcome	51	19.5%	20	40.0%	10	37.0%

*Note: The sum of the percentages may not equal 100% due to rounding.*

## ENFORCEMENT: Overall Compliance for Two Key Functions

Chart 15 indicates the percent of timely initial benefit payments made by all carriers. For injuries occurring on or after September 1, 2003, the insurance carrier is required to begin payment of benefits no later than the fifteenth day after the date on which an insurance carrier receives written notice of an injury. For injuries occurring prior to September 1, 2003, the carrier is required to begin payment of benefits no later than the seventh day after the date on which notice of an injury is received.

Chart 15

### Percent of Timely Initial Payments

Data as of June 30, 2005

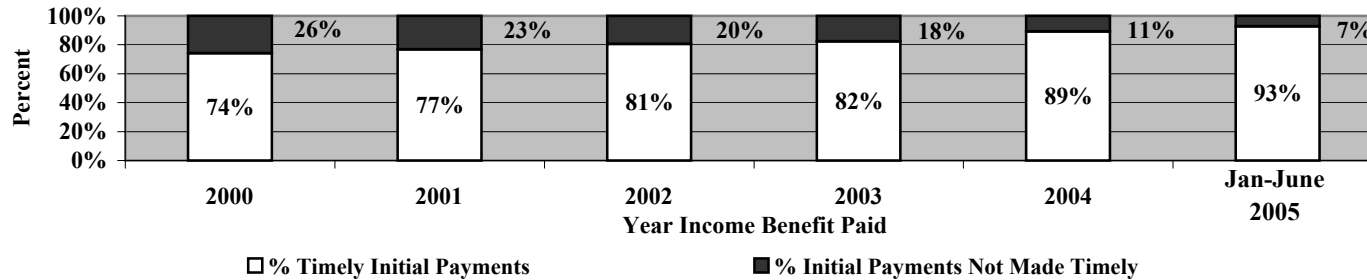


Chart 16 indicates the percent of medical bills paid/processed timely by insurance carriers. An insurance carrier shall take final action on a medical bill not later than the 45th day after the date the insurance carrier receives a complete medical bill.

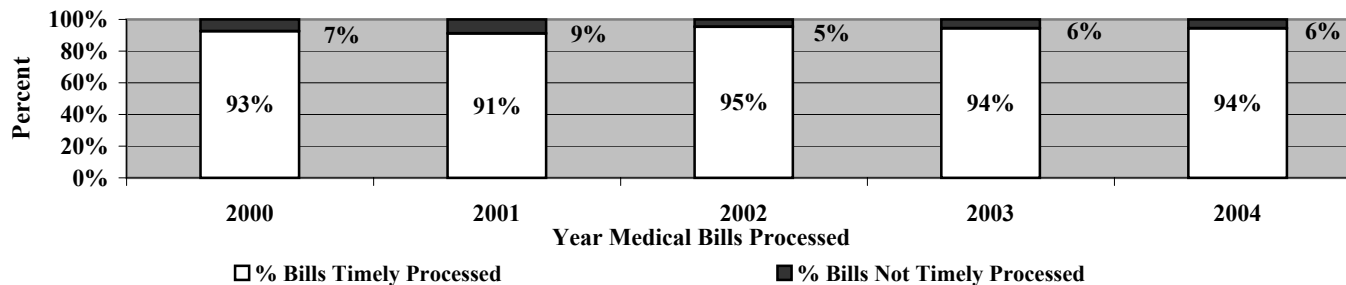
Final action on a medical bill includes one or more of the following:

- sending payment that makes the total reimbursement for that bill a fair and reasonable reimbursement;
- denying a charge on the medical bill; or
- requesting reimbursement for an overpayment.

Chart 16

### Percent of Medical Bills Timely Processed

Data as of June 30, 2005



*Note: Data for 2005 is not available because medical data has not been accepted this year while transitioning to a new medical bill data collection process.*

**ENFORCEMENT: Criminal and Administrative Penalties**

Table 39

	Year of Referral or Conviction					
	2000	2001	2002	2003	2004	Jan-June 2005
<b>Persons Referred to Prosecuting Attorneys</b>						
Workers	4	9	16	12	25	9
Employers	0	0	0	0	0	0
Insurance carriers	0	0	0	0	0	0
Health care providers	33	6	7	7	2	2
Attorneys	0	0	0	1	0	0
Others	6	0	1	1	0	1
Total Number of Persons Referred	43	15	24	21	27	12
<b>Persons Convicted</b>						
Workers	3	1	7	17	4	2
Employers	0	0	0	0	0	0
Insurance carriers	0	0	0	0	0	0
Health care providers	4	6	2	0	1	0
Attorneys	1	0	0	0	0	0
Others	6	5	0	0	0	0
Total Number of Persons Convicted	14	12	9	17	5	2

*Note: A person is only counted once per case regardless of the number of referrals or convictions.*

The Commission may issue a notice of violation and penalty when a violation of the Act or Rule is detected through review of administrative and fraud referrals or audits conducted.

Table 40

	Year Penalty Assessed or Collected					
	2000	2001	2002	2003	2004 <sup>1</sup>	Jan-June 2005 <sup>2</sup>
<b>Administrative Violations Issued<sup>3</sup></b>						
Against workers	28	22	34	30	35	9
Against employers	93	35	13	14	2	202
Against insurance carriers	2,588	1,416	1,698	979	3,759	2,679
Against health care providers	353	371	671	225	205	293
Against attorneys	2	2	1	0	0	0
Against others	1	5	0	0	0	0
Total Number of Violations	3,065	1,851	2,417	1,248	4,001	3,183
<b>Amount of Administrative Penalties Collected</b>						
From workers	\$600	\$2,100	\$1,050	\$2,225	\$3,900	\$2,575
From employers	\$22,027	\$8,901	\$8,295	\$7,825	2,303	\$5,850
From insurance carriers	\$2,302,341	\$1,055,276	\$1,264,436	\$775,740	\$2,743,036	\$2,268,201
From health care providers	\$30,764	\$41,229	\$67,011	\$23,780	\$50,149	\$14,239
From attorneys	\$934	\$359	\$780	\$0	\$0	\$0
From others	\$6,763	\$638	\$0	\$5,789	\$0	\$0
Total Amount of Penalties Collected <sup>4</sup>	\$2,363,429	\$1,108,503	\$1,341,572	\$815,359	\$2,799,388	\$2,290,865

**Notes:**

- <sup>1</sup> In FY 2001, the Commission initiated a new audit methodology where an initial audit would be conducted and any violations/penalties discovered in that audit would be held in abeyance pending a follow-up audit. The increase in penalties in CY 2004 is primarily the result of completing the follow-up audits and the issuance of penalties based on the combined result of the initial and follow-up audits.
- <sup>2</sup> All initial payments of temporary income benefits are reported to the Commission and, in 2004, the Commission began reviewing each report of initiation in accordance with the statutory provision for timely initiation of benefits. An increase in penalties collected is the result of this new enforcement effort.
- <sup>3</sup> Penalty payments are reported when collected, regardless of when the penalties were assessed. Penalties issued may fluctuate from year to year due to the withdrawal of penalties issued in error.
- <sup>4</sup> As of June 30, 2005, \$4,893,693 proposed penalties for current and prior years was pending collection or review in an administrative hearing.

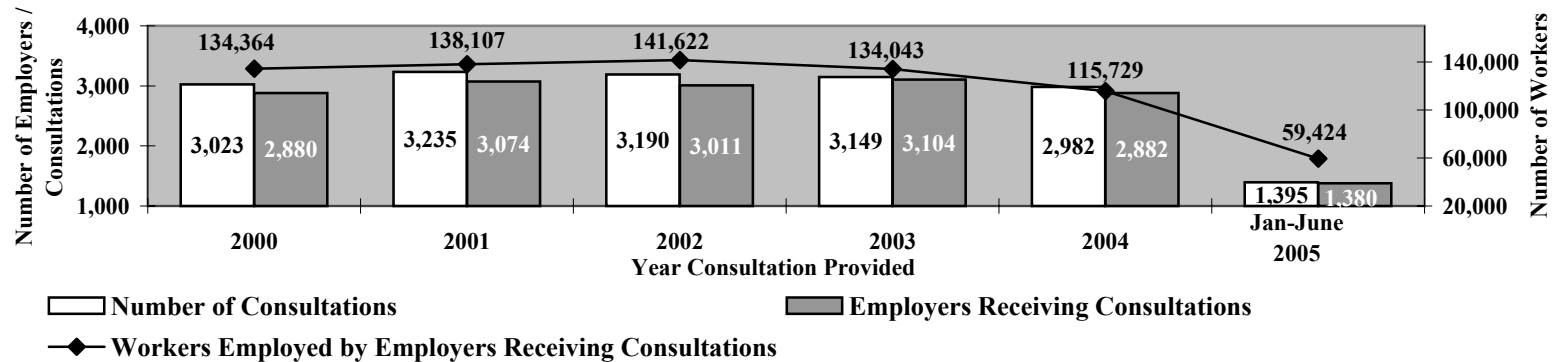
## WORKPLACE HEALTH & SAFETY: Occupational Safety & Health Consultations (OSHCON)

The Commission's OSHCON program provides free health and safety consultations and air quality/noise sampling to small private employers (i.e., employs less than 250 employees at the consultation site and no more than 500 employees at all sites controlled by the employer) upon request. Emphasis is placed on assisting the employer in developing effective safety and health programs. Assistance is provided in identifying and controlling hazards in the workplace and understanding OSHA regulations.

In support of OSHA's strategic focus on high-hazard industries and specific occupational hazards, the services provided by the OSHCON program have shifted since 2001 to the industries that have high injury rates such as the construction and manufacturing industries.

Chart 17  
**OSHCON Consultations: Program Participation**

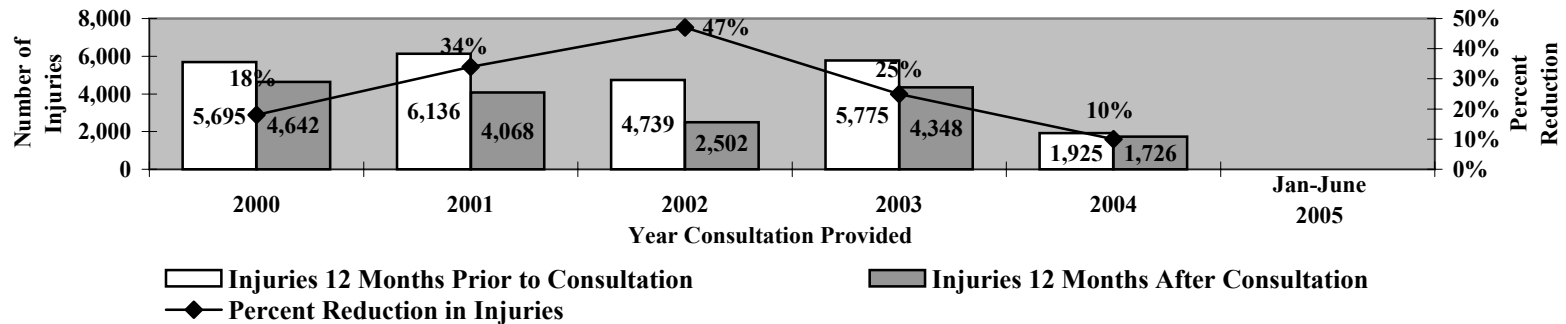
Data as of June 30, 2005



*Note: Totals include multiple consultations for individual employers.*

Chart 18  
**Outcome of Employers with OSHCON Consultations and With Injury Data 12 Months After Consultation**

Data as of June 30, 2005



**Notes:**

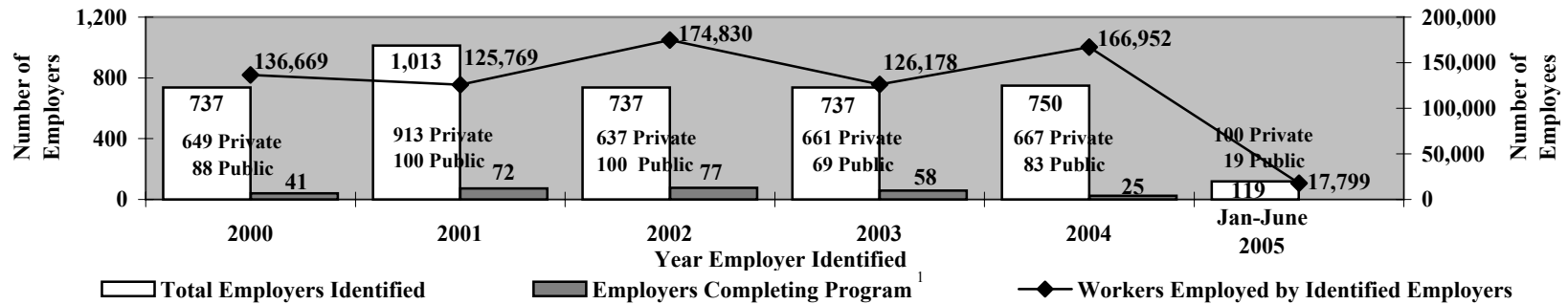
- The 12 month period has not expired for employers receiving consultations in calendar year 2004 and 2005.
- The increases in the percent reduction in 2001 and 2002 are due to an increase in the number of consultations provided to employers in high hazard industries.

## WORKPLACE HEALTH & SAFETY: Hazardous Employer Program

The Commission identifies employers whose injury rates substantially exceed that which might be expected for those employers' businesses or industries. Based on a court ruling that the program requirements could not be applied to private employers, rule changes became effective 1/1/99. Under the new rules, private and public employers are identified as "hazardous employers;" however, the additional requirements of the program apply only to public employers. Private employers are identified with no actions required and are released from the program 12 months after being notified. Public employers are required to obtain a consultation and develop an accident prevention plan within 3 months of identification and are inspected 6 to 9 months after the plan is developed.

*Note: As of September 1, 2005, the Hazardous Employer Program will be discontinued.*

Chart 19  
**Employers Identified in Hazardous Employer Program**  
 Data as of June 30, 2005



*Note:*

<sup>1</sup> The employers shown as completing the program reflect the public employers who have had an inspection and have been removed from monitoring status.

Chart 20  
**Outcome for Employers Completing Program  
 and With Injury Data 12 Months After Notification**  
 Data as of June 30, 2005



*Note :*

The 12 month period has not expired for all employers identified in calendar years 2004 and 2005. Current post-notification injury data is unavailable for employers that have completed the program due to the change from SIC to NAICS (industry codes). The post-notification figures for 2003 through 2005 and the percent reduction in injuries for the same years cannot be updated.



## WORKPLACE HEALTH & SAFETY: Rejected Risk Employer Program

The Rejected Risk program is mandatory for employers identified by the Texas Mutual Insurance Company. The Commission conducts inspections of Rejected Risk employers to verify implementation and effectiveness of the required accident prevention plans.

