



Medical Treatment Statistics Report

Based on Policy Years 2018-2020

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INTRODUCTION

This report provides statistics related to the medical treatment received by Pennsylvania Workers Compensation claimants by part of body injured.

This report contains claim data from Unit Statistical Reports and Medical Data Call transactions for policy years 2018, 2019, and 2020, therefore all claims have both an exposure and jurisdiction state of Pennsylvania.

The Unit Statistical Reports were used to determine the Part of Body category and the Medical Data Call transactions were used for all other data. The data is limited to medical services performed within the first two years following the accident date.

OFFICE & PHYSICAL MEDICINE VISITS

For each injured part of body, statistics include claim counts and medical paid amounts.

80%

claims with at least one visit

37%

other upper extremities required most visits

2%

neck injuries required least visits

\$772-\$3509
range of average paid per claim

Part of Body	Claim Count	% of Claims	Paid Amount	Avg. Paid Amount per Claim
Back	34,683	13%	\$69,846,746	\$2,014
Head	31,285	11%	\$24,162,171	\$772
Knee	22,016	8%	\$44,554,859	\$2,024
Neck	5,578	2%	\$13,114,971	\$2,351
Other Lower Extremities	39,198	14%	\$56,264,520	\$1,435
Other Upper Extremities	100,573	37%	\$87,527,476	\$870
Shoulder & Upper Arm	25,676	9%	\$90,104,607	\$3,509
Whole Body and/or Multiple Body Parts	14,239	5%	\$28,262,997	\$1,985

⁻Other Upper Extremities includes elbow, fingers, thumb, wrist, hand, lower arm, and multiple upper extremities

⁻Other Lower Extremities includes ankle, foot, toes, hip, lower leg, upper leg, and multiple lower extremities

TIME UNTIL FIRST TREATMENT

For each injured part of body, statistics include the median, 10th percentile, and 90th percentile to illustrate the general range and outlier values for different types of medical services provided to injured workers.

Part of Body	Percentile	Days to First Doctor Visit	Days to First Physical Medicine Visit	Number of Physical Medicine Visits
	10%	0	1	2
Back	Median	1	14	9
	90%	16	65	38
	10%	0	5	1
Head	Median	0	23	10
	90%	4	114	45
	10%	0	3	2
Knee	Median	1	27	11
	90%	21	104	40
	10%	0	2	2
Neck	Median	1	16	11
	90%	16	92	45
Other	10%	0	1	1
Lower	Median	0	26	9
Extremities	90%	10	100	40
Other	10%	0	3	1
Upper	Median	0	26	8
Extremities	90%	11	112	35
Ob suid to 0	10%	0	4	2
Shoulder & Upper Arm	Median	1	28	14
Oppo: 7	90%	29	123	55
Whole Body	10%	0	3	2
and/or Multiple	Median	0	21	11
Body Parts	90%	13	102	49

⁻Evaluation and management (doctor visit) procedures are those reported with CPT codes 99201 to 99499.

⁻Physical medicine procedures are those reported with CPT codes 97001 to 97799.

⁻We define visits as unique combination of Provider ID + Service Date/Service From Date + Bill ID + Claim #.



KEY FINDINGS

FIRST VISIT TO DOCTOR OFTEN SAME OR NEXT DAY

The number of days to first doctor visit is most often the same or next day, and this rate has been as long as 29 days for some Shoulder and Upper Arm injuries

MEDIAN OF 11 PHYSICAL MEDICINE VISITS

The median number of physical medicine visits is 11 occurrences, ranging from 1 visit for Head injuries to as many as 55 visits for Shoulder and Upper Arm injuries

MEDIAN OF 27 DAYS TO FIRST PHYSICAL MEDICINE VISIT

The median number of days to first physical medicine visit is 27 days, ranging from 1 day for Back injuries to 123 days for Shoulder and Upper Arm injuries

SURGERIES

For each injured part of body, statistics include the number of claimants who required surgery within two years following the date of injury and the medical paid amounts for those surgeries.

Part of Body	Claim Count	% of All Surgeries	Paid Amount	Avg. Paid Amount Per Claim
Back	5,776	6%	\$19,271,774	\$3,337
Head	9,673	10%	\$5,505,887	\$569
Knee	8,233	9%	\$15,956,021	\$1,938
Neck	1,121	1%	\$4,162,729	\$3,713
Other Low Extremities	10,708	11%	\$16,976,127	\$1,585
Other Upper Extremities	44,685	47%	\$39,887,925	\$893
Shoulder & Upper Arm	10,922	12%	\$35,931,286	\$3,290
Whole Body and/or Multiple Body Parts	3,761	4%	\$7,925,830	\$2,107

KEY FINDINGS

28%

Claims that required at least one surgery

\$569-\$3,713

Average amounts per claim range for head injuries (low) to neck injuries (high) 47%

Other Upper Extremities required the most surgeries

1%

Neck injuries required the least surgeries

MAJOR OR MINOR SURGERY

Surgical procedures are those reported with CPT codes 10000 to 69999. Major and minor surgery are defined by CPT code and differentiated by postoperative time frames that apply to each surgical procedure, as defined by CMS (Medicare). Minor surgery includes endoscopic or minor procedures with up to a 10-day postoperative period. Major surgery includes procedures with a 1-day preoperative period and up to 90-day postoperative period. We made the assumption that if a surgery is not a major surgery, then it is a minor surgery.

