

Younger Workers vs. Older Workers Going to the Emergency Room

Explaining Differences in Utilization and Price

Overview

The emergency room (ER) is often the first stop for workers who are injured on the job. The ER provides initial treatment for a wide range of injuries and illnesses, some of a routine nature and others that are potentially life-threatening or require immediate attention.

This study examines the extent to which the age of an injured worker is a factor in both the utilization of emergency services (number of ER services per claim) and the price of those services (measured in terms of payment per service). The study uses data on workers compensation claims and related medical detail for the period 1996–2003¹. Its key conclusions are as follows:

- Younger workers (ages 20–34) use the ER on a higher percentage of claims than do older workers (ages 45–64). A possible reason is that younger workers are less likely than older workers to have medical insurance and, therefore, a regular doctor.
- Old/young differences in ER payment per service largely reflect the way hospitals report payment information, making it difficult to analyze the data on a procedure-by-procedure basis. However, in cases where discrete procedure-based information is available, payment-per-service differences by age of worker are small and mostly indeterminable.

Age-Related Differences in Emergency Services per Claim

Our first step in exploring the extent to which age impacts the utilization of emergency room services builds upon analyses in NCCI's recent study "Age as a Driver of Frequency and Severity,"² which looks at old/young ratios of ER services to total claims—that is, claims with and without emergency room treatment (Table 1).

Table 1
ER Services and Total Claims, Younger Workers vs. Older Workers
1996–2003, NCCI States

	ER Services	Total Claims	ER Services/ Total Claims
Younger Workers (20–34)	292,667	296,372	0.99
Older Workers (45–64)	213,713	253,630	0.84
Young% vs. Old%			17%

¹ The data used in this study are licensed to NCCI by insurers for the purposes of this study covering losses and claims from more than 1.5 million lost-time claims over the eight years 1996–2003.

² Tanya Restrepo, Scott Sobel, and Harry Shuford, "Age as a Driver of Frequency and Severity," *NCCI Research Brief*, December 2006.

The table indicates that, on a per claim basis, younger workers' use of emergency services is 17% higher than older workers. The overall results, shown in Table 1, are also evident when the claims data are examined by diagnosis. Indeed, as shown in Appendix Table A-1, emergency services per claim were higher for younger workers in 94 of 120 workers compensation-related diagnoses³ (making the young/old ratio of ER services per claim greater than unity). Moreover, those 94 diagnoses accounted for more than 90% of both emergency services and total claims for younger workers and older workers combined for the 120 diagnoses included in the table.

Another measure of the extent to which younger workers make greater use of the ER than older workers is seen by relating the number of claims with ER treatment to the total number of claims. As shown in Table 2, the share of ER claims to total claims was 5.9% greater for younger workers.

Table 2
Claims With ER Services and Total Claims, Younger Workers vs. Older Workers
1996–2003, NCCI States

	Claims With ER Services	Total Claims	ER Claims as % of Total Claims
Younger Workers (20–34)	122,990	296,372	41.5%
Older Workers (45–64)	90,417	253,630	35.6%
Young % vs. Old %			5.9%

This leads to the question of *why* younger workers make greater use of emergency services than older workers in the treatment of workers compensation claims.

The explanation may largely be related to younger workers being less likely than older ones to have medical insurance and, therefore, a regular doctor. According to Census Bureau data for 2005, 31% of persons ages 18–24 and 26% of persons ages 25–34 were uninsured. In contrast, only 15% of persons ages 45–64 were uninsured.⁴ Significantly, according to research published by the Robert Wood Johnson Foundation, uninsured adults are almost four times as likely as insured adults to lack a personal doctor or healthcare provider (56% vs. 16%), and 41% of uninsured adults report being unable to see a doctor when needed due to cost considerations, compared to 9% of adults with healthcare coverage.⁵ Taken together, these findings suggest that younger workers may view the emergency room as their only choice in seeking medical treatment, and they will use ER services even in cases where a medical issue is not necessarily an “emergency.” Older workers, on the other hand, may initially use their own doctor when they believe a nonemergency medical problem may exist.