Chart 21

### Employers Identified For the Rejected Risk Program, Those Completing the Program and Workers Employed by Them

Data as of June 30, 2005

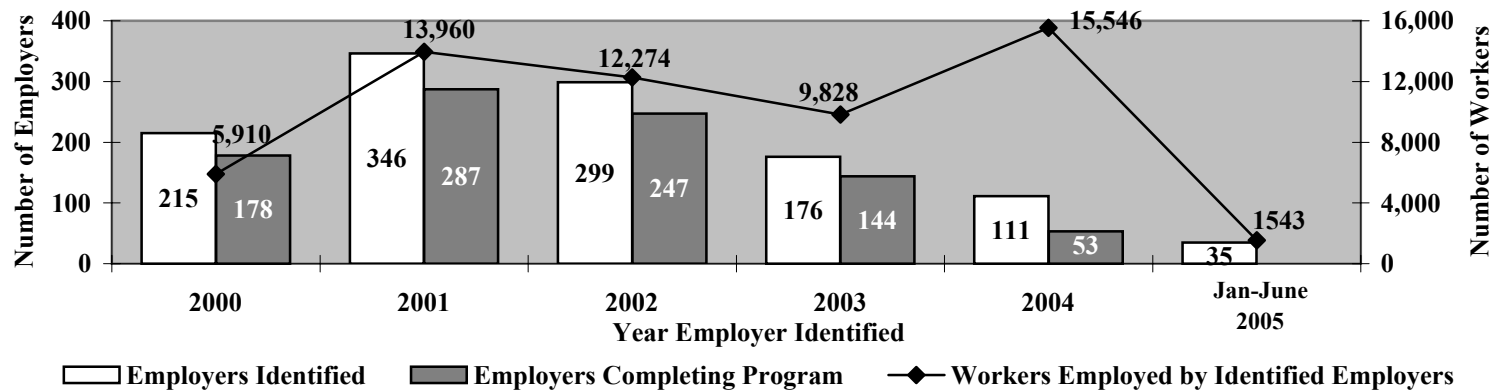
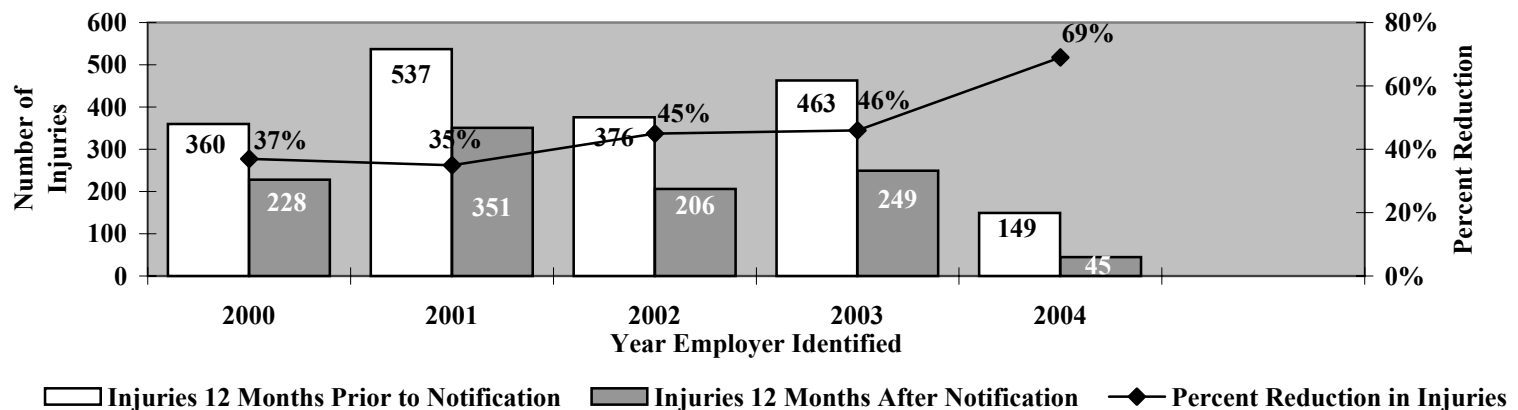


Chart 22

### Outcome for Employers Completing Program and With Injury Data 12 Months After Notification

Data as of June 30, 2005

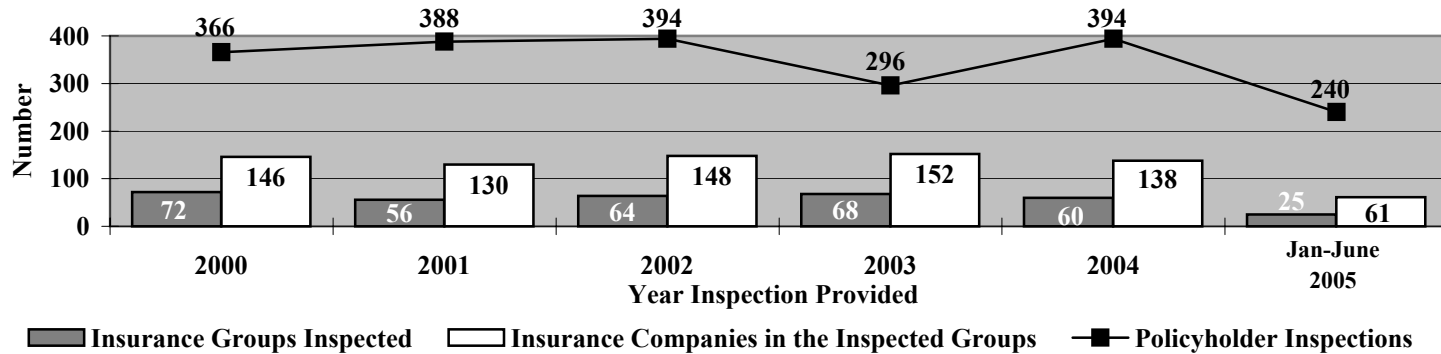


*Note: The 12 month period has not expired for employers identified in calendar year 2004 and 2005.*

## WORKPLACE HEALTH & SAFETY: Accident Prevention Services

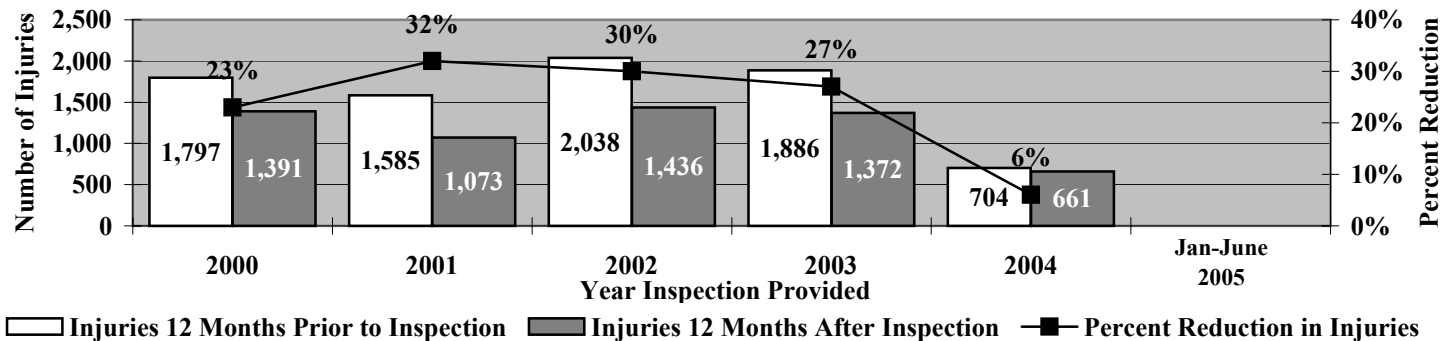
The Accident Prevention Services program administered by the Commission performs the following functions: inspecting workers' compensation insurance carriers' accident prevention services and selected policyholders to confirm accident prevention services are provided by their workers' compensation carriers at least once every two years; managing the Field Safety Representative program for individuals providing accident prevention services for workers' compensation insurance companies; and approving insurance company accident prevention services plans, and health and safety training courses submitted to qualify as Field Safety Representative qualification courses. During the on-site policyholder inspections, assessments of written safety programs, drug policies, and physical hazards are also conducted.

Chart 23  
**Insurance Groups Inspected and Their Insurance Companies**  
 Data as of June 30, 2005



*Note: Policyholder inspection numbers for prior years have been revised due to a clerical error in the calculation.*

Chart 24  
**Outcome for Inspected Policyholders  
 and With Injury Data 12 Months After Inspection**  
 Data as of June 30, 2005



*Note: The 12 month period has not expired for all employers inspected in calendar year 2004 and 2005.*

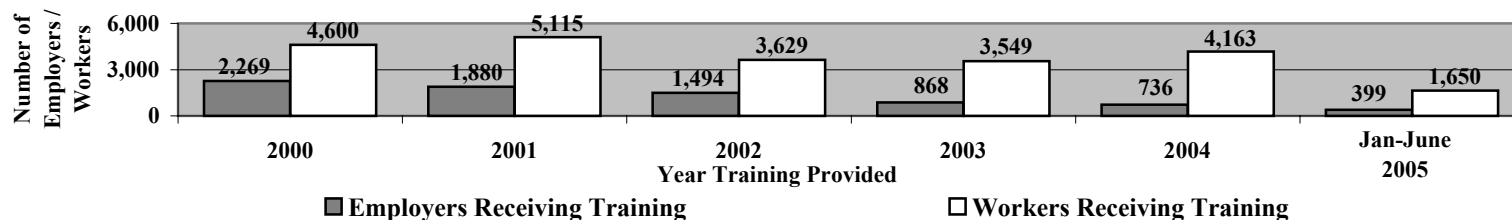
## WORKPLACE HEALTH & SAFETY: Safety Training, Materials, and Violations Hotline

The Commission promotes health and safety through educational and other programs, and cooperates with business / industry associations, labor organizations, and others to develop methods of educating workers and employers regarding workplace safety.

Chart 25

### Number of Employers and Workers Attending Safety Training Programs

Data as of June 30, 2005



The Commission distributes free of charge health and safety videos in both English and Spanish and educational publications to help reduce the number of injuries and fatalities in the state. Table 41

SAFETY MATERIALS DISTRIBUTED	Year Materials Distributed					
	2000	2001	2002	2003	2004	Jan-June 2005
Drug-free workplace guides distributed <sup>1</sup>	1,409	4,704	10,239	16,934	11,065	5,732
Safety publications distributed <sup>1,2</sup>	102,431	229,152	505,917	735,409	983,531	834,723
Safety videos loaned	6,818	6,271	6,370	5,437	5,716	2,152

**Notes:**  
<sup>1</sup> This number includes publications picked up or mailed in response to requests, and since July 2000, downloaded from the Commission's web site.  
<sup>2</sup> In 2004, the Commission split the English and Spanish versions of publications to better track what version was actually needed. Some of the increase in the distribution is explained by those publications being counted twice when both versions are downloaded.

The Commission administers a Safety Violations Hotline for Texans to report violations of occupational safety and health laws. This 24-hour, toll-free hotline (800-452-9595) can be used by anyone wishing to report suspected violations. The allegations are sent to employers and workers' compensation insurance carriers for investigation and results are reported back to the Commission.

Table 42

SAFETY VIOLATIONS HOTLINE	Year Complaint Received					
	2000	2001	2002	2003	2004	Jan-June 2005
<b>Program Participation</b>						
Health and safety complaints	654	528	560	375	454	227
Employers with safety hazards identified <sup>1</sup>	251	247	215	268	299	119
<b>Program Outcome <sup>2</sup></b>						
Safety hazards corrected	352	477	301	342	582	184

**Notes:**  
<sup>1</sup> A safety hazard is identified when the hotline caller's allegation is confirmed by the employer or during an inspection by the insurance company.  
<sup>2</sup> Totals include multiple safety hazards corrected for individual employers. Hazards corrected are reported in the year they are corrected.

## BENEFIT DISPUTE RESOLUTION: General

When income benefit disputes are raised, Commission staff first try to resolve a dispute through communication with the parties in dispute. If the dispute cannot be resolved at this level, parties may be required to participate in one or more of the following dispute resolution proceedings as specified in Section 410 of the Act:

- benefit review conferences;
- contested case hearings;
- Appeals Panel reviews; and
- judicial reviews of Commission decisions.

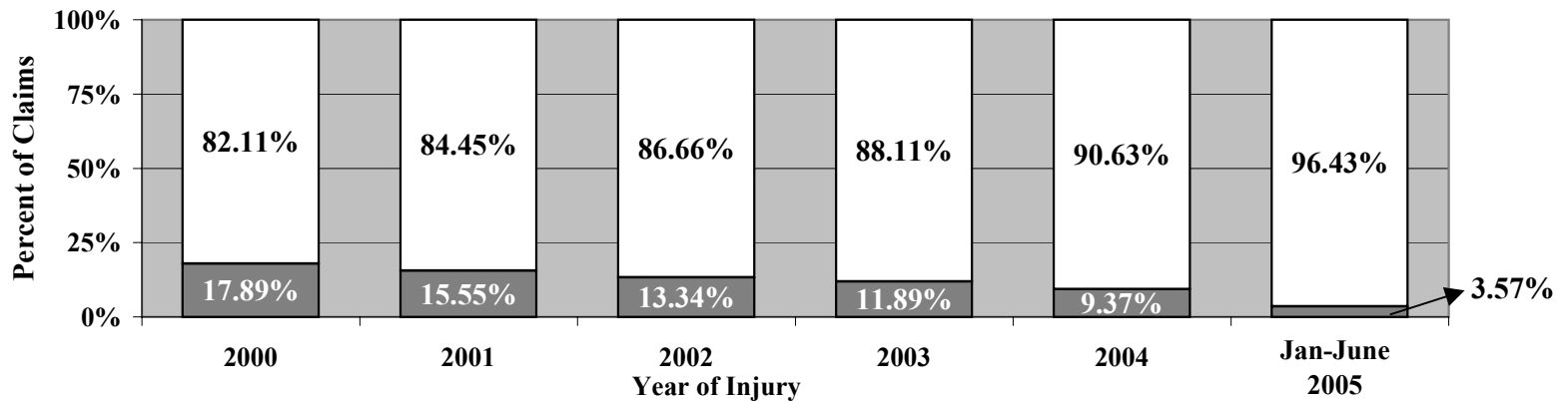
Chart 26

### Percent of Claims With No Benefit Disputes

Data as of June 30, 2005

**Total Claims**

**Reported Per Year -**      **207,395**              **204,210**              **180,879**              **163,071**              **134,733**              **49,973**



**% Compensability Disputes**

**(including extent of injury) -**      **5.46%**              **5.92%**              **6.45%**              **6.16%**              **5.14%**              **2.50%**

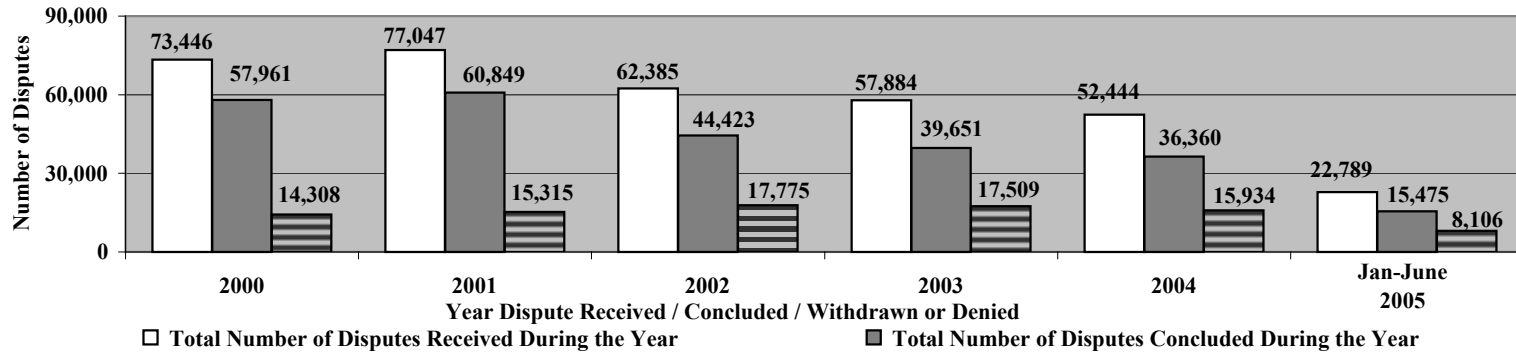
**Notes:**

- Disputes reflected here do not include disputes regarding medical billing or preauthorization. Disputes shown are those received by the Commission involving questions on issues such as compensability/extent of injury, maximum medical improvement, impairment ratings, etc.
- A single claim may have multiple disputes filed during the life of the claim. Therefore, percentages of disputed claims for more recent years of injury will continue to increase as disputes arise on these claims. The number of disputes is not directly correlated to the number of claims reported for that year or vice versa.