Part of Body	% Claims with Surgery	% Claims with Major Surgery	% Claims with Minor Surgery
Back	26.9%	1.8%	25.1%
Head	18.9%	5.0%	13.9%
Knee	15.1%	3.5%	11.6%
Neck	35.5%	18.8%	16.7%
Other Lower Extremities	25.5%	13.3%	12.2%
Other Upper Extremities	40.5%	12.1%	28.4%
Shoulder & Upper Arm	40.6%	23.3%	17.3%
Whole Body and/or Multiple Body Parts	23.5%	7.0%	16.5%

KEY FINDINGS

15.1%

Knee injuries required the least surgeries

40.6%

Shoulder and upper arm injuries required the most surgery, as well as most major surgery (23.3%)

1.8%

Back injuries required the least major surgeries

TIME UNTIL FIRST SURGERY

For each injured part of body, statistics include the median, 10th percentile, and 90th percentile to illustrate the general range and outlier values for surgical procedures provided to injured workers, with a breakdown of major and minor surgeries.

Part of Body	Percentile	Days to First Surgery	Days to First Major Surgery	Days to First Minor Surgery
	10%	0	5	0
Back	Median	71	141	75
	90%	232	450	237
	10%	0	0	0
Head	Median	0	13	0
	90%	17	238	15
	10%	1	9	0
Knee	Median	32	60	31
	90%	127	207	149
	10%	0	6	0
Neck	Median	63	155	66
	90%	252	441	253
Other	10%	0	0	0
Lower	Median	2	6	2
Extremities	90%	91	142	146
Other	10%	0	0	0
Upper	Median	0	11	0
Extremities	90%	56	173	51
Chaulden 0	10%	1	4	4
Shoulder & Upper Arm	Median	39	76	43
Оррег Апп	90%	146	253	156
Whole Body	10%	0	0	0
and/or Multiple	Median	4	34	4
Body Parts	90%	160	298	168

⁻Surgical procedures are those reported with CPT codes 10000 to 69999.

⁻Defined major surgery based on a listing of major surgery CPT codes published by Medicare.

⁻We made the assumption that if a surgery is not a major surgery, then it is a minor surgery.

PRESCRIPTION DRUGS

The table below displays the percentage of claims that involved prescription drugs by part of body. This data is limited to prescriptions filled at a pharmacy and do not include prescriptions filled in other venues (such as hospitals, doctors office, etc.)

Part of Body	Claim Count	Paid Amount	Avg. Paid Amount Per Claim
Back	15,081	\$16,477,103	\$1,093
Head	6,283	\$4,131,649	\$658
Knee	8,059	\$6,443,017	\$799
Neck	2,147	\$2,566,778	\$1,196
Other Lower Extremities	10,019	\$10,414,142	\$1,039
Other Upper Extremities	25,546	\$11,610,209	\$454
Shoulder & Upper Arm	11,937	\$9,879,561	\$828
Whole Body and/or Multiple Body Parts	4,312	\$6,123,788	\$1,420

KEY FINDINGS

29%

Percentage of all claims that had prescription costs

\$454-\$1,420

Average range of paid amounts per claim for prescriptions, from other upper extremities to whole body injuries, respectively

OPIOID PRESCRIPTION DRUGS

The table below displays the percentage of claims that involved opioid prescription drugs by part of body. This data is limited to prescriptions filled at a pharmacy and do not include prescriptions filled in other venues (such as hospitals, doctors office, etc.)

Part of Body	% Claims with Rx (1)	% Claims with Opioids (2)	% Claims with Opioids (3) = (2)/(1)
Back	17.5%	1.2%	6.9%
Head	36.3%	4.7%	12.9%
Knee	41.9%	4.7%	11.2%
Neck	34.9%	8.2%	23.5%
Other Lower Extremities	23.9%	4.6%	19.2%
Other Upper Extremities	24.1%	4.0%	16.6%
Shoulder & Upper Arm	44.5%	12.7%	28.5%
Whole Body and/or Multiple Body Parts	27.0%	4.1%	15.2%

KEY FINDINGS

17%

Percentage of all prescriptions that were opioid prescriptions

44.5%, 12.7%

Shoulder and upper arm injuries involved the most prescriptions and most opioids, respectively

1.2%

Back injuries involved the least prescriptions and fewest prescriptions with opioids



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Founded in 1915, the Pennsylvania Compensation Rating Bureau (PCRB) is a nonprofit data collection organization serving as a trusted, essential, and objective resource that supports a healthy workers compensation system for Pennsylvania. PCRB provides data-driven products and services that anticipate and respond to marketplace conditions and identify emerging trends, including accurate and valuable statistical and actuarially-based information, marketplace knowledge, and rating plans. PCRB also conducts innovative research, provides educational services, and engages in outreach that delivers knowledge to empower actionable decisions.

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