Age-Related Differences in Payment per Service

Age-related differences in payment per service are best analyzed on a procedure-by procedure basis, as “mix” issues (related to the number of specific procedures and the “price” per procedure) may cloud the underlying relationships.^{6, 7} In this regard, Table 3 provides information on services and payments for the billing categories (more technically, revenue and CPT [procedure] codes) most common for emergency room services. The data are aggregated over all diagnoses, states, and years. As shown in the table, the various billing categories fall into two broad groupings: 1) “bundled,” where charges for separate procedures (as well as emergency room facility fees) are aggregated under one billing descriptor (and where

³ Diagnoses were selected based on the “top 100” diagnoses in the total number of claims for younger and older workers. Many diagnoses were the same in both age categories, with a total of 120 specified diagnoses in one category or the other.

⁴ US Census Bureau, *Current Population Survey*, 2005 and 2006 Annual Social and Economic Supplements, Table 8, People With and Without Insurance Coverage by Selected Characteristics, 2004–2005.

⁵ The Robert Wood Johnson Foundation, “Characteristics of the Uninsured: A View from the States,” a report from the State Health Access Data Assistance Center, University of Minnesota, April 27, 2005.

⁶ As noted previously, “price” is measured in terms of payment per service.

⁷ That mix is an important factor was recognized in NCCI’s aforementioned aging study. In that study, older workers were seen to pay 27% more per ER service than younger workers. The study’s authors were quick to point out that this result most likely reflected “differences in the mix of individual procedures.” As detailed in the body of this report, mix issues are far and away the major factor in the young/old price analysis.

underlying details are not available), and 2) “ER medical exams,” with the examinations distinguished, one from the other, by the degree of medical decision making (MDM in the table).

Table 3

Emergency Room Payment per Service by Detailed Billing Category, Average, 1996-2003, NCCI States

	No. of ER Services		Payment (\$)		Payment per Service		Old/Young Ratio Payment per Service
	Younger	Older	Younger	Older	Younger	Older	
Total All Billing Categories	292,305	213,477	\$40,153,348	\$37,377,993	\$137	\$175	1.27
"Bundled" Categories							
Emergency Room	95,198	66,995	\$13,622,417	\$10,457,822	\$143	\$156	1.09
Not Specified	3,021	3,495	\$4,140,591	\$7,810,177	\$1,371	\$2,235	1.63
ER/Beyond Emtala	2,416	2,669	\$1,996,440	\$2,871,471	\$826	\$1,076	1.30
Facility Fee - ER	913	715	\$533,888	\$606,146	\$585	\$848	1.45
Professional Fee/ER	7,678	5,568	\$646,832	\$517,752	\$84	\$93	1.10
Other Emergency Room	775	425	\$184,190	\$113,716	\$238	\$268	1.13
Urgent Care	1,238	947	\$88,886	\$67,138	\$72	\$71	0.99
General Medical Service	265	259	\$39,020	\$61,003	\$147	\$236	1.60
Office services provided on an emergency basis	2,572	1,953	\$71,768	\$56,572	\$28	\$29	1.04
Cardiopulmonary resuscitation	111	150	\$25,889	\$43,350	\$233	\$289	1.24
ER/Emtala	1,130	972	\$52,264	\$42,287	\$46	\$44	0.94
Phys direction of EMS care, adv life support	268	210	\$24,268	\$21,886	\$91	\$104	1.15
Emergency Care, New, Intermediate	209	115	\$16,449	\$8,909	\$79	\$77	0.98
Emergency Care, New, Limited	101	54	\$5,618	\$3,356	\$56	\$62	1.12
Emergency Care, New, Brief	94	58	\$6,669	\$2,882	\$71	\$50	0.70
Total "Bundled" Categories	115,989	84,585	\$21,455,189	\$22,684,467	\$185	\$268	1.45
Physician Treatment in the ER							
ED visit E/M, PF hist/exam, straightforward MDM	14,165	9,124	\$707,662	\$466,826	\$50	\$51	1.02
ED visit E/M, expanded PF history/exam, low MDM	43,062	27,793	\$3,241,173	\$2,243,931	\$75	\$81	1.07
ED visit E/M, expanded PF history/exam, mod MDM	85,222	61,281	\$8,805,690	\$6,549,540	\$103	\$107	1.03
ED visit E/M, detailed history & exam, mod MDM	25,893	22,606	\$4,105,877	\$3,607,394	\$159	\$160	1.01
ED visit E/M, compr history & exam, high MDM	7,974	8,088	\$1,837,756	\$1,825,834	\$230	\$226	0.98
Total Physician Treatment in the ER	176,316	128,892	\$18,698,158	\$14,693,526	\$106	\$114	1.07

