



LEGISLATIVE IMPACT ANALYSIS

**Senate Bill 632 (Arreguin):
Evaluating The Proposed
California Workers' Compensation
Rebuttable Presumptions
For Hospital Workers**

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EXECUTIVE SUMMARY

Senate Bill (SB) 632 is a measure currently pending before the California Assembly that would create a series of rebuttable presumptions for direct care hospital workers. The presumptions include:

- 1) Musculoskeletal injuries
- 2) COVID-19 from SARS-CoV-2 and its variants
- 3) Respiratory diseases, including asthma
- 4) Cancer
- 5) Post-traumatic stress disorder (PTSD)

This report examines the population of hospital workers covered by the legislation, measures the percentage of workers' compensation claims by hospital workers that involve the covered presumptive injuries, and compares the percentage of claims in hospitals to the percentage in the general workforce that are currently covered by rebuttable presumptions in the California workers' compensation system.

Key Findings:

- 1) 55.7% of claims filed by hospital workers for accident years (AY) 2019 to 2024 would be presumptive injuries under SB 632.
- 2) Of the claims that would be covered by SB 632 presumptions, the most common injury categories were musculoskeletal injuries (32.1% of all hospital worker claims), COVID-19 (21.7%), and respiratory diseases (1.3%). All other injuries that would be covered by the presumptions combined for less than 1% of all hospital worker claims.
- 3) Similarly, for the general workforce, the most common injuries covered by SB 632 were musculoskeletal (30.0%), COVID-19 (9.9%), and respiratory diseases (0.8%). As was the case with the hospital worker claims, the other injuries that would be covered by the SB 632 presumptions together accounted for less than 1% of all general workforce claims.
- 4) For all injuries covered by SB 632, the denial rate for hospital workers is 15.0%. For the general workforce, the denial rate for these same injuries is 15.7%. This shows that hospitals accept liability for these injuries at the same rate as the general workforce.
- 5) Noting that the incidence and denial rates for hospital worker claims covered by SB 632 are comparable to those for the general workforce, the data does not support the general policy threshold set by prior industrial presumptions.



BACKGROUND

SB 632 was introduced in 2025 to create a series of rebuttable presumptions for workers who provide direct care in acute care hospitals. Specifically, SB 632 would create a rebuttable presumption that includes:

- 1) Methicillin-resistant *Staphylococcus aureus* (MRSA) skin infection, bloodborne infectious diseases, tuberculosis, meningitis, and COVID-19 from SARS-CoV-2 and its variants.
- 2) Cancer.
- 3) Musculoskeletal injuries.
- 4) Post Traumatic Stress Disorder (PTSD).
- 5) Respiratory diseases, including asthma and COVID-19 from SARS-CoV-2 and its variants.¹

What is a Rebuttable Presumption?

For more than 100 years, the California workers' compensation system has operated as a "grand bargain" that provides injured workers with workers' compensation benefits, including medical care and temporary and permanent disability indemnity benefits, without regard to fault. Employers in turn are protected against tort lawsuits for work-related injuries.

As the Legislature recognized that certain occupations had comparatively higher levels of risk for injuries or occupation-related medical conditions, they debated modifications to the workers' compensation statute through the inclusion of presumptions for those occupations and those medical conditions.

With traditional (or non-presumptive) claims, the claims administrator has the duty to investigate whether the claimed injury is work related. If the investigation shows the injury is not work related, the claims administrator can deny the claim. The employee has the burden of proving that an industrial injury occurred.

A rebuttable presumption shifts the burden of proof in a workers' compensation claim to the employer. Once the employee shows that they meet the requirements for a specific presumption, the employer must prove that the injury or condition was not caused by work.

Presumptions and Public Policy

The Legislature has historically been hesitant to create new workers' compensation presumptions. Outside of a handful of limited exceptions, all current workers' compensation presumptions apply exclusively to law enforcement and firefighters, and only for a specific set of injuries or conditions such as hernias, cancer, and heart disease. Generally, when discussing the public policy reasons why a rebuttable presumption should be extended to peace officers and firefighters, the Legislature has focused on a few key points:

- 1) High incidence of injury – as was established at the very beginning of the California workers' compensation system, if the rate of injury for an injured worker is ***significantly*** higher than for

¹ For reasons that are unknown to the authors, SB 632 lists COVID-19 twice in two separate presumptions.



the general public/workforce, then it is reasonable to conclude that the worker's injury is occupational.²

- 2) High rate of claim denials – as a presumption ONLY impacts the industrial liability for a claim, a presumption is unnecessary if the type of injury is commonly accepted.
- 3) Lack of hazard abatement – while this cannot be measured in the data, the risks peace officers and firefighters face are unique as they are required to run *towards* occupational hazards, including fires, accidents, and violent confrontations. While personal protective equipment may be used to abate or partially abate certain hazards, it cannot abate all occupational hazards.