Chart 27

**Number of Disputes Received<sup>1</sup> / Concluded<sup>2</sup> / Withdrawn or Denied<sup>3</sup>  
By Year Dispute Received / Concluded / Withdrawn or Denied**

Data as of June 30, 2005



Notes: Total Number of Disputes Received During the Year Total Number of Disputes Concluded During the Year Total Number of Disputes Withdrawn or Denied

<sup>1</sup> Effective January 1, 2002, an insurance carrier must request a Commission-selected designated doctor before requesting a carrier-selected required medical examination (RME) on the issues of MMI and/or impairment. The change has reduced the number of disputes received by the Commission and the number of disputes that were previously resolved informally through the assignment of a designated doctor.

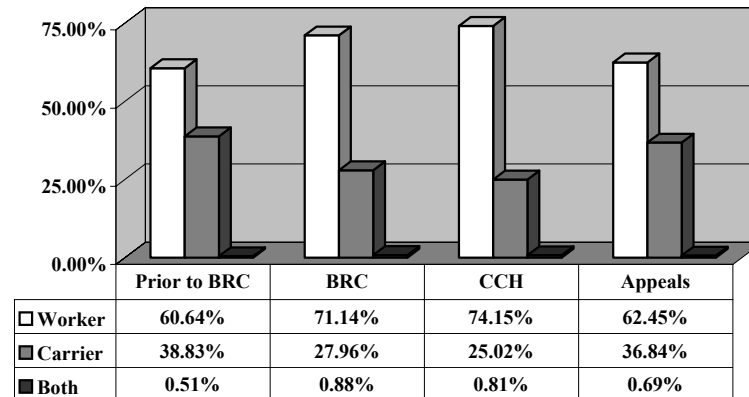
<sup>2</sup> "Concluded" means the dispute was either resolved or forwarded to the next level of resolution. Estimate based on the number of disputes resolved prior plus the number of disputes resolved between setting and holding a BRC, plus the number of BRC's concluded. Concluded disputes may have been received in a prior year. In previous reports, the number of concluded disputes included disputes that were withdrawn or denied.

<sup>3</sup> "Withdrawn" means the dispute was withdrawn by the requesting party. "Denied" means the dispute was denied by Commission staff because the dispute was over issues that were not complete enough to proceed.

Chart 28

**Requestor Types at each Level of Dispute Resolution  
January through June 2005**

Data as of June 30, 2005



The chart to the right illustrates the percent of time in which the worker and carrier request dispute resolution at each level of resolution. Sometimes, both the worker and carrier request the dispute resolution. This data includes all disputes that were concluded January through June 2005, excluding disputes that were withdrawn or denied.

## BENEFIT DISPUTE RESOLUTION: General

Approximately 80% of the disputes received in 2004 were related to claims in which the injury occurred at least one year earlier. Approximately 14% are related to claims in which the injury occurred more than four years earlier. Changes in distribution trends occurring in 2002 are due to the requirement, effective January 1, 2002, that an insurance carrier must request a Commission-selected designated doctor before requesting a carrier-selected required medical examination (RME) on the issues of maximum medical improvement (MMI) and/or impairment rating (IR).

Table 43

### Distribution of Disputes Received Each Year by Year of Injury

Data as of June, 30 2005

Year of Injury ...	Year Dispute Received					
	2000	2001	2002	2003	2004	Jan-June 2005
Same year dispute received	25.1%	24.0%	19.9%	18.9%	19.0%	8.2%
One year prior to dispute	40.1%	40.2%	34.3%	30.2%	29.7%	32.6%
Two years prior to dispute	17.2%	18.2%	20.6%	19.4%	17.7%	19.4%
Three years prior to dispute	7.3%	7.9%	10.9%	12.6%	11.4%	11.4%
Four years prior to dispute	3.8%	3.8%	5.4%	7.2%	8.0%	8.0%
Five years prior to dispute	2.4%	2.1%	3.5%	4.4%	5.3%	5.7%
Six years prior to dispute	4.2%	3.9%	5.5%	7.4%	8.9%	14.7%

Table 44

### Top Ten Most Disputed Issues Received in 2004 and Level Where They Resolve <sup>1,2</sup>

Data as of June 30, 2005

Issue Type	Percent Withdrawn or Denied	Prior to BRC <sup>3</sup>	At BRC	At CCH	Concluded at Appeals Panel <sup>4</sup>
Designated Doctor's IR	39.8%	50.0%	4.6%	2.9%	1.7%
Existence/Duration/Extent of Disability	22.0%	34.7%	17.5%	19.4%	3.9%
Designated Doctor's MMI Date	47.0%	44.0%	5.4%	1.5%	1.3%
Extent of Injury	26.2%	41.9%	11.8%	10.4%	6.9%
Amount of Average Weekly Wage	20.1%	48.7%	29.1%	0.6%	0.2%
Existence of Compensable Injury	23.1%	37.2%	13.4%	14.8%	9.1%
Impairment Rating	3.8%	96.1%	0.1%	0.0%	0.0%
Date of MMI	5.5%	94.4%	0.1%	0.0%	0.0%
SIBs / Subsequent Quarters	41.8%	27.4%	18.4%	6.1%	5.0%
Other Medical Benefits Issues	62.2%	33.6%	3.3%	0.0%	0.0%

**Notes:**

<sup>1</sup> Percentages do not add to 100% due to pending disputes at various levels of the dispute resolution process.

<sup>2</sup> In the December 2003 publication, Table 44 reflected the level at which the entire dispute was resolved. Since the December 2004 publication, Table 44 reflects the level at which the issue was resolved. A dispute may contain multiple issues, and individual issues may resolve and not proceed through the dispute process.

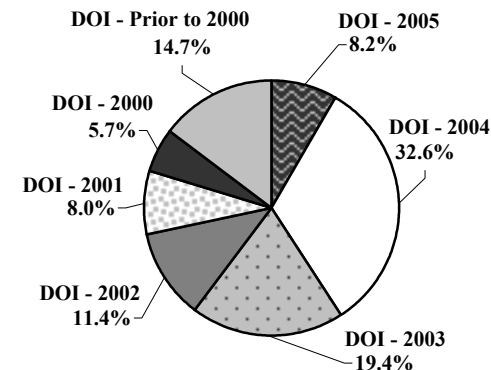
<sup>3</sup> "Resolved prior to BRC" does not include issues included in disputes that were withdrawn or denied.

<sup>4</sup> The percentages represent concluded appeals; however, a high percentage of these cases are resolved at the appeal level.

Chart 29

### Disputes Received in 2005

DOI = Date of Injury

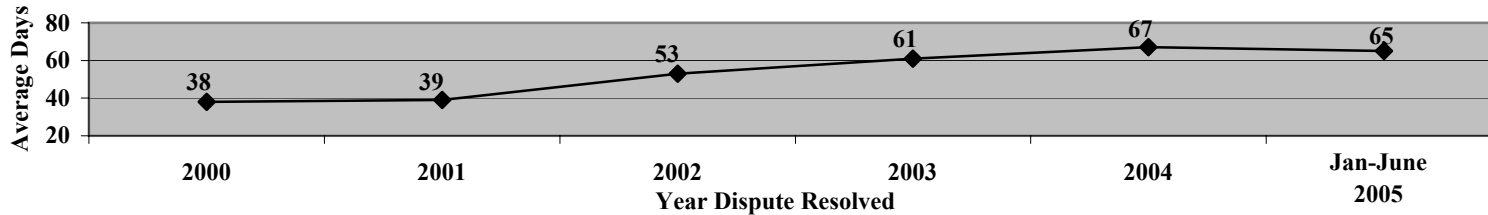


Benefit Dispute Outcomes

Chart 30

Average Number of Days to Resolve Disputes<sup>1</sup>  
by Year Dispute Resolved

Data as of June 30, 2005



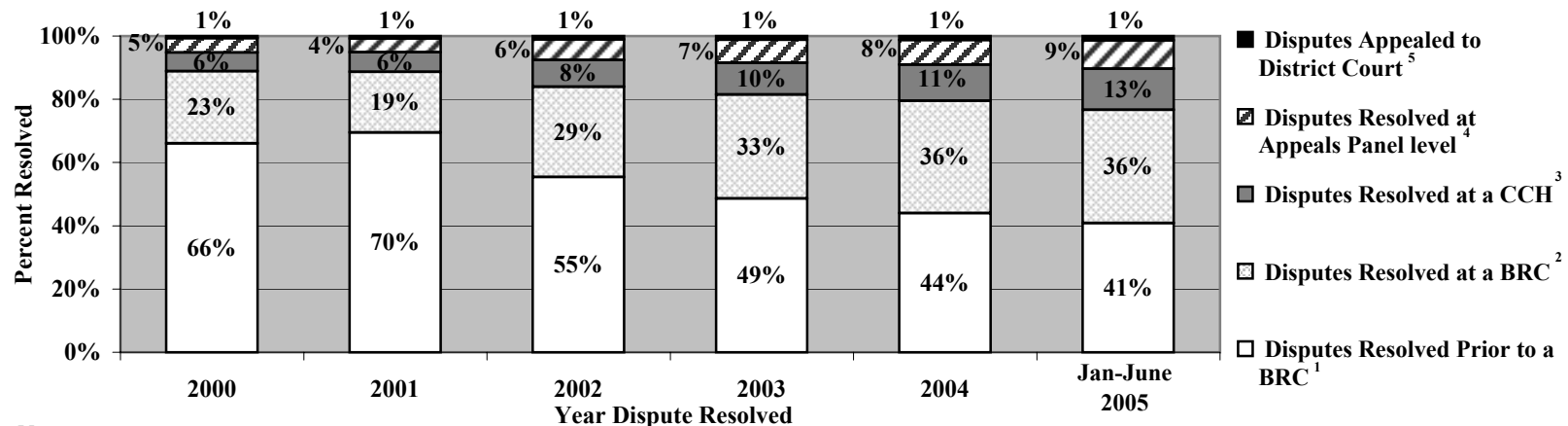
Notes:

<sup>1</sup> Average days are calculated from the first notice of a dispute to the final action of the level where resolution is attained. Effective January 1, 2002, an insurance carrier must request a Commission-selected designated doctor before requesting a carrier-selected required medical examination (RME) on the issues of MMI and/or impairment. Elimination of disputes that were resolved by the assignment of a designated doctor has resulted in an increase in the average number of days to resolve a dispute.

Chart 31

Percent of Disputes Resolved at Each Level of Dispute Resolution<sup>6,7</sup>

Data as of June 30, 2005



Notes:

<sup>1</sup> Estimate based on calculation of disputes resolved before a BRC request, added with disputes resolved between setting BRC and holding BRC, divided by total number of disputes concluded in the number of concluded disputes.

<sup>2</sup> Estimate based on calculation of BRCs concluded minus CCHs concluded divided by total number of disputes concluded.

<sup>3</sup> Estimate based on calculation of CCHs concluded minus Appeals Panel decisions divided by total number of disputes concluded.

<sup>4</sup> Estimate based on calculation of Appeals Panel decisions minus requests for judicial review divided by total number of disputes concluded.

<sup>5</sup> Estimate based on calculation of requests for judicial review divided by total number of disputes concluded.

<sup>6</sup> Disputes withdrawn or denied are not included in the number of concluded disputes.

<sup>7</sup> The sum of the percentages may not equal 100% due to rounding.

## BENEFIT DISPUTE RESOLUTION: Informal

### Informal Benefit Dispute Resolution - Before and at Benefit Resolution Conference (BRC)

The Commission attempts to resolve disputes at the informal level (BRC or before), if possible. Commission staff first attempt to resolve the dispute through communication with the parties, prior to setting a benefit review conference. The benefit review conference is an attempt to resolve disputes through mediation. During the benefit review conference, each person discusses his or her side of the dispute. A Commission employee, called a benefit review officer, helps with the discussion. Depending on the circumstances of the dispute, the benefit review officer may order an insurance company to pay benefits.

If the dispute is not resolved at the benefit review conference, parties may request the dispute proceed to a contested case hearing.

Table 45

	Year Proceeding Concluded					
	2000	2001	2002 <sup>1</sup>	2003	2004	Jan-June 2005
<b>Disputes Resolved Prior to a BRC<sup>2</sup></b>						
Disputes resolved before setting BRC	35,294	39,792	22,048	16,469	13,138	4,943
Disputes resolved between setting BRC and holding BRC	2,991	2,514	2,557	2,796	2,860	1,372
<b>Benefit Review Conferences (BRCs)</b>						
Average number of days from BRC request to BRC scheduled	33	36	36	35	37	35
BRCs concluded	19,676	18,543	19,818	20,386	20,362	9,160
Percentage of compensation benefit dispute cases at BRC resolved at the BRC level <sup>3</sup>	67%	63%	64%	64%	63%	61%
Interlocutory orders to pay benefits	779	681	695	631	554	229
Interlocutory orders to suspend benefits <sup>4</sup>	154	0	0	0	0	0
<b>Notes:</b>						
<sup>1</sup> Effective January 1, 2002, an insurance carrier must request a Commission-selected designated doctor before requesting a carrier-selected required medical examination (RME) on the issues of MMI and/or impairment. The change has reduced the number of disputes received by the Commission and the number of disputes that were previously resolved informally through the assignment of a designated doctor.						
<sup>2</sup> In reports prior to December 2004, disputes resolved prior to BRC included disputes withdrawn or denied.						
<sup>3</sup> Estimate based on calculation of BRCs concluded minus CCHs concluded divided by BRCs concluded.						
<sup>4</sup> Since Rule 141.6 became effective May 11, 2000, interlocutory orders to suspend are no longer issued.						



## BENEFIT DISPUTE RESOLUTION: Formal

### Contested Case Hearings (CCHs)

The contested case hearing is similar in some ways to a hearing in a court of law. A Commission employee, called a hearing officer, presides at the hearing. The hearing officer examines the evidence, takes testimony and issues a decision on the dispute.

During the contested case hearing, each side presents its side of the dispute and may question witnesses and introduce evidence to support its case. Usually, only the disputed issues that were discussed at the benefit review conference are discussed at the contested case hearing. New issues may be discussed only if both sides agree to allow a new issue to be raised or if the hearing officer allows it.

Generally, a benefit review conference is required before a contested case hearing can be held.