Notes:

Emtala: Emergency Medical Treatment and Active Labor Act

ED: Emergency department

E/M: Evaluation and management

PF: Problem focused

MDM: Medical decision making

Bundled Categories: The bundled categories account for 40% of services and 57% of payments (for older workers and younger workers on a combined basis). As shown by the table, the various payment-per-service estimates of these bundled categories vary widely, as do the old/young ratios. For example:

- “Emergency Room,” the largest of the bundled categories in terms of both the number of ER services and payments, shows an average payment per service of roughly \$150 (average of \$143 and \$156), with older workers paying 9% more per service than younger workers.
- The second largest category, “Not Specified,” shows a 63% disparity, with an average payment per service of roughly \$1,800.
- The third largest category, “ER/Beyond Emtala,” involves emergency treatment beyond that required under the Emergency Medical Treatment and Active Labor Act. Here, the average payment per service is roughly \$950, with a 30% difference in payment per service between older workers and younger workers.

These bundled categories present enormous analytical difficulties, both because available data do not provide any means of disaggregating the charges by specific procedures and because the descriptor names are ambiguous as to specific charges. Moreover, because the data are bundled, we cannot disentangle old/young differences in medical services and procedures.

NCCI's aforementioned “Aging” study indicated that older workers received 43% more treatments, on average, than younger workers.⁸ This suggests that bundled billing for ER services also includes more services for older workers than younger workers (e.g., additional diagnostic tests and procedures). Unfortunately, there is simply insufficient detail to confirm this hypothesis.

⁸ Indeed, of the top 28 diagnoses in workers compensation claims, 26 experienced greater total treatments for the older workers than the younger workers. The two exceptions are carpal tunnel syndrome and lumbar disc displacement with myelopathy.

The large old/young differences in the bundled categories shown in Table 4 persist even after controlling for differences in diagnosis. In this regard, we examined old/young ratios for payment per service for all diagnoses in the ER, the largest of the bundled categories. Table 4 shows the ratios for the “top 10” diagnoses in that category (based on the number of ER services for older workers and younger workers on a combined basis). The table indicates large differences among the diagnoses—differences that cannot be resolved without substantial additional billing detail that is simply not available at this time.

Table 4
Payment per Service, Older Workers vs. Younger Workers for “Emergency Room”
1996–2003, NCCI States

	Younger Workers Payment per Service	Older Workers Payment per Service	Ratio, Older Workers to Younger Workers
LOWER LEG INJURY NOS	\$109	\$113	1.03
CERVICALGIA	\$128	\$153	1.19
LUMBAR DISC DISPLACEMENT	\$122	\$130	1.07
LUMBOSACRAL NEURITIS NOS	\$113	\$125	1.11
SPRAIN LUMBAR REGION	\$112	\$127	1.13
LUMBAGO	\$117	\$135	1.16
AMPUTATION FINGER	\$183	\$195	1.07
OPEN WND FINGER/S COMP	\$133	\$144	1.09
PAIN IN LIMB	\$126	\$147	1.16
OPEN WOUND FINGER-COMP	\$166	\$158	0.95

