

Data request: Claims accepted / rejected by injury type

All figures reported below are as at 31 December 2019, as supplied by the insurers.

Admitted claims – The insurer allows the application for compensation and liability continues to be accepted by the insurer (this is considered to be an initial decision on the claim).

Rejected claims – The application for compensation is rejected as the initial decision on the claim (s134).

Psychological or psychiatric injury – The injury nature codes '702', '703', '704', '705', '706', '707', '718' and '719' from the "Type of Occurrence Classification System", Third Edition, Revision 1 Safe Work Australia have been renamed psychological or psychiatric injury in this publication.

Decision Year - the financial year the first decision was made on the claim.

Decision Year	Physical Injuries			Psychological/psychiatric Injuries			Total Decisions
	Admitted	Rejected	Total	Admitted	Rejected	Total	
1999/00	73,864	2,001	75,865	1,150	464	1,614	77,479
2000/01	76,084	1,794	77,878	1,577	603	2,180	80,058
2001/02	71,069	2,342	73,411	1,389	983	2,372	75,783
2002/03	70,279	2,526	72,805	1,229	1,084	2,313	75,118
2003/04	72,247	2,580	74,827	1,259	1,187	2,446	77,273
2004/05	74,504	2,491	76,995	1,195	1,225	2,420	79,415
2005/06	77,679	2,015	79,694	1,198	1,038	2,236	81,930
2006/07	87,805	2,159	89,964	1,095	1,211	2,306	92,270
2007/08	94,838	2,155	96,993	984	1,554	2,538	99,531
2008/09	93,051	2,128	95,179	1,190	1,535	2,725	97,904
2009/10	85,657	2,516	88,173	1,217	1,670	2,887	91,060
2010/11	85,480	2,690	88,170	1,258	1,714	2,972	91,142
2011/12	84,143	2,832	86,975	1,202	1,793	2,995	89,970
2012/13	78,642	3,336	81,978	1,130	1,827	2,957	84,935
2013/14	71,600	3,304	74,904	1,001	1,823	2,824	77,728
2014/15	69,161	3,605	72,766	935	1,741	2,676	75,442
2015/16	70,806	4,086	74,892	1,080	1,798	2,878	77,770
2016/17	71,458	4,402	75,860	1,078	1,798	2,876	78,736
2017/18	71,930	4,403	76,333	1,141	1,870	3,011	79,344
2018/19	70,430	3,460	73,890	1,425	1,776	3,201	77,091

Please note, caution should be taken when comparing the Queensland scheme to other jurisdictions. There are many differences between the Queensland workers' scheme and other jurisdictions, these include coverage of a worker, reporting of injuries and benefits paid.

Also, it is important to note that there have been changes made to the Queensland scheme over the last ten years and this may limit direct comparison of data across the time period provided. This includes for example:

- differences in the definition of 'worker' and 'injury', for example change in the definition of a worker for psychological / psychiatric injuries where employment must be a 'significant contributing factor' / 'the major contributing factor';
- types of claims covered (including NIIS claims)
- change in the administration process of public hospital payments (where a claim must be lodged to receive a hospital payment); and
- change in lodgement methods of statutory claims (Dr Fax fee discontinued).

The office of industrial Relations each year provides headline indicators of the Queensland workers' compensation scheme, including claims information reported by Queensland's workers' compensation insurers for statutory and common law claims. (Workers' Compensation scheme reports, <https://www.worksafe.qld.gov.au/statistics>).

For further information and comparisons between jurisdictions please refer to SafeWork Australia, 26th Edition – Comparison of workers' compensation arrangement in Australia and New Zealand 2018 (<https://www.safeworkaustralia.gov.au/collection/comparison-workers-compensation-arrangements-australia-and-new-zealand>).