Table 46

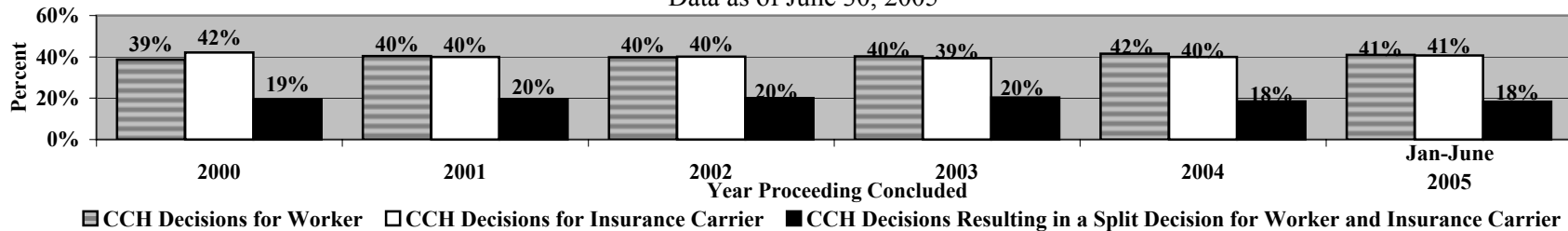
Contested Case Hearings (CCHs)	Year Proceeding Concluded or Decision Issued					
	2000	2001	2002	2003	2004	Jan-June 2005
Average number of days from CCH request to CCH scheduled	48	51	49	55	57	52
CCHs concluded	6,435	6,908	7,126	7,322	7,452	3,532
Percentage of compensation benefit dispute cases at CCH resolved at the CCH level <sup>1</sup>	53%	55%	53%	54%	56%	55%
CCH decisions for worker	2,488	2,794	2,841	2,945	3,099	1,448
CCH decisions for insurance carrier	2,707	2,763	2,855	2,885	2,975	1,437
CCH decisions resulting in a split decision for the worker and insurance carrier	1,240	1,351	1,430	1,492	1,378	647

*Note:*  
<sup>1</sup> Estimate based on calculation of CCHs concluded minus Appeals Panel decisions issued divided by CCHs concluded.

Chart 32

### Outcome of CCH Proceedings

Data as of June 30, 2005



**Notes:**

- The outcome of CCH proceedings is based on issues. If all issues result in favor of the worker, the decision is in favor of the worker. If all issues result in favor of the carrier, the decision is in favor of the carrier. A decision containing issues decided in favor of both parties is considered a split decision resulting in favor of neither party.

- The sum of the percentages may not equal 100% due to rounding.

**The Appeals Panel**

If either side disagrees with the hearing officer's decision, the decision may be appealed to the Commission's Appeals Panel within 15 days of receiving the decision. The Appeals Panel reviews the hearing officer's decision and the record from the contested case hearing. Neither side appears in person before the Appeals Panel. Instead, both sides submit written statements describing their positions. The Appeals Panel may either uphold the hearing officer's decision, overturn the decision and issue its own decision, or order that a second contested case hearing be held on the dispute.

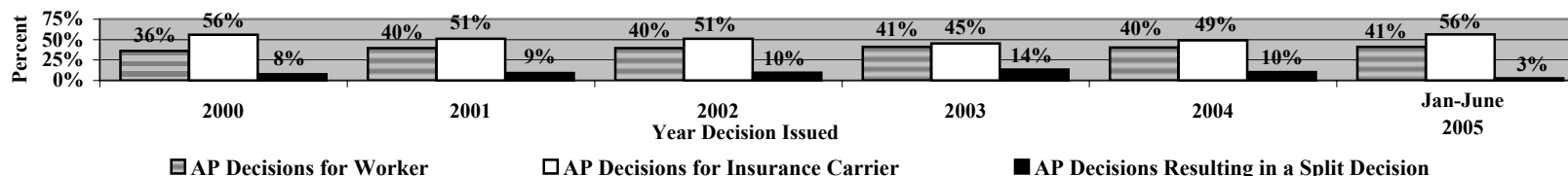
Table 47

Appeals Panel Decisions	Year Proceeding Concluded or Decision Issued					
	2000	2001	2002	2003	2004	Jan-June 2005
Average number of days from Appeals Panel request to issuance of decision	41	39	41	44	46	47
Appeals Panel decisions issued (decisions issued plus affirmed hearing officer's decisions that become final without a decision from Appeals Panel)	3,043	3,092	3,357	3,371	3,286	1,592
Percentage of compensation benefit dispute cases at Appeals Panel resolved at the Appeals Panel level <sup>1</sup>	86%	85%	85%	86%	85%	86%
Percent of appeals where hearing officer's decision becomes final without decision from Appeals Panel <sup>2</sup>	2.89%	7.02%	5.36%	6.20%	21.78%	90.29%
<b>Outcome of Appeals <sup>3</sup></b>						
Appeals Panel decisions for worker	957	1,095	1,237	1,296	1,254	629
Appeals Panel decisions for insurance carrier	1,513	1,414	1,614	1,442	1,547	860
CCH decisions overturned in favor of worker	59	22	28	29	23	9
CCH decisions overturned in favor of insurance carrier	62	29	17	13	14	13
Appeals resulting in a split decision for the worker and insurance carrier	217	259	304	434	331	41
Appeals remanded to the CCH level	120	178	96	87	74	17
Requests for Appeals Panel review rejected because of untimely filing of request	111	94	61	69	43	23
<b>Notes:</b>						
<sup>1</sup> Estimate based on calculation of Appeals Panel decisions issued minus requests for judicial review divided by Appeals Panel decisions issued.						
<sup>2</sup> Beginning in November 2004, Commission staff reviews all appeals filed and makes a determination on whether the Hearing Officer's decision would be affirmed and whether there are significant new issues that need to be addressed. If the determination is the decision would be affirmed and there are no significant new issues raised, the appeal is allowed to become final without a decision by the 3-member panel.						
<sup>3</sup> The outcome of appeals does not total Appeals Panel decisions issued because appeals on attorney fees are not included in the list of categories.						

Chart 33

**Outcome of Appeals Panel (AP) Decisions**

Data as of June 30, 2005



**Notes:**

The outcome of Appeals Panel proceedings is based on issues. If all issues result in favor of the worker, the decision is in favor of the worker. If all issues result in favor of the carrier, the decision is in favor of the carrier. A mixed decision results in favor of neither party.

The outcome percentages do not include remands to CCH or untimely requests for judicial review. Also, the sum of the percentages may not equal 100% due to rounding.

**Judicial Review**

Workers' compensation disputes may not be heard in court unless the dispute has first gone through the Commission's administrative dispute resolution process, and the Appeals Panel has issued a decision. Either side may ask for a court to review the Commission's decision on the dispute within 40 days after the decision of the Appeals Panel is filed with the Hearings division. The court may only review the disputed issues that the Appeals Panel ruled on, and the judge and jury may consider the Commission's decision when determining a verdict.

Table 48

Judicial Review of Appeals Panel Decisions	Year of Request for Review or Trial					
	2000	2001	2002	2003	2004	Jan-June 2005
<b>General Information</b>						
Requests for judicial review by worker <sup>1</sup>	233	220	205	221	188	100
Requests for judicial review by insurance carrier <sup>1</sup>	192	235	285	259	294	121
<b>Outcome of Judicial Review<sup>2</sup></b>						
Jury trials	4	6	5	4	3	0
Bench trials	3	0	4 <sup>3</sup>	1	5	0
Average number of days from requests for judicial review to trial	843	514	619	427	688	0
Appeals Panel decisions upheld in favor of worker	5	3	3	2	0	0
Appeals Panel decisions upheld in favor of insurance carrier	1	0	1	1	0	0
Appeals Panel decisions overturned in favor of worker	1	0	0	0	0	0
Appeals Panel decisions overturned in favor of insurance carrier	0	3	2	2	8	0
Trial court decisions for insurance carrier because worker did not contest the carrier's appeal <sup>4</sup>	12	31	26	8	9	0 <sup>5</sup>

**Notes:**

<sup>1</sup> Number of requests is determined by using the date the Commission received the original petition.

<sup>2</sup> With the exception of the last item, the data reported only reflects cases in which the Commission intervened.

<sup>3</sup> One bench trial resulted in a default judgment; that case is also reflected in the last measure in this table.

<sup>4</sup> Totals show number of cases in which carrier obtained default judgment against the claimant, and since 1998, the totals also include summary judgments, which the injured employee did not contest.

<sup>5</sup> As of June 30, 2005, proposed judgments were received by the Commission in accordance with 410.258 in 221 cases. Final disposition in these cases may not have been reported to the Commission.

**Ombudsman Assistance**

The Ombudsman program assists unrepresented employees and other parties involved with the Texas workers' compensations system. Ombudsmen can:

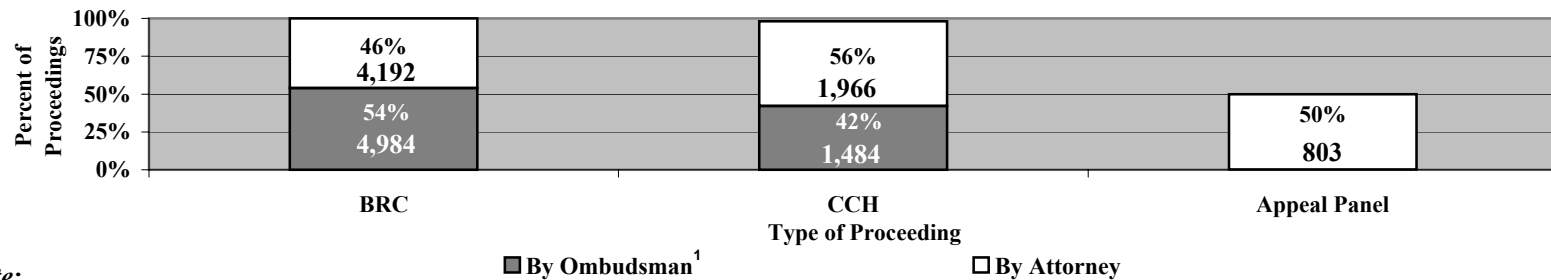
- give information to help make decisions;
- communicate with employers, insurance companies, and health care providers on the injured worker's behalf;
- show how to gather and prepare facts and evidence for dispute resolution proceedings;
- help present facts and evidence at dispute resolution proceedings;
- help parties ask questions of witnesses and raise questions about evidence at dispute resolution proceedings; and
- give information about how to appeal a dispute resolution decision.

Ombudsmen are not attorneys and may not give legal advice, make any decisions for the injured worker, or sign agreements or forms. An average of 58 Ombudsman were on staff with the Commission January through June 2005.

Chart 34

**Assistance / Representation For Worker at Proceedings**

Data as of June 30, 2005



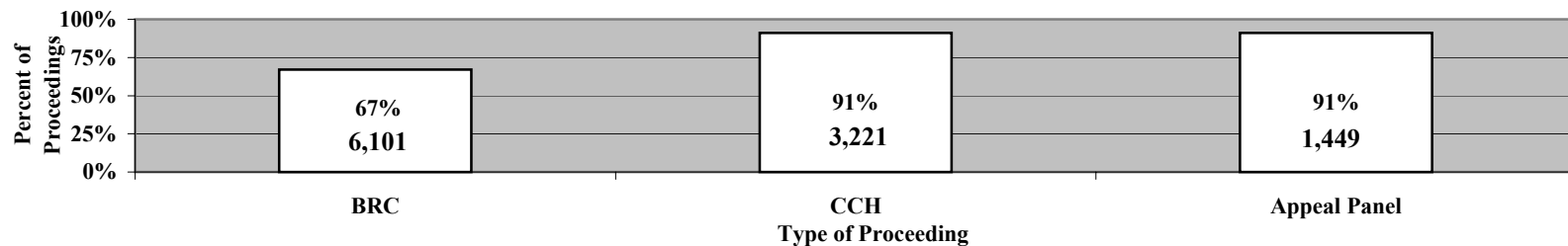
**Note:**

<sup>1</sup> Since ombudsman assistance at the Appeals Panel is difficult to track, the figures are not included. Ombudsman assistance is always provided if requested.

Chart 35

**Attorney Representation For Carrier at Proceedings**

Data as of June 30, 2005

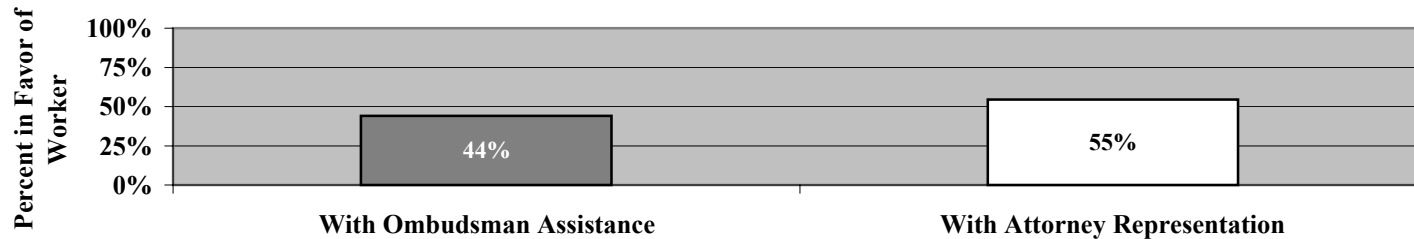


**Note:** Percentages do not add to 100% because a party may be represented by someone other than an ombudsman or attorney or may choose to have no representation.

Chart 36

**Outcome of Contested Case Hearings Concluded  
Based on Type of Assistance / Representation**

Data as of June 30, 2005



**Attorney Fees**

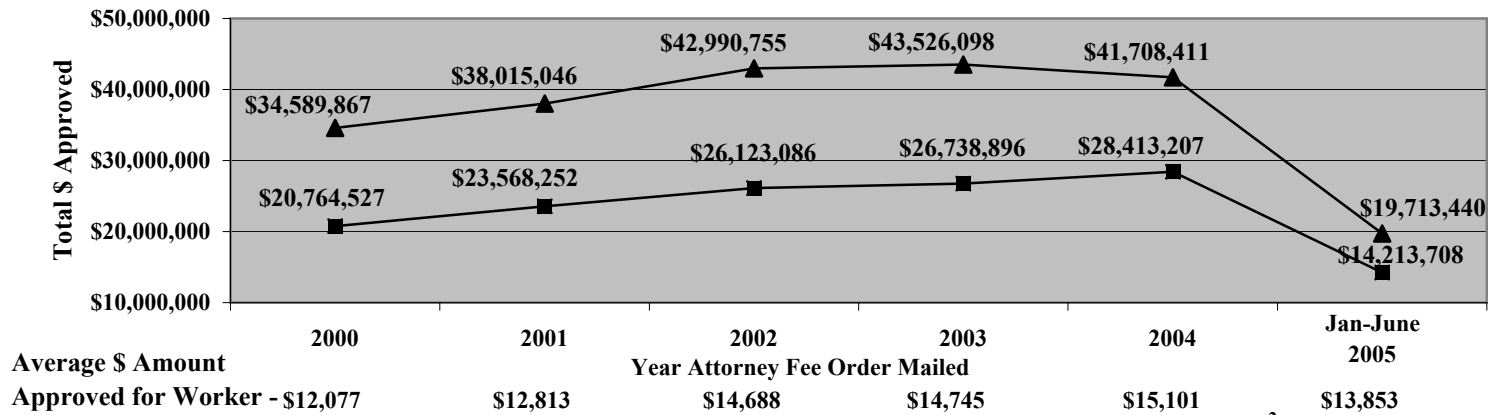
Parties may hire an attorney to represent them and to give legal advice. The attorney may attend dispute resolution proceedings with the party and may present evidence and their side of the dispute.