Medical Examination Procedures: The other broad billing category reflects charges for medical examinations in the ER. There are separate procedures based on the extent of medical history taken and the level of medical decision making. The five medical exam-related procedures detailed in Table 4 account for roughly 60% of total ER services and 43% of total payments. Note that four of the five procedure categories have ratios between .98 and 1.03, sufficiently close to 1.0 as to suggest no meaningful difference. The average ratio of all five is 1.07, reflecting a differential of eight dollars (\$114 vs. \$106).

That 7% differential likely reflects differences in diagnoses and differences in medical decision making between younger workers and older workers. In this regard, Table 5 shows that older workers have a higher share of the more expensive medical exams (those requiring extensive history and a high level of medical decision making). The fact that older workers have a higher share of the more expensive exams explains why the average payment per service for older workers is higher when the various medical exam categories are viewed together. It is also consistent with the idea that bundled bills may reflect a greater number of tests for older workers.

Table 5
Emergency Department (ED) Medical Examinations
Payment per Service and Share of ED Medical Examination Services
1996–2003, NCCI States

	Payment per Service		Percent of Services	
	Younger	Older	Younger	Older
ED visit E/M, PF hist/exam, straightforward MDM	\$50	\$51	8.0%	7.1%
ED visit E/M, expanded PF history/exam, low MDM	\$75	\$81	24.4%	21.6%
ED visit E/M, expanded PF history/exam, mod MDM	\$103	\$107	48.3%	47.5%
ED visit E/M, detailed history & exam, mod MDM	\$159	\$160	14.7%	17.5%
ED visit E/M, compr history & exam, high MDM	\$230	\$226	4.5%	6.3%
Average Over All Five Examination Categories (reflects combination of “price” and “share”)	\$106	\$114		

In addition, since the data set includes a seven-year period (1996–2003), there may have been changes in billing practices that would also affect the results. Thus, “mix” issues exist even at this finer level of detail. In an effort to control for these various factors, tests were run parsing the individual medical exam procedures by diagnosis, state, and year. Those tests were largely inconclusive, primarily because there were too few observations in the various cells—even when the focus was on the major diagnosis categories in the larger NCCI states.

Conclusions and Areas for Further Study

The analyses in this paper suggest that:

- Younger workers use the emergency room on a higher percentage of claims than do older workers, possibly because younger workers are less likely to have health insurance and, hence, a regular doctor.
- The prevalence of “bundled” charges in hospital billing precludes a complete analysis of payment per service between younger workers and older workers. Where individual procedures can be clearly identified (for medical examinations in the ER), age-related “price” differences are generally low.

Additional research is needed to better understand the reasons why younger workers make greater use of the ER. In addition, data issues need to be more intensively investigated, especially as they relate to understanding hospital billing practices.

Appendix Table A-1
ER Services per Claim, Younger Workers vs. Older Workers, 1996–2003, NCCI States