Noting that SB 632 would establish a private sector, industry-specific presumption solely for workers providing direct patient care in acute care hospitals, this legislation would mark a significant departure from industrial presumptions in current law.

Senate Bill 632 and Direct Patient Care Workers

As noted above, SB 632 applies to direct patient care workers. Unfortunately, this term is not defined, so it is difficult to know who can be included or excluded in any calculation. Moreover, the line between direct patient care and indirect patient care may be murky – whatever occupational hazards are present for direct patient care workers would also be present for indirect patient care workers – nurses may be exposed to COVID-19, blood, and other potentially infectious material (OPIM), but so would hospital janitors, orderlies, security guards, and others working in the hospital.

Therefore, due to data limitations and simplicity, this paper looked at claims data for all hospital employees.

OBJECTIVE

This report seeks to answer three questions:

- 1) What percentage of workers' compensation claims filed by hospital workers from 2019 through 2024 would be covered by SB 632?
- 2) Is the frequency of workers' compensation claims involving injuries and illnesses higher for hospital workers than the general workforce?
- 3) Do hospital workers have a higher rate of injury claim denials compared to the general workforce?

² For past case law, please see *City and County of San Francisco v. IAC (Slattery)* (1920) 183 Cal. 273 and *Engels Copper Mining Co. v. IAC (Rebstock)* (1920) 183 Cal. 714, which were applied in the creation of the 2020 COVID-19 presumption. In both cases, the WCAB found that if a worker faced a significantly higher frequency than the general public (5x or more), it was reasonable to conclude that the worker's injury was occupational.



RESULTS

To answer these three questions, the authors compiled claims data from CWCI's Industry Research Information System (IRIS)³ for the injury years of 2019 through 2024.

- 1) *What percentage of workers' compensation claims filed by hospital workers from 2019 through 2024 would be covered by SB 632?*

Starting with the data set of more than 8 million claims, the authors identified workers' compensation claims from the 6-year study period involving injuries and illnesses that would be covered by SB 632. The injuries and illnesses were identified using the International Classification of Diseases (ICD-10) codes for covered conditions. Altogether, there are 255 ICD-10 codes for the conditions covered by SB 632. The specific codes are included in an appendix at the end of this report.

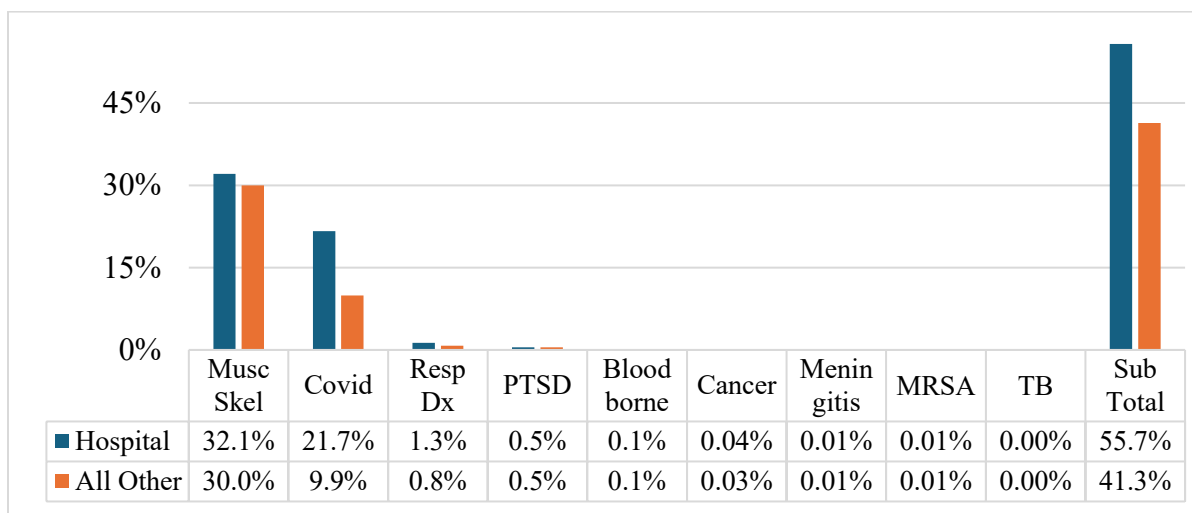
Overall, SB 632 would cover 55.7% of all California workers' compensation claims filed by hospitals workers for injury years 2019 through 2024.