If an attorney is hired by an injured worker, the attorney's fees are deducted from the income benefit payments. The attorney's fees are limited to no more than 25 percent of the total amount of income benefits, and payments may not exceed 25 percent of any one income benefit check.

Chart 37

**Dollar Amount of Attorney Fees Approved By the Commission <sup>1</sup>**

Data as of June 30, 2005



Notes:

<sup>1</sup> Approved attorney fees may not be paid in full if a worker is no longer receiving benefits.

<sup>2</sup> The attorney fees paid to attorneys on staff with insurance carriers are not reflected in these figures since those attorneys do not always file requests for attorney fees with the Commission.

# MEDICAL: General

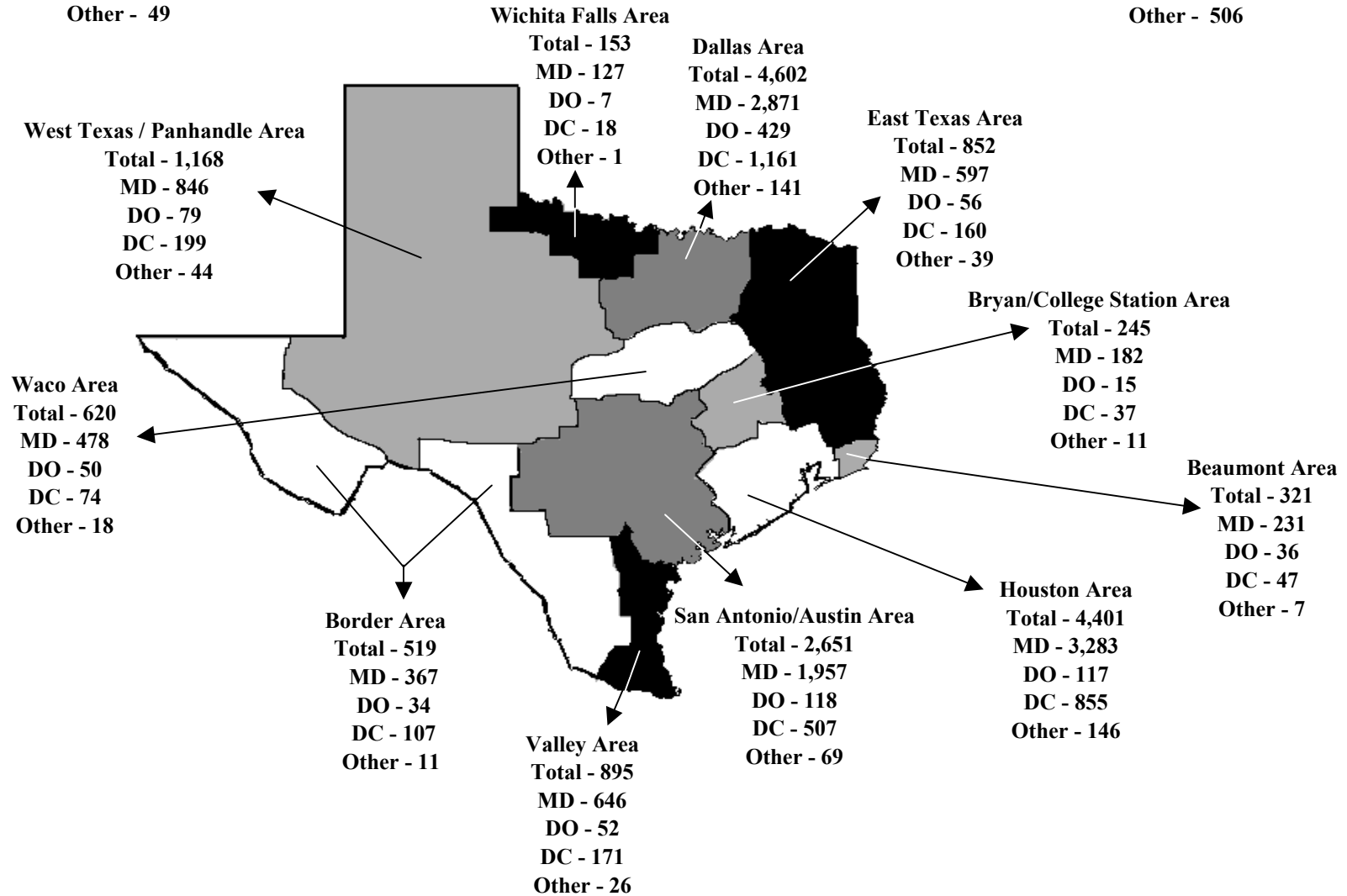
Figure 4

## Number of Doctors Approved to Treat by Area

**Out-of-State Total - 3,778**  
**Medical Doctor (MD) - 3,177**  
**Doctor of Osteopathy (DO) - 184**  
**Doctor of Chiropractic (DC) - 368**  
**Other - 49**

**Approved Doctor List (ADL) Total - 19,370**

**In-State Total - 15,592**  
**Medical Doctor (MD) - 11,139**  
**Doctor of Osteopathy (DO) - 897**  
**Doctor of Chiropractic (DC) - 3,050**  
**Other - 506**



Data as of June 30, 2005

*Note: Doctors approved to provide treatment who practice in other states or other countries are not included in the statewide or regional totals. Some doctors may practice in multiple areas; therefore, the sum of areas are not the same as the statewide total.*

**MEDICAL: Medical Payments**

Table 49

<b>MEDICAL PAYMENTS REPORTED<sup>1, 2</sup></b>						
<b>Not Updated Since December 2004</b>	<b>Year Service Provided</b>					
	<b>1999</b>	<b>2000</b>	<b>2001</b>	<b>2002</b>	<b>2003</b>	<b>2004</b>
<b>Medical Payments to Health Care Providers</b>						
To doctors	\$388,340,138	\$389,892,085	\$416,184,276	\$486,130,710	\$433,752,250	\$296,943,991
To chiropractors	\$120,581,703	\$140,527,726	\$165,715,493	\$184,505,720	\$165,684,716	\$107,651,882
To optometrists	\$82,987	\$93,564	\$122,799	\$120,306	\$111,337	\$109,186
To podiatrist	\$1,193,789	\$1,158,727	\$1,058,921	\$1,329,624	\$1,440,773	\$1,354,577
To physical therapists	\$96,190,575	\$95,118,921	\$94,249,976	\$103,109,287	\$94,506,932	\$64,546,919
To occupational therapists	\$14,884,502	\$13,828,422	\$15,664,229	\$19,015,527	\$16,449,697	\$12,466,194
To all others	\$68,871,103	\$74,801,364	\$86,529,855	\$109,358,326	\$106,964,917	\$77,420,977
<b>Total Medical Payments Excluding Hospitals</b>	<b>\$690,144,797</b>	<b>\$715,420,809</b>	<b>\$779,525,549</b>	<b>\$903,569,500</b>	<b>\$818,910,622</b>	<b>\$560,493,726</b>
<b>Medical Payments to Hospitals, including Ambulatory Surgical Centers</b>						
Inpatient	\$107,154,891	\$96,991,548	\$120,463,134	\$150,880,590	\$151,012,170	\$95,232,042
Outpatient - Hospital	\$200,832,212	\$183,787,734	\$203,031,005	\$212,954,609	\$193,417,588	\$127,581,470
Outpatient - Ambulatory Surgical	\$29,789,610	\$31,973,468	\$49,717,282	\$73,317,556	\$70,273,755	\$40,859,082
Unidentified	\$375,512	\$262,486	\$89,235	N/A	N/A	N/A
<b>Total Hospital Payments</b>	<b>\$338,152,225</b>	<b>\$313,015,236</b>	<b>\$373,300,656</b>	<b>\$437,152,755</b>	<b>\$414,703,513</b>	<b>\$263,672,594</b>
<b>Total Payments to Health Care Providers and Hospitals</b>	<b>\$1,028,297,022</b>	<b>\$1,028,436,045</b>	<b>\$1,152,826,205</b>	<b>\$1,340,722,255</b>	<b>\$1,233,614,135</b>	<b>\$824,166,320</b>
<b>Medical Payments for Specified Types of Treatment<sup>3</sup></b>						
Evaluation and Management	\$142,203,161	\$141,498,650	\$147,830,111	\$171,111,414	\$167,151,281	\$137,161,191
Physical Medicine and Manipulations <sup>4</sup>	\$285,355,540	\$310,573,847	\$355,325,279	\$400,405,151	\$369,071,739	\$248,718,308
Psychiatric Treatment	\$6,949,768	\$7,337,710	\$8,237,195	\$11,155,309	\$10,428,746	\$5,639,993
Surgery (Including Anesthesia) <sup>5</sup>	\$146,640,522	\$146,211,383	\$155,324,762	\$190,312,338	\$153,770,063	\$85,352,100
<b>Notes:</b>						
<sup>1</sup> The total medical payments reported will not comprehensively reflect service provided during the recent periods until all of the medical billing data is reported to the Commission.						
<sup>2</sup> The payments reported include only care associated with injuries occurring on or after January 1, 1991.						
<sup>3</sup> These numbers are determined by using Current Procedural Terminology (CPT) codes published by the AMA. These treatments may be provided by several professional license types and are included in the total amount of medical payments to health care providers.						
<sup>4</sup> Physical medicine and manipulations includes physical therapy, work hardening, work conditioning, and manipulations by all provider types.						
<sup>5</sup> The figures presented for surgery treatments include only payments made to health care providers and not those to hospitals.						

**Note:** In February 2005, the Commission stopped receiving medical billing data while transitioning to a new medical bill data collection process. Due to this transition, none of the medical payment data for any of the service years has been updated since the December 2004 report.

**MEDICAL: Medical Cost Containment and Medical Compliance**

Table 50

Not Updated Since December 2004	Year Service Provided					
	1999	2000	2001	2002	2003	2004
<b>Estimated Savings from Fee Guidelines <sup>1</sup></b>						
Medical fee guidelines	\$161,405,379	\$178,171,542	\$209,413,144	\$261,350,921	\$289,504,085	\$226,953,394
Durable medical equipment	\$5,119,425	\$6,794,702	\$7,340,923	\$9,395,073	\$8,574,600	\$6,225,842
Acute care hospital fee guideline	\$63,398,332	\$60,262,788	\$77,983,063	\$104,524,983	\$134,410,500	\$107,165,562
Total Amount of Savings from Guidelines	\$229,923,136	\$245,229,032	\$294,737,130	\$375,270,977	\$432,489,185	\$340,344,798
<b>Other Cost Savings <sup>1</sup></b>						
Preauthorization-Related Payment Denials <sup>2</sup>	\$276,270	\$900,674	\$1,430,950	\$2,745,892	\$3,307,194	\$2,205,450
Negotiated Contracts	\$114,190,642	\$124,431,049	\$159,002,266	\$222,704,457	\$209,300,380	\$169,551,393
Total Amount of Other Cost Savings	\$114,466,912	\$125,331,723	\$160,433,216	\$225,450,349	\$212,607,574	\$171,756,843
<b>Notes:</b>						
<sup>1</sup> The "cost savings" reported will not comprehensively reflect service provided during the recent periods until the medical billing data has matured.						
<sup>2</sup> Includes denials of medical charges because (1) preauthorization was required but not requested, or (2) preauthorization was denied but service was provided. The figures do not reflect savings due to services not performed because preauthorization requests were denied.						

Table 51

Health Care Provider Compliance	Year Service Provided					
	2000	2001	2002	2003	2004	Jan-June 2005
Percent of impairment reports ( TWCC- 69) filed timely with the Commission by the certifying doctor <sup>1</sup>	50%	51%	62%	63%	65%	72%
Average number of days for payment of medical bills correctly submitted by health care providers	26	25	25	25	23	Data Not Available
<b>Note:</b>						
<sup>1</sup> As of the June, 2002 publication, some TWCC-69s previously included in the measure have been eliminated. For instance, the measure no longer includes TWCC-69s for which (1) there is not a filing deadline in statute or rule, or (2) a filing deadline cannot be calculated with certainty.						

**Note:** Table 50 and the "Average number of days for payment of medical bills correctly submitted by health care providers" in Table 51 have not been updated for the June 2005 publication. In February 2005, the Commission stopped receiving medical billing data while transitioning to a new medical bill data collection process. Due to this transition, none of the medical payment data for any of the service years has been updated since the December 2004 report.



## MEDICAL: Medical Dispute Resolution

The following types of disputed issues are handled in the medical dispute resolution system:

- Preauthorization disputes;
- Retrospective Medical Necessity disputes; and
- Retrospective Medical Fee disputes.

As of January 1, 2002, Independent Review Organizations (IROs) issue findings and decisions on disputes involving preauthorization and retrospective medical necessity issues. A medical dispute resolution officer (MDRO) issues findings and decisions on medical fee disputes.

Chart 38

### Number of Medical Disputes Received<sup>1,2,3</sup> / Concluded<sup>2,4</sup> By Year Dispute Received / Concluded

Data as of June 30, 2005

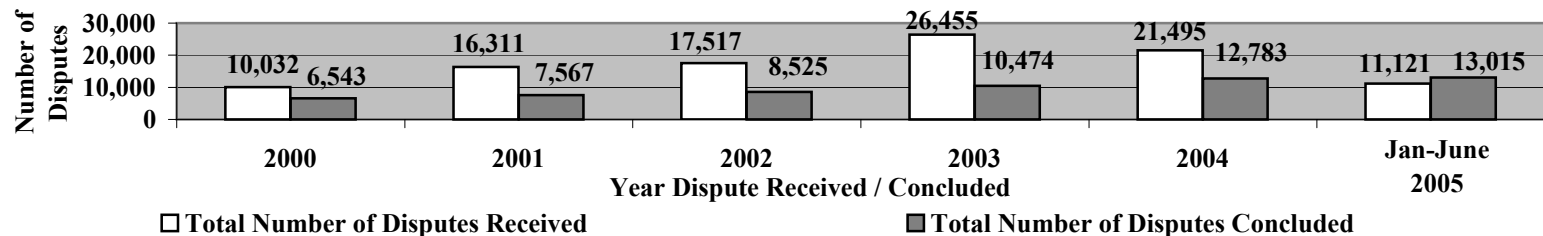


Table 52

### Number and Type of Disputes Received and Concluded

Data as of June 30, 2005

	2000	2001	2002	2003	2004	Jan-June 2005
<b>Disputes Received<sup>1,2,3</sup></b>						
Preauthorization Disputes	1,309	984	1,409	1,954	1,933	1,361
Medical Necessity Disputes	1,685	3,847	2,602	3,622	4,293	1,486
Medical Fee Disputes	2,210	3,611	5,639	13,278	10,297	6,754
No Jurisdiction/Incomplete Disputes	4,828	7,869	7,867	7,601	4,972	1,520
<b>Disputes Concluded<sup>2,4</sup></b>						
Preauthorization Disputes	1,367	872	1,237	2,089	1,929	1,333
Medical Necessity Disputes	1,614	3,180	3,221	3,602	4,784	1,735
Medical Fee Disputes	3,562	3,515	4,067	4,783	6,070	9,947

**Notes:**

<sup>1</sup> The date a dispute is received is based on the date the Commission receives the dispute (date stamp date) rather than the date of entry into the automated system.