Diagnosis	No. of ER Services		No. of Claims (Total)		ER Services per Claim		Young/Old Ratio ER Services per Claim
	Younger	Older	Younger	Older	Younger	Older	
TRIGGER FINGER	201	455	393	1,852	0.51	0.25	2.08
ILL-DEF CONDITION NEC	288	109	1,278	785	0.23	0.14	1.62
CARPAL TUNNEL SYNDROME	3,129	2,983	8,620	13,267	0.36	0.22	1.61
PATH FX VERTEBRAE	440	563	169	341	2.60	1.65	1.58
ULNAR NERVE LESION	790	529	1,120	1,121	0.71	0.47	1.49
CERV DISC DIS W MYELOPAT	1,176	1,632	708	1,453	1.66	1.12	1.48
TEAR MENISCUS NEC-CUR	892	715	1,152	1,343	0.77	0.53	1.45
RLQ ABDOMINAL PAIN	829	422	622	459	1.33	0.92	1.45
JOINT PAIN-L/LEG	1,561	951	1,719	1,462	0.91	0.65	1.40
UNILAT INGUINAL HERNIA	1,297	971	4,088	4,227	0.32	0.23	1.38
TEAR MED MENISC KNEE-CUR	3,052	3,637	4,927	8,088	0.62	0.45	1.38
FX PHALANX, FOOT-CLOSED	758	374	982	652	0.77	0.57	1.35
RADIAL STYLOID TENOSYNOV	621	421	1,429	1,303	0.43	0.32	1.34
INT DERANGEMENT KNEE NOS	2,029	1,633	2,720	2,927	0.75	0.56	1.34
ROTATOR CUFF RUPTURE	226	985	281	1,613	0.80	0.61	1.32
FACE AND NECK INJURY NOS	1,436	825	896	673	1.60	1.23	1.31
LUMB DISC DIS W MYELOPAT	3,591	2,825	2,448	2,498	1.47	1.13	1.30
CERVICAL DISC DEGEN	504	1,332	480	1,645	1.05	0.81	1.30
DISLOC LUMBAR VERT-CL	233	132	538	393	0.43	0.34	1.29
JOINT PAIN-SHLDER	1,305	977	1,695	1,630	0.77	0.60	1.28
SPRAIN SACROILIAC NOS	827	313	1,242	603	0.67	0.52	1.28
SPASM OF MUSCLE	1,140	473	1,887	996	0.60	0.47	1.27
TEAR LAT MENISC KNEE-CUR	881	695	1,314	1,315	0.67	0.53	1.27
CERVICALGIA	9,584	7,117	7,797	7,336	1.23	0.97	1.27
OP WND LOW LEG /S COMP	944	312	660	276	1.43	1.13	1.27
SPRAIN ROTATOR CUFF	2,389	5,413	3,258	9,340	0.73	0.58	1.27
SPRAIN OF KNEE & LEG NOS	1,573	920	2,749	2,034	0.57	0.45	1.27
LUMBAGO	5,455	2,789	6,794	4,371	0.80	0.64	1.26
LUMB/LUMBOSAC DISC DEGEN	2,529	3,446	2,365	4,023	1.07	0.86	1.25
FX DIST PHALANX, HAND-CL	739	413	568	393	1.30	1.05	1.24
2ND DEG BURN FOOT	905	293	448	177	2.02	1.66	1.22
DISC DISPLACEMENT NOS	1,416	874	1,596	1,202	0.89	0.73	1.22
UMBILICAL HERNIA	159	191	519	760	0.31	0.25	1.22
PAIN IN LIMB	4,584	3,071	4,381	3,576	1.05	0.86	1.22
TENOSYNOV HAND/WRIST NEC	275	121	794	424	0.35	0.29	1.21
TRUNK INJURY NOS	3,395	1,524	2,699	1,466	1.26	1.04	1.21
HIP & THIGH INJURY NOS	835	572	495	407	1.69	1.41	1.20
CONTUSION FACE/SCALP/NCK	800	414	761	472	1.05	0.88	1.20
SPRAIN OF BACK NOS	1,302	464	2,268	968	0.57	0.48	1.20
CONTUSION OF HAND(S)	544	221	734	357	0.74	0.62	1.20
LUMBOSACRAL NEURITIS NOS	5,540	4,664	5,285	5,322	1.05	0.88	1.20
PULMONARY COLLAPSE	559	1,116	228	544	2.45	2.05	1.20
SKIN SENSATION DISTURB	649	386	723	508	0.90	0.76	1.18
SHOULDER REGION DIS NEC	208	253	428	615	0.49	0.41	1.18
BICIPITAL TENOSYNOVITIS	391	404	624	760	0.63	0.53	1.18
HEAD INJURY NOS	2,457	1,901	1,105	1,002	2.22	1.90	1.17
SHLDR/UPPER ARM INJ NOS	2,034	1,232	1,568	1,103	1.30	1.12	1.16
ROTATOR CUFF SYND NOS	2,353	3,729	3,648	6,701	0.65	0.56	1.16
FX MID/PROX PHAL, HND-CL	622	357	612	407	1.02	0.88	1.16
LUMBAR DISC DISPLACEMENT	8,912	6,740	9,430	8,243	0.95	0.82	1.16
OTH BRAIN INJ-LOC NOS	3,740	2,707	1,642	1,370	2.28	1.98	1.15
SPRAIN LUMBOSACRAL	2,272	964	5,219	2,551	0.44	0.38	1.15
CALCIF TENDINITIS SHOULD	308	440	551	905	0.56	0.49	1.15
LOWER LEG INJURY NOS	12,397	7,282	8,639	5,782	1.44	1.26	1.14
FX DISTAL RADIUS NEC-CL	648	991	450	782	1.44	1.27	1.14
SPRAIN OF HAND NOS	422	218	653	381	0.65	0.57	1.13
FX MID/PROX PHAL, HND-OP	1,771	971	887	548	2.00	1.77	1.13
ABDOMINAL PAIN-SITE NOS	888	582	819	601	1.08	0.97	1.12
CONTUSION SHOULDER REG	470	280	567	378	0.83	0.74	1.12