- 2) *Is the frequency of workers' compensation claims involving injuries and illnesses higher for hospital workers than for the general workforce?*

The claim sample shows that a small number of ICD-10 codes account for most of the injuries that would be covered by SB 632. Specifically, more than 98.8% of the injuries covered by SB 632 are concentrated in three injury categories: musculoskeletal, COVID-19, and respiratory diseases.

In terms of overall injury frequency, musculoskeletal injuries accounted for 32.1% of all claims filed by hospital workers, followed by COVID-19 claims at 21.7%, and respiratory diseases at 1.3% (Exhibit 1). For the general workforce, the frequency for musculoskeletal injuries is similar (30.0%), but lower for COVID-19 (9.9%) and respiratory illnesses (0.8%).

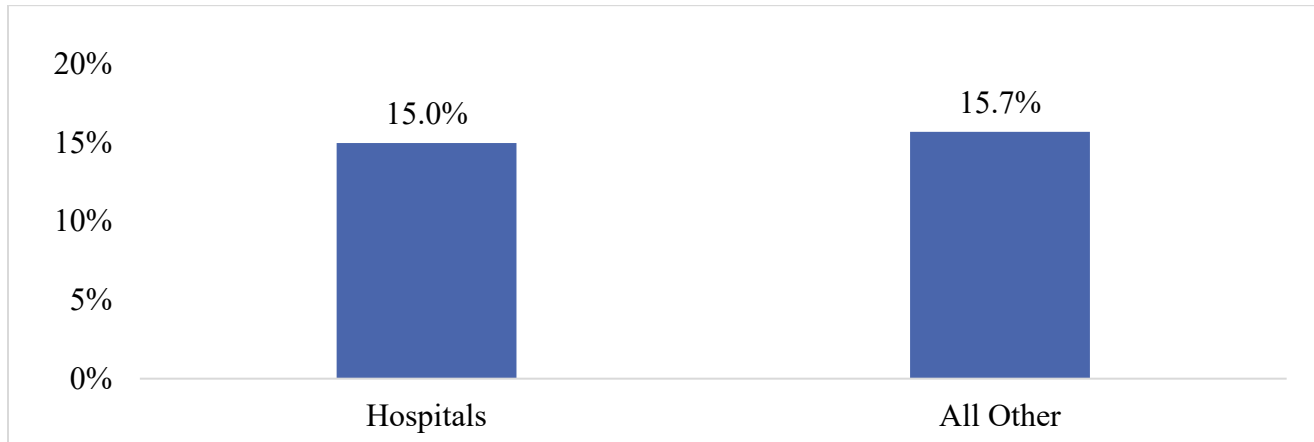
Exhibit 1: Claim Frequency of Injuries Covered by SB 632 – Hospital and Non-Hospital Workers



³ IRIS is CWCI's proprietary transactional database of self-insured and insured employers and their associated claims. IRIS contains detailed, deidentified data on workers' compensation claims, including medical service data, benefits, and frictional costs. As of the writing of this report, IRIS contained data on more than 8 million workers' compensation claims.

3) *Do hospital workers have a higher rate of injury claim denials compared to the general workforce?*

Exhibit 2: Hospital and Non-Hospital Denial Rates for Musculoskeletal, COVID-19, and Respiratory Disease Claims⁴



As illustrated in Exhibit 2, the claim denial rate for hospital employees (15.0%) is marginally lower than the general workforce (15.7%). As a presumption can only assist an injured worker if there is a high likelihood of denial, this suggests that requiring that these injuries be treated as presumptive for injured hospital workers