<sup>2</sup> Totals do not include hospital fee disputes filed as a result of the court's 1997 invalidation of the 1992 Acute Care Inpatient Hospital Fee Guidelines.

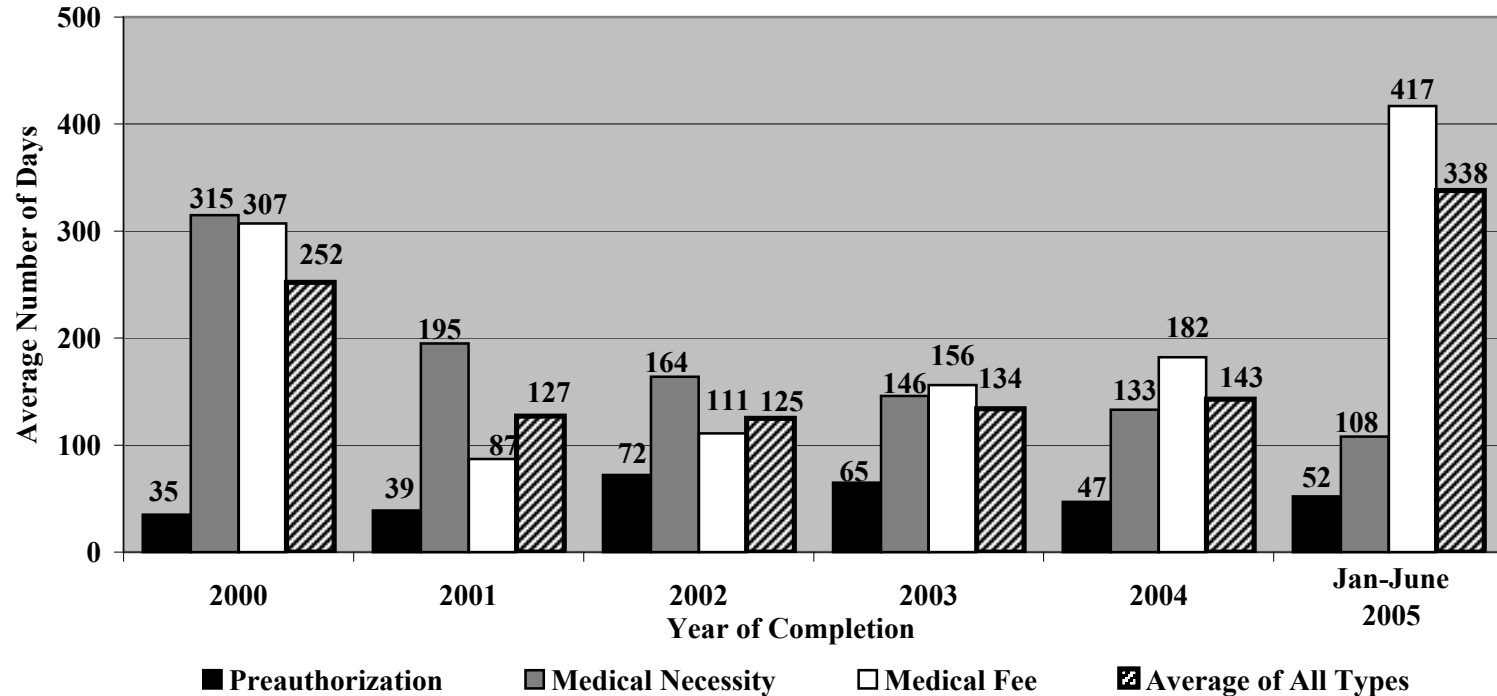
<sup>3</sup> The increase in the number of disputes received in 2003 is due primarily to the filing of a large volume of pharmacy related fee disputes, which has resulted in an overall increase in the total number of disputes received.

<sup>4</sup> The number of disputes concluded is higher in 2005 due to an increased effort by the Commission to resolve pending medical fee disputes.

Chart 39

Average Number of Days to Complete Medical Dispute Resolution

Data as of June 30, 2005



**Notes:**

- The average number of days is calculated for all completed disputes (including decisions, dismissals, and withdrawals) by dividing "the number of days from the date the Commission receives the dispute (stamp date) to the date the dispute is completed for all disputes" by "the total number of completed disputes."
- This data does not include completed hospital fee disputes filed as a result of the court's 1997 invalidation of the 1992 Acute Care Inpatient Hospital Fee Guidelines.
- The average number of days to complete a medical fee dispute is substantially higher in 2005 due to an increased effort by the Commission to resolve pending medical fee disputes.

# MEDICAL: Medical Dispute Resolution

Chart 40

## Disputes Resulting in Decisions or Withdrawals/Dismissals

Data as of June 30, 2005

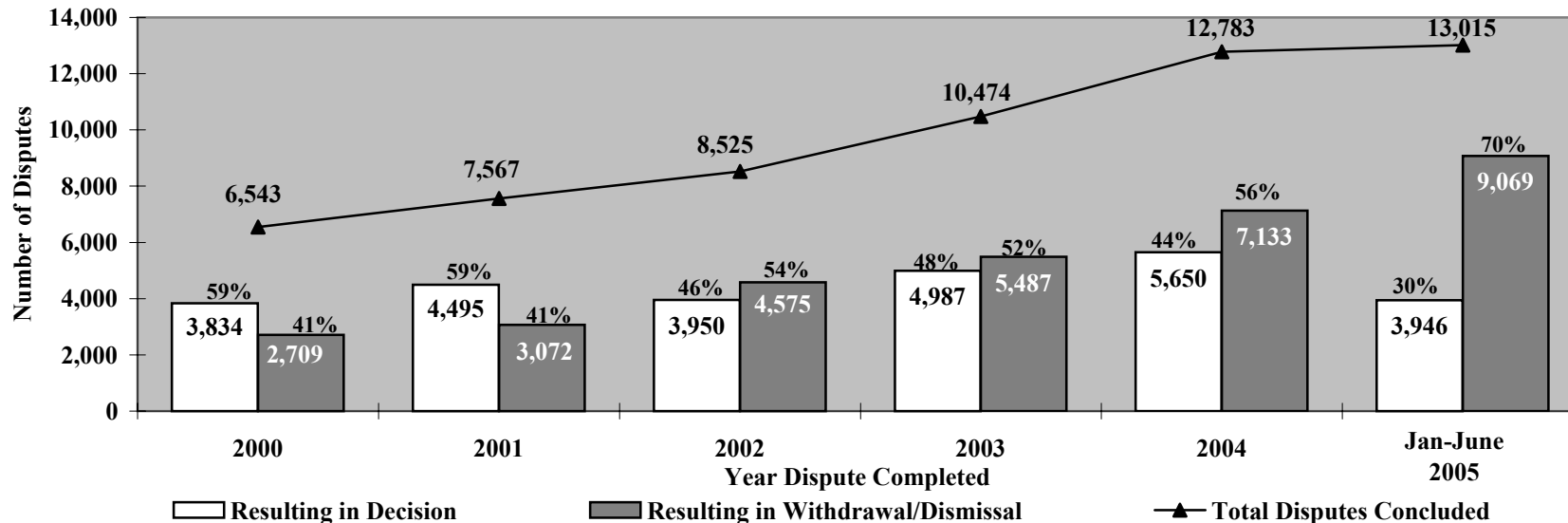


Table 53

## Outcome of Medical Dispute Resolution<sup>1,2</sup>

Data as of June 30, 2005

	2000	2001	2002	2003	2004	Jan-June 2005
Orders for payment from insurance carriers to health care providers	2,554	2,832	1,798	2,451	3,609	1,757
Orders for refund from health care providers to insurance carriers	8	1	5	2	1	10
Disputes considered with no order to pay or refund <sup>3,4</sup>	3,841	4,534	6,068	7,129	7,007	8,746

**Notes:**

<sup>1</sup> Totals may not sum to total disputes concluded due to disputes not included in the table, which are closed and referred to the field office, identified as no jurisdiction, etc.

<sup>2</sup> Totals do not include completed hospital fee disputes filed as a result of the court's 1997 invalidation of the 1992 Acute Care Inpatient Hospital Fee Guidelines.

<sup>3</sup> Totals include decisions in favor of the insurance carrier or the health care provider, split decisions, withdrawals and dismissals.

<sup>4</sup> The increase in 2002, 2003, 2004 and 2005 is due primarily to an increase in the number of dismissals and withdrawals.

Outcome of Medical Dispute Resolution

Chart 41

Decisions in Favor of Carrier or Health Care Provider/Worker

Data as of June 30, 2005

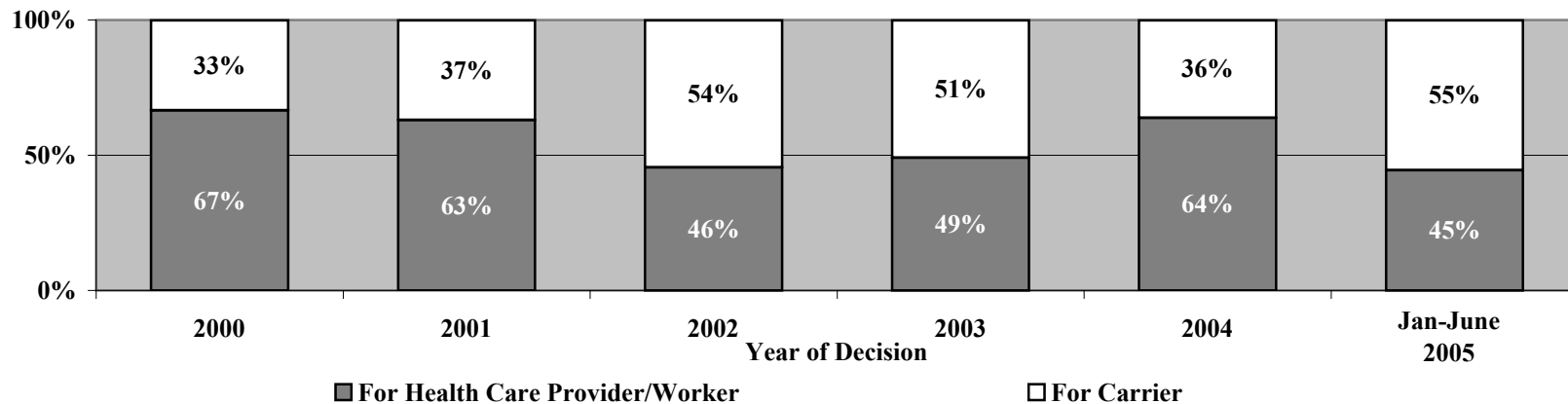
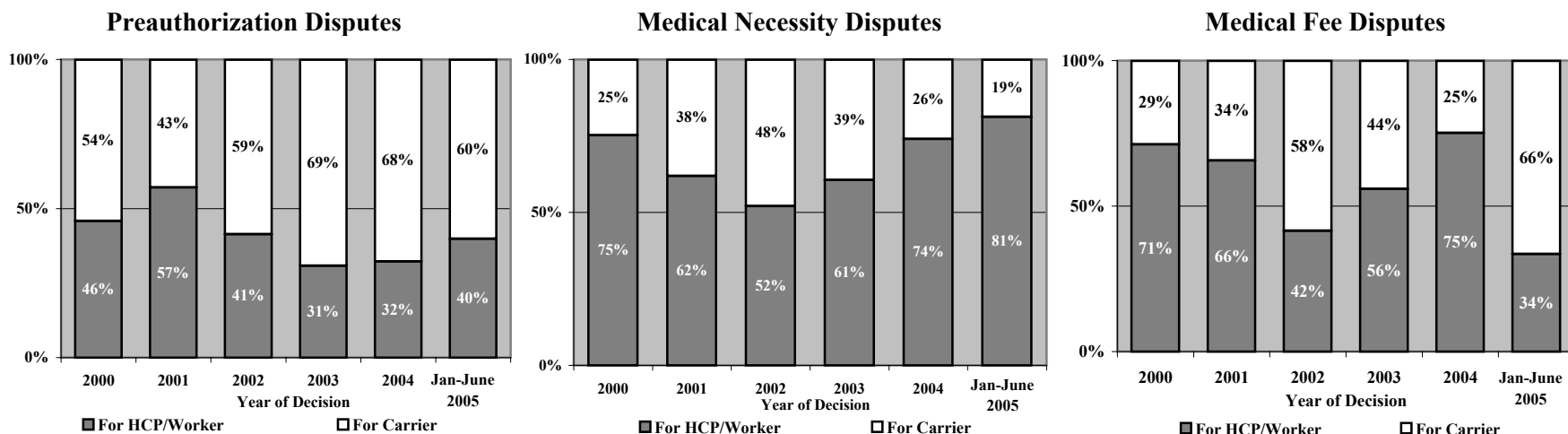


Chart 42

Decisions in Favor of Carrier or Health Care Provider/Worker by Type of Dispute

Data as of June 30, 2005



*Note: Totals do not include completed hospital fee disputes filed as a result of the court's 1997 invalidation of the 1992 Acute Care Inpatient Hospital Fee Guidelines.*