Appendix Table A1-1 Continued

Diagnosis	No. of ER Services		No. of Claims (Total)		ER Services per Claim		Young/Old Ratio ER Services per Claim
	Younger	Older	Younger	Older	Younger	Older	
JOINT PAIN-ANKLE	1,559	802	1,300	748	1.20	1.07	1.12
FACE & NECK INJURY	2,280	1,717	1,188	999	1.92	1.72	1.12
JOINT PAIN-PELVIS	751	736	735	800	1.02	0.92	1.11
FX METACARPAL NOS-CLOSED	847	364	926	436	0.91	0.83	1.10
HAND INJURY NOS	2,634	1,406	1,763	1,030	1.49	1.37	1.09
COLLES' FRACTURE-CLOSED	383	770	234	513	1.64	1.50	1.09
OPEN WND FINGER/S COMP	5,120	2,084	3,754	1,653	1.36	1.26	1.08
OPEN WOUND HAND W TENDON	1,425	573	918	399	1.55	1.44	1.08
JOINT PAIN-FOREARM	704	373	905	518	0.78	0.72	1.08
INJ NERVE SHLDR/ARM NOS	719	354	455	242	1.58	1.46	1.08
CERV DISC DISPLACEMENT	1,792	2,570	2,004	3,084	0.89	0.83	1.07
BACKACHE NOS	1,872	1,028	2,420	1,424	0.77	0.72	1.07
SPRAIN LUMBAR REGION	6,121	2,839	12,276	6,094	0.50	0.47	1.07
BRAIN INJURY NEC-NO COMA	728	493	306	221	2.38	2.23	1.07
ELB/FOREARM/WR INJ NOS	4,004	2,720	2,976	2,156	1.35	1.26	1.07
FX PHALANX, HAND NOS-CL	1,240	728	1,306	817	0.95	0.89	1.07
CHEST PAIN NOS	1,375	1,539	913	1,088	1.51	1.41	1.06
JOINT PAIN-UNSPEC	513	352	761	555	0.67	0.63	1.06
MYALGIA AND MYOSITIS NOS	940	516	1,498	859	0.63	0.60	1.04
SPRAIN OF ANKLE NOS	4,136	1,328	6,461	2,166	0.64	0.61	1.04
AMPUTATION FINGER	4,690	3,101	2,326	1,603	2.02	1.93	1.04
JOINT PAIN-HAND	510	336	510	349	1.00	0.96	1.04
OPEN WOUND HAND/S COMP	1,952	816	1,461	634	1.34	1.29	1.04
FX LUMBAR VERTEBRA-CLSD	691	637	389	371	1.78	1.72	1.03
OPEN WOUND FINGER-COMP	4,187	2,379	2,654	1,560	1.58	1.53	1.03
INJURY-SITE NOS	1,023	807	1,007	820	1.02	0.98	1.03
FX METATARSAL-CLOSED	810	692	989	872	0.82	0.79	1.03
OPEN WND FINGER W TENDON	3,986	1,722	2,816	1,246	1.42	1.38	1.02
ENTHESOPATHY, SITE NOS	416	276	1,074	725	0.39	0.38	1.02
CRUSHING INJURY FINGER	2,528	1,626	1,745	1,139	1.45	1.43	1.01
INJURY MLT SITE/SITE NEC	726	407	552	314	1.32	1.30	1.01
SPRAIN OF NECK	3,828	1,899	5,321	2,672	0.72	0.71	1.01
AMPUTATION FINGER-COMP	748	534	407	294	1.84	1.82	1.01
FX DISTAL PHAL, HAND-OPN	3,522	2,341	1,874	1,259	1.88	1.86	1.01
ADHESIVE CAPS-SHOULD	558	1,405	776	1,964	0.72	0.72	1.01
Subtotal - 94 Diagnoses with Y/O Ratio Above 1.0	180,593	129,594	189,672	168,355	0.95	0.77	1.24
FX ANKLE NOS-CLOSED	535	523	529	516	1.01	1.01	1.00
SHORTNESS OF BREATH	158	211	89	118	1.78	1.79	0.99
JOINT PAIN-UP/ARM	244	272	291	321	0.84	0.85	0.99
FX PHALANX, HAND NOS-OPN	2,052	1,563	1,165	877	1.76	1.78	0.99
OPN WOUND HAND-COMP	1,486	817	928	504	1.60	1.62	0.99
MALF INT ORTHPED DEV/GRF	289	253	212	183	1.36	1.38	0.99
CONTUSION OF KNEE	812	489	1,396	825	0.58	0.59	0.98
CONTUSION OF FOOT	743	313	1,169	482	0.64	0.65	0.98
CONCUSSION W COMA NOS	495	402	229	182	2.16	2.21	0.98
CRUSHING INJURY FOOT	1,030	546	749	388	1.38	1.41	0.98
AMPUTATION THUMB	632	532	299	244	2.11	2.18	0.97
SPRAIN SHOULDER/ARM NOS	1,788	1,094	4,058	2,394	0.44	0.46	0.96
OPEN WND KNEE/LEG-COMP	855	487	461	252	1.85	1.93	0.96
SCIATICA	333	344	549	541	0.61	0.64	0.95
NASAL BONE FX-CLOSED	577	380	412	256	1.40	1.48	0.94
2ND DEG BURN FOREARM	826	327	386	144	2.14	2.27	0.94
LATERAL EPICONDYLITIS	117	243	544	1,056	0.22	0.23	0.93
CRUSHING INJURY OF HAND	1,247	680	801	407	1.56	1.67	0.93
FX RADIUS HEAD-CLOSED	450	489	384	388	1.17	1.26	0.93
SPRAIN THORACIC REGION	1,360	396	3,248	872	0.42	0.45	0.92
RECUR DISLOCAT-SHOULD	632	206	540	162	1.17	1.27	0.92
2ND DEG BURN HAND NOS	937	348	576	196	1.63	1.78	0.92
FX LATERAL MALLEOLUS-CL	422	572	434	531	0.97	1.08	0.90
SPRAIN OF WRIST NOS	1,043	483	2,158	887	0.48	0.54	0.89
SPRAIN SHOULDER/ARM NEC	626	429	1,208	732	0.52	0.59	0.88
HEADACHE	867	541	704	375	1.23	1.44	0.85
Total 120 Diagnoses	201,149	142,534	213,191	182,188	0.94	0.78	1.21

Note: These totals are less than those shown in Table 1, which include all diagnosis categories

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