# MEDICAL: Medical Dispute Resolution

Chart 43

## Percent of Completed Disputes Appealed to the State Office of Administrative Hearings (SOAH)

Data as of June 30, 2005

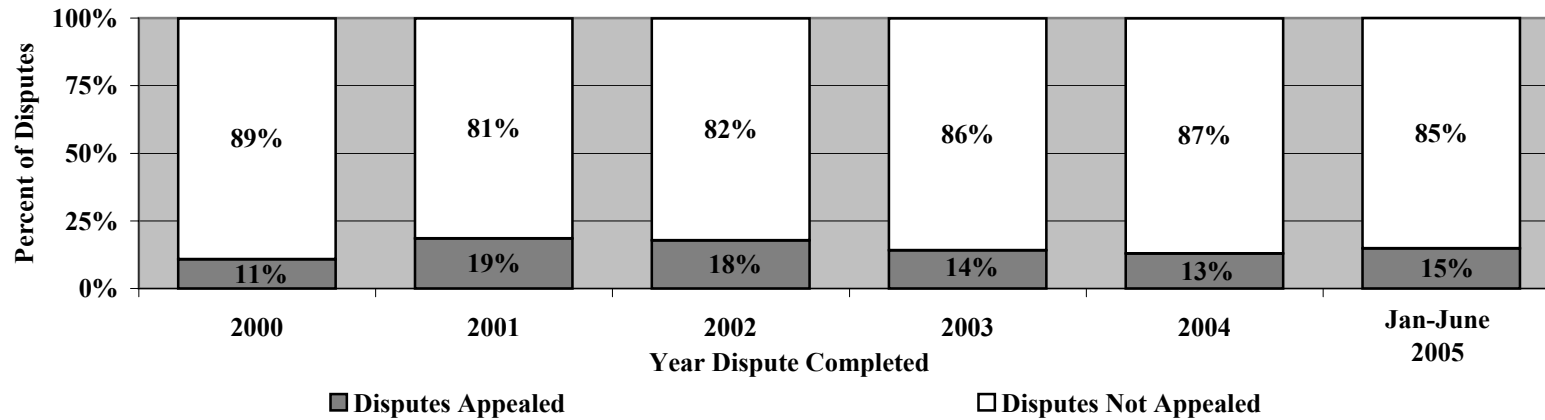
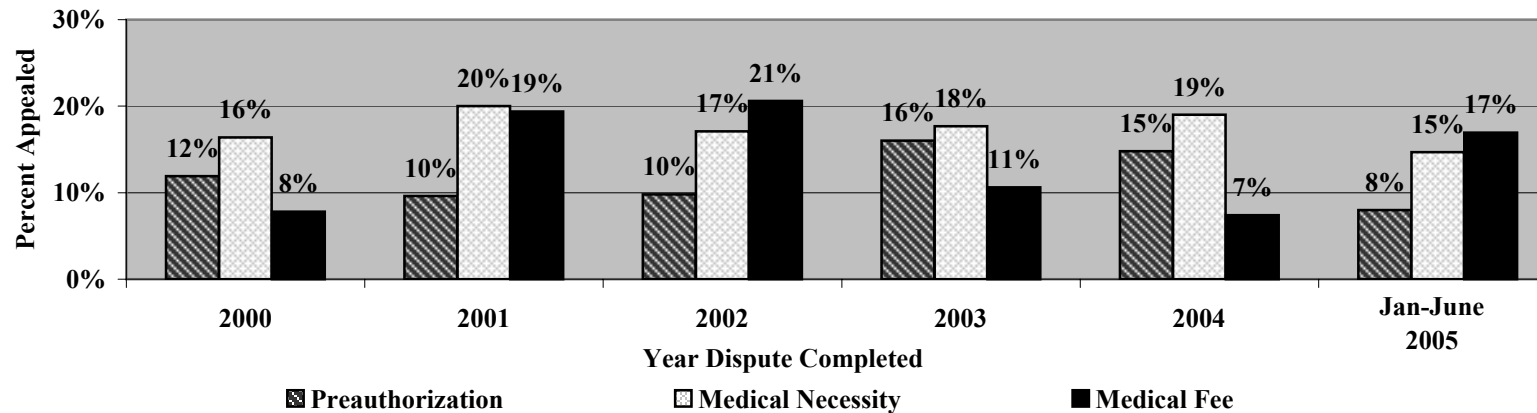


Chart 44

## Percent of Completed Disputes Appealed to the State Office of Administrative Hearings (SOAH) By Dispute Type

Data as of June 30, 2005



**Notes:**

- Completed disputes are those resulting in a decision, withdrawal or dismissal and those processed by both TWCC and the IROs.
- Appeal data for the most recent months in 2005 is not complete; therefore, the percentages are based on completed disputes as of March 31, 2005 and any appeals for those disputes filed through June 30, 2005.
- Totals do not include completed hospital fee disputes filed as a result of the court's 1997 invalidation of the 1992 Acute Care Inpatient Hospital Fee Guidelines.

## MEDICAL: Medical Dispute Resolution

Chart 45

### Outcome of Disputes Appealed to the State Office of Administrative Hearings (SOAH)<sup>1</sup>

Data as of June 30, 2005

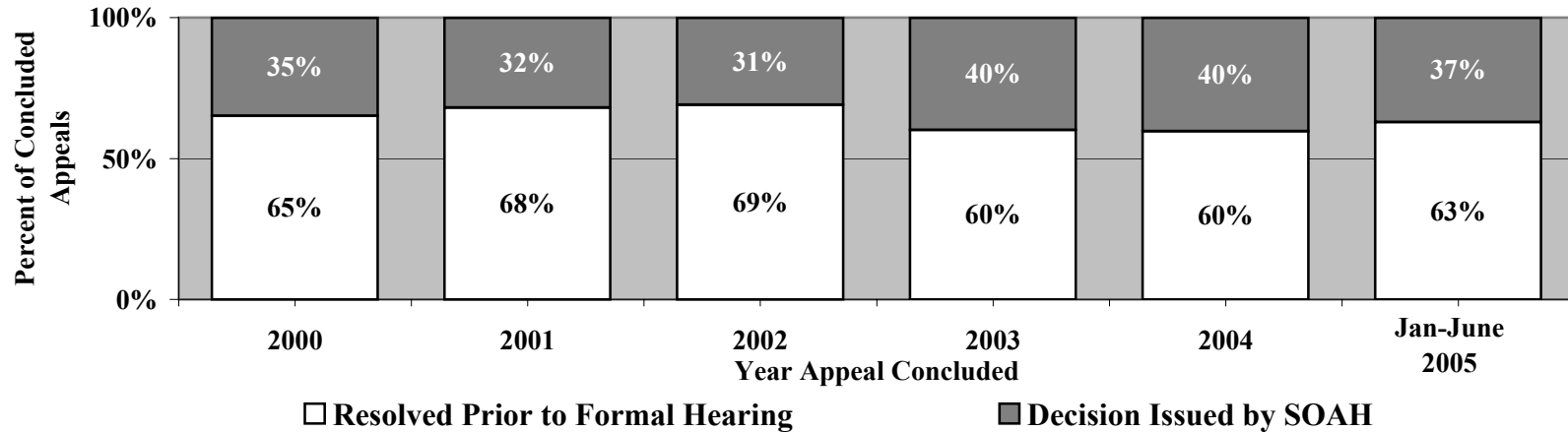


Table 54

### Outcome of Disputes Resulting in Decisions Issued by SOAH<sup>1,2</sup>

Data as of June 30, 2005

	2000	2001	2002	2003	2004	Jan-June 2005
<b>Affirmed in Favor of Carrier</b>	40%	17%	28%	33%	29%	22%
<b>Affirmed in Favor of HCP</b>	27%	35%	26%	16%	19%	27%
<b>Affirmed (Disputes with no Findings)</b>	3%	0%	1%	0%	1%	2%
<b>Reversed in Favor of Carrier</b>	8%	20%	21%	20%	19%	22%
<b>Reversed in Favor of HCP</b>	15%	12%	18%	21%	18%	10%
<b>Reversed (Disputes with no Findings)</b>	0%	1%	0%	0%	0%	0%
<b>Mixed</b>	2%	3%	3%	8%	11%	15%
<b>Remanded</b>	6%	12%	4%	2%	4%	2%

**Notes:**

<sup>1</sup> Totals do not include hospital fee disputes filed as a result of the court's 1997 invalidation of the 1992 Acute Care Inpatient Hospital Fee Guidelines.

<sup>2</sup> Decisions issued by the administrative law judge at SOAH determine whether the decision issued by the medical dispute resolution officer (MDRO) or the independent review organization (IRO) is affirmed, reversed, or remanded back to the Commission for further review. Mixed decisions indicate that a portion of the MDRO's or IRO's decision is affirmed and a portion is reversed.

**INJURIES BY NATURE**

<b>APPENDIX A</b>												
<b>Detail Claim Information (DCI) Classification</b>	<b>Year Injury Occurred</b>											
	<b>2000</b>		<b>2001</b>		<b>2002</b>		<b>2003</b>		<b>2004</b>		<b>Jan-June 2005</b>	
<b>Contusion</b>	<b>19,704</b>	<b>12.0%</b>	<b>18,296</b>	<b>11.4%</b>	<b>17,518</b>	<b>11.4%</b>	<b>15,424</b>	<b>11.0%</b>	<b>13,689</b>	<b>11.1%</b>	<b>6,152</b>	<b>12.6%</b>
<b>Fracture</b>	<b>9,069</b>	<b>5.5%</b>	<b>8,787</b>	<b>5.5%</b>	<b>8,432</b>	<b>5.5%</b>	<b>8,085</b>	<b>5.8%</b>	<b>7,900</b>	<b>6.4%</b>	<b>3,399</b>	<b>7.0%</b>
<b>Hernia or Rupture</b>	<b>2,497</b>	<b>1.5%</b>	<b>2,535</b>	<b>1.6%</b>	<b>2,302</b>	<b>1.5%</b>	<b>2,106</b>	<b>1.5%</b>	<b>2,002</b>	<b>1.6%</b>	<b>621</b>	<b>1.3%</b>
Hernia	1,875	1.1%	1,827	1.1%	1,588	1.0%	1,442	1.0%	1,383	1.1%	455	0.9%
Rupture	622	0.4%	708	0.4%	714	0.5%	664	0.5%	619	0.5%	166	0.3%
<b>Laceration or Puncture</b>	<b>11,517</b>	<b>7.0%</b>	<b>10,803</b>	<b>6.7%</b>	<b>10,814</b>	<b>7.0%</b>	<b>9,873</b>	<b>7.1%</b>	<b>8,961</b>	<b>7.3%</b>	<b>3,750</b>	<b>7.7%</b>
Laceration	9,618	5.9%	8,899	5.5%	8,490	5.5%	7,775	5.6%	7,200	5.8%	3,063	6.3%
Puncture	1,899	1.2%	1,904	1.2%	2,324	1.5%	2,098	1.5%	1,761	1.4%	687	1.4%
<b>Sprain or Strain</b>	<b>74,085</b>	<b>45.0%</b>	<b>71,163</b>	<b>44.2%</b>	<b>67,943</b>	<b>44.0%</b>	<b>62,507</b>	<b>44.7%</b>	<b>55,717</b>	<b>45.2%</b>	<b>21,423</b>	<b>44.0%</b>
Sprain	15,869	9.6%	16,035	10.0%	16,514	10.7%	15,631	11.2%	14,347	11.6%	5,969	12.3%
Strain	58,216	35.4%	55,128	34.3%	51,429	33.3%	46,876	33.5%	41,370	33.6%	15,454	31.7%
<b>Carpal Tunnel Syndrome</b>	<b>3,197</b>	<b>1.9%</b>	<b>3,047</b>	<b>1.9%</b>	<b>2,815</b>	<b>1.8%</b>	<b>2,528</b>	<b>1.8%</b>	<b>1,561</b>	<b>1.3%</b>	<b>266</b>	<b>0.6%</b>
<b>Occupational / Cumulative</b>	<b>10,052</b>	<b>6.1%</b>	<b>10,302</b>	<b>6.4%</b>	<b>10,750</b>	<b>7.0%</b>	<b>9,741</b>	<b>7.0%</b>	<b>8,236</b>	<b>6.7%</b>	<b>3,394</b>	<b>7.0%</b>
Aids	10	0.0%	10	0.0%	5	0.0%	8	0.0%	4	0.0%	5	0.0%
All Other Cumulative (Noc)	4,208	2.6%	3,885	2.4%	3,876	2.5%	3,344	2.4%	2,493	2.0%	773	1.6%
All Other Occupational (Noc)	680	0.4%	837	0.5%	842	0.6%	662	0.5%	619	0.5%	230	0.5%
Asbestosis	72	0.0%	45	0.0%	126	0.1%	56	0.0%	35	0.0%	15	0.0%
Black Lung	7	0.0%	5	0.0%	38	0.0%	3	0.0%	<3	0.0%	<3	0.0%
Byssinosis	<3	0.0%	4	0.0%	6	0.0%	<3	0.0%	<3	0.0%	<3	0.0%
Cancer	18	0.0%	16	0.0%	9	0.0%	7	0.0%	6	0.0%	3	0.0%
Contagious Disease	839	0.5%	1,044	0.7%	1,207	0.8%	1,468	1.1%	1,336	1.1%	717	1.5%
Dermatitis	1,653	1.0%	1,860	1.2%	1,935	1.3%	1,766	1.3%	1,539	1.3%	747	1.5%
Dust Disease	63	0.0%	65	0.0%	61	0.0%	39	0.0%	41	0.0%	14	0.0%
Loss of Hearing	186	0.1%	210	0.1%	166	0.1%	228	0.2%	162	0.1%	67	0.1%
Mental Disorder	121	0.1%	117	0.1%	126	0.1%	90	0.1%	92	0.1%	32	0.1%
Mental Stress	564	0.3%	552	0.3%	567	0.4%	598	0.4%	501	0.4%	201	0.4%
Poisoning - Chemical	200	0.1%	304	0.2%	179	0.1%	193	0.1%	215	0.2%	74	0.2%
Poisoning - Metal	43	0.0%	24	0.0%	12	0.0%	16	0.0%	19	0.0%	5	0.0%
Radiation	8	0.0%	15	0.0%	12	0.0%	20	0.0%	10	0.0%	4	0.0%
Respiratory Disorders	1,354	0.8%	1,261	0.8%	1,491	1.0%	1,226	0.9%	1,159	0.9%	503	1.0%
Silicosis	7	0.0%	31	0.0%	76	0.1%	12	0.0%	<3	0.0%	<3	0.0%
Vdt Related Disease	17	0.0%	17	0.0%	16	0.0%	5	0.0%	4	0.0%	<3	0.0%

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**INJURIES BY NATURE**

**APPENDIX A - cont.**

Detail Claim Information (DCI) Classification	Year Injury Occurred											
	2000		2001		2002		2003		2004		Jan-June 2005	
<b>All Other Classified Claims</b>	<b>31,681</b>	<b>19.3%</b>	<b>32,694</b>	<b>20.3%</b>	<b>31,112</b>	<b>20.2%</b>	<b>27,223</b>	<b>19.5%</b>	<b>22,701</b>	<b>18.4%</b>	<b>8,577</b>	<b>17.6%</b>
No Physical Injury	431	0.3%	527	0.3%	717	0.5%	1,000	0.7%	803	0.7%	198	0.4%
Amputation	621	0.4%	642	0.4%	553	0.4%	447	0.3%	490	0.4%	213	0.4%
Angina Pectoris	72	0.0%	75	0.1%	81	0.1%	118	0.1%	68	0.1%	31	0.1%
Asphyxiation	37	0.0%	42	0.0%	32	0.0%	17	0.0%	31	0.0%	11	0.0%
Burn	2,321	1.4%	2,246	1.4%	1,973	1.3%	1,770	1.3%	1,631	1.3%	728	1.5%
Concussion	574	0.4%	582	0.4%	536	0.4%	582	0.4%	517	0.4%	243	0.5%
Crushing	1,471	0.9%	1,331	0.8%	1,143	0.7%	1,072	0.8%	1,059	0.9%	477	1.0%
Dislocation	1,208	0.7%	1,204	0.8%	1,054	0.7%	1,060	0.8%	903	0.7%	341	0.7%
Electric Shock	255	0.2%	233	0.1%	237	0.2%	225	0.2%	193	0.2%	74	0.2%
Enucleation	8	0.0%	14	0.0%	12	0.0%	7	0.0%	9	0.0%	<3	0.0%
Foreign Body	2,239	1.4%	1,946	1.2%	1,757	1.1%	1,323	1.0%	1,240	1.0%	550	1.1%
Freezing	29	0.0%	20	0.0%	16	0.0%	13	0.0%	10	0.0%	6	0.0%
Hearing Loss or Impairment	252	0.2%	180	0.1%	155	0.1%	145	0.1%	100	0.1%	29	0.1%
Heat Prostration	408	0.3%	339	0.2%	309	0.2%	353	0.3%	325	0.3%	65	0.1%
Infection	482	0.3%	465	0.3%	598	0.4%	653	0.5%	595	0.5%	225	0.5%
Inflammation	3,750	2.3%	4,094	2.5%	4,453	2.9%	3,924	2.8%	3,486	2.8%	1,274	2.6%
Myocardial Infarction	247	0.2%	227	0.1%	218	0.1%	261	0.2%	201	0.2%	69	0.1%
Poisoning General	127	0.1%	131	0.1%	206	0.1%	194	0.1%	163	0.1%	61	0.1%
Severance	182	0.1%	164	0.1%	142	0.1%	174	0.1%	156	0.1%	83	0.2%
Syncope	100	0.1%	141	0.1%	148	0.1%	183	0.1%	160	0.1%	66	0.1%
Vascular	55	0.0%	71	0.0%	58	0.0%	54	0.0%	40	0.0%	11	0.0%
Vision Loss	48	0.0%	43	0.0%	44	0.0%	49	0.0%	42	0.0%	18	0.0%
All Other Specific Injuries (Noc)	16,764	10.2%	17,977	11.2%	16,670	10.8%	13,599	9.7%	10,479	8.5%	3,802	7.8%
<b>Multiple Injuries</b>	<b>2,745</b>	<b>1.7%</b>	<b>3,334</b>	<b>2.1%</b>	<b>2,616</b>	<b>1.7%</b>	<b>2,282</b>	<b>1.6%</b>	<b>2,442</b>	<b>2.0%</b>	<b>1,100</b>	<b>2.3%</b>
Multiple Physical Only	2,621	1.6%	3,129	1.9%	2,417	1.6%	2,186	1.6%	2,361	1.9%	1,070	2.2%
Multiple Physical & Psychological	124	0.1%	205	0.1%	199	0.1%	96	0.1%	81	0.1%	30	0.1%
<b>Total Reported Injuries With Nature of Injury Data</b>	<b>164,547</b>		<b>160,961</b>		<b>154,302</b>		<b>139,769</b>		<b>123,209</b>		<b>48,682</b>	

*Note: Detail percentages may not add up to the high level percentages due to rounding.*



**INJURIES BY BODY PART**

<b>APPENDIX B</b>												
<b>Detail Claim Information (DCI) Classification</b>	<b>Year Injury Occurred</b>											
	<b>2000</b>		<b>2001</b>		<b>2002</b>		<b>2003</b>		<b>2004</b>		<b>Jan-June 2005</b>	
<b>Head</b>	<b>9,768</b>	<b>5.9%</b>	<b>9,371</b>	<b>5.8%</b>	<b>9,355</b>	<b>6.0%</b>	<b>8,282</b>	<b>5.9%</b>	<b>7,455</b>	<b>6.0%</b>	<b>3,110</b>	<b>6.4%</b>
Brain	346	0.2%	348	0.2%	393	0.3%	339	0.2%	309	0.3%	116	0.2%
Ear(s)	713	0.4%	711	0.4%	614	0.4%	616	0.4%	470	0.4%	152	0.3%
Eye(s)	3,329	2.0%	2,909	1.8%	3,029	2.0%	2,457	1.8%	2,319	1.9%	990	2.0%
Facial Bones	226	0.1%	228	0.1%	234	0.2%	233	0.2%	227	0.2%	89	0.2%
Mouth	246	0.2%	252	0.2%	227	0.2%	224	0.2%	198	0.2%	101	0.2%
Multiple Head Injuries	1,628	1.0%	1,502	0.9%	1,325	0.9%	1,353	1.0%	1,408	1.1%	610	1.3%
Nose	333	0.2%	355	0.2%	312	0.2%	302	0.2%	263	0.2%	100	0.2%
Skull	1,085	0.7%	982	0.6%	956	0.6%	954	0.7%	809	0.7%	373	0.8%
Soft Tissue	1,704	1.0%	1,937	1.2%	2,129	1.4%	1,664	1.2%	1,337	1.1%	552	1.1%
Teeth	158	0.1%	147	0.1%	136	0.1%	140	0.1%	115	0.1%	27	0.1%
<b>Neck</b>	<b>3,867</b>	<b>2.3%</b>	<b>3,954</b>	<b>2.5%</b>	<b>3,985</b>	<b>2.6%</b>	<b>3,865</b>	<b>2.8%</b>	<b>3,214</b>	<b>2.6%</b>	<b>1,109</b>	<b>2.3%</b>
Disc (Incl. Cervical Segment)	304	0.2%	379	0.2%	404	0.3%	361	0.3%	265	0.2%	105	0.2%
Larynx	38	0.0%	35	0.0%	23	0.0%	32	0.0%	22	0.0%	9	0.0%
Multiple Neck Injuries	1,913	1.2%	1,827	1.1%	1,681	1.1%	1,877	1.3%	1,690	1.4%	556	1.1%
Soft Tissue (Other than Larynx/ Trachea)	1,226	0.7%	1,343	0.8%	1,526	1.0%	1,261	0.9%	980	0.8%	345	0.7%
Spinal Cord (Incl. Cervical Segment)	77	0.1%	77	0.1%	119	0.1%	96	0.1%	52	0.0%	14	0.0%
Trachea	34	0.0%	24	0.0%	23	0.0%	16	0.0%	17	0.0%	10	0.0%
Vertebrae	275	0.2%	269	0.2%	209	0.1%	222	0.2%	188	0.2%	70	0.1%
<b>Upper Extremities</b>	<b>47,652</b>	<b>28.9%</b>	<b>46,988</b>	<b>29.2%</b>	<b>45,132</b>	<b>29.2%</b>	<b>40,410</b>	<b>28.8%</b>	<b>35,242</b>	<b>28.6%</b>	<b>13,088</b>	<b>27.0%</b>
Elbow	2,614	1.6%	2,639	1.6%	2,645	1.7%	2,356	1.7%	2,130	1.7%	771	1.6%
Fingers	8,155	4.9%	7,859	4.9%	7,590	4.9%	6,785	4.8%	6,342	5.1%	2,647	5.5%
Hand	7,777	4.7%	7,597	4.7%	6,991	4.5%	6,250	4.5%	5,441	4.4%	2,104	4.3%
Lower Arm	3,790	2.3%	3,679	2.3%	3,735	2.4%	3,205	2.3%	2,851	2.3%	1,112	2.3%
Multiple Upper Extremities	4,329	2.6%	4,679	2.9%	4,168	2.7%	3,836	2.7%	3,193	2.6%	1,025	2.1%
Shoulder(s)	5,648	3.4%	6,285	3.9%	6,737	4.4%	6,420	4.6%	5,685	4.6%	1,998	4.1%
Thumb	2,405	1.5%	2,135	1.3%	2,076	1.3%	1,894	1.4%	1,617	1.3%	746	1.5%
Upper Arm (Incl. Clavicle and Scapula)	4,564	2.8%	3,951	2.5%	3,387	2.2%	2,846	2.0%	2,363	1.9%	856	1.8%
Wrist	7,585	4.6%	7,133	4.4%	6,748	4.4%	5,890	4.2%	4,840	3.9%	1,604	3.3%
Wrist(s) & Hand(s)	785	0.5%	1,031	0.6%	1,055	0.7%	928	0.7%	780	0.6%	225	0.5%

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**INJURIES BY BODY PART**

**APPENDIX B - cont.**

Detail Claim Information (DCI) Classification	Year Injury Occurred											
	2000		2001		2002		2003		2004		Jan-June 2005	
<b>Trunk</b>	<b>45,502</b>	<b>27.6%</b>	<b>42,810</b>	<b>26.6%</b>	<b>41,469</b>	<b>26.8%</b>	<b>36,375</b>	<b>25.9%</b>	<b>31,438</b>	<b>25.5%</b>	<b>12,221</b>	<b>25.2%</b>
Abdomen	2,735	1.7%	2,813	1.8%	2,657	1.7%	2,525	1.8%	2,402	2.0%	915	1.9%
Buttocks	256	0.2%	277	0.2%	284	0.2%	252	0.2%	217	0.2%	90	0.2%
Chest	2,590	1.6%	2,367	1.5%	2,328	1.5%	2,057	1.5%	1,901	1.5%	819	1.7%
Disc (Other than Cervical Segment)	253	0.2%	268	0.2%	261	0.2%	272	0.2%	239	0.2%	56	0.1%
Heart	284	0.2%	290	0.2%	293	0.2%	340	0.2%	240	0.2%	94	0.2%
Internal Organs (Other than Heart and Lungs)	1,417	0.9%	1,305	0.8%	1,453	0.9%	1,374	1.0%	952	0.8%	391	0.8%
Lower Back Area	31,023	18.8%	28,950	18.0%	27,806	18.0%	23,810	17.0%	20,429	16.6%	7,915	16.3%
Lumbar And/or Sacral Vertebrae	270	0.2%	325	0.2%	446	0.3%	515	0.4%	421	0.3%	186	0.4%
Lungs	667	0.4%	713	0.4%	807	0.5%	592	0.4%	568	0.5%	248	0.5%
Multiple Trunk	2,381	1.4%	2,310	1.4%	2,149	1.4%	1,812	1.3%	1,376	1.1%	480	1.0%
Pelvis	719	0.4%	554	0.3%	500	0.3%	414	0.3%	353	0.3%	134	0.3%
Sacrum and Coccyx	260	0.2%	289	0.2%	255	0.2%	245	0.2%	233	0.2%	102	0.2%
Spinal Cord (Other than Cervical Segment)	79	0.1%	82	0.1%	102	0.1%	100	0.1%	120	0.1%	36	0.1%
Upper Back Area	2,568	1.6%	2,267	1.4%	2,128	1.4%	2,067	1.5%	1,987	1.6%	755	1.6%
<b>Lower Extremities</b>	<b>34,279</b>	<b>20.8%</b>	<b>33,022</b>	<b>20.5%</b>	<b>32,140</b>	<b>20.8%</b>	<b>29,026</b>	<b>20.7%</b>	<b>26,145</b>	<b>21.2%</b>	<b>10,738</b>	<b>22.1%</b>
Ankle	6,895	4.2%	6,614	4.1%	6,507	4.2%	5,894	4.2%	5,301	4.3%	2,360	4.9%
Foot	5,000	3.0%	4,809	3.0%	4,410	2.9%	3,987	2.8%	3,623	2.9%	1,499	3.1%
Great Toe	267	0.2%	280	0.2%	251	0.2%	241	0.2%	223	0.2%	111	0.2%
Hip	1,246	0.8%	1,279	0.8%	1,279	0.8%	1,128	0.8%	962	0.8%	379	0.8%
Knee	13,546	8.2%	13,158	8.2%	13,061	8.4%	11,834	8.4%	10,571	8.6%	4,048	8.3%
Lower Leg	3,470	2.1%	3,339	2.1%	3,331	2.2%	2,912	2.1%	2,636	2.1%	1,090	2.2%
Multiple Lower Extremities	1,793	1.1%	1,627	1.0%	1,393	0.9%	1,382	1.0%	1,319	1.1%	625	1.3%
Toes	970	0.6%	913	0.6%	864	0.6%	719	0.5%	715	0.6%	266	0.6%
Upper Leg	1,092	0.7%	1,003	0.6%	1,044	0.7%	929	0.7%	795	0.6%	360	0.7%
<b>Multiple Body Parts</b>	<b>24,073</b>	<b>14.6%</b>	<b>24,591</b>	<b>15.3%</b>	<b>22,689</b>	<b>14.7%</b>	<b>22,417</b>	<b>16.0%</b>	<b>19,951</b>	<b>16.2%</b>	<b>8,304</b>	<b>17.1%</b>
Artificial Appliance	31	0.0%	13	0.0%	5	0.0%	4	0.0%	5	0.0%	<3	0.0%
Body Systems and Multiple Body Systems	703	0.4%	757	0.5%	845	0.6%	795	0.6%	826	0.7%	300	0.6%
Insufficient Info to Properly Identify	1,233	0.8%	1,323	0.8%	1,245	0.8%	1,529	1.1%	1,560	1.3%	523	1.1%
Multiple Body Parts	21,431	13.0%	21,887	13.6%	19,850	12.8%	19,187	13.7%	16,813	13.6%	7,164	14.8%
No Physical Injury	675	0.4%	611	0.4%	744	0.5%	902	0.6%	747	0.6%	315	0.7%
<b>Total Reported Injuries With Body Part Data</b>	<b>165,141</b>		<b>160,736</b>		<b>154,770</b>		<b>140,375</b>		<b>123,445</b>		<b>48,570</b>	

*Note: Detail percentages may not add up to the high level percentages due to rounding.*

## **TWCC HELPFUL CONTACTS**

<b>COMPLIANCE AND PRACTICES</b>	512-804-4700	<a href="mailto:compliance@twcc.state.tx.us">compliance@twcc.state.tx.us</a>
Fraud Reporting	512-804-4703	<a href="mailto:fraud@twcc.state.tx.us">fraud@twcc.state.tx.us</a>
<b>CUSTOMER SERVICES</b>	512-804-4636	<a href="mailto:customer.services@twcc.state.tx.us">customer.services@twcc.state.tx.us</a>
<b>GOVERNMENTAL RELATIONS</b>	512-804-4250	<a href="mailto:govt.relations@twcc.state.tx.us">govt.relations@twcc.state.tx.us</a>
<b>HEARINGS</b>	512-804-4010	<a href="mailto:hearings@twcc.state.tx.us">hearings@twcc.state.tx.us</a>
<b>FIELD OFFICES</b>		<a href="mailto:(cityname)@twcc.state.tx.us">(cityname)@twcc.state.tx.us</a>
<b>MEDICAL REVIEW</b>	512-804-4800	<a href="mailto:medical.review@twcc.state.tx.us">medical.review@twcc.state.tx.us</a>
<b>PUBLIC INFORMATION</b>	512-804-4200	<a href="mailto:public.information@twcc.state.tx.us">public.information@twcc.state.tx.us</a>
<b>SELF-INSURANCE REGULATION</b>	512-804-4775	<a href="mailto:self.insurance@twcc.state.tx.us">self.insurance@twcc.state.tx.us</a>
<b>SEMINAR / TRAINING</b>		
Medical Training	512-804-4800	<a href="mailto:medical.training@twcc.state.tx.us">medical.training@twcc.state.tx.us</a>
Health & Safety Training	512-804-4632	<a href="mailto:safety.training@twcc.state.tx.us">safety.training@twcc.state.tx.us</a>
Return to Work and Stay at Work	512-804-4804	<a href="mailto:rtw@twcc.state.tx.us">rtw@twcc.state.tx.us</a>
All Other Training	512-804-4578	<a href="mailto:general.training@twcc.state.tx.us">general.training@twcc.state.tx.us</a>
<b>RESEARCH AND STATISTICAL SERVICES</b>	512-804-5010	<a href="mailto:strategic.planning@twcc.state.tx.us">strategic.planning@twcc.state.tx.us</a>
(Responsible for System Data Report)		
<b>RETURN-TO-WORK</b>	512-804-5002	<a href="mailto:rtw.services@twcc.state.tx.us">rtw.services@twcc.state.tx.us</a>
<b>TXCOMP</b>	1-888-489-2667	
Technical or Access Questions		<a href="http://www.txcomp.twcc.state.tx.us">www.txcomp.twcc.state.tx.us</a> <a href="mailto:txcomp.help@twcc.state.tx.us">txcomp.help@twcc.state.tx.us</a>
<b>WORKERS' HEALTH &amp; SAFETY</b>	512-804-4600	<a href="mailto:health.safety@twcc.state.tx.us">health.safety@twcc.state.tx.us</a>
Resource Center	512-804-4620	<a href="mailto:resource.center@twcc.state.tx.us">resource.center@twcc.state.tx.us</a>
Safety Violations Hotline	1-800-452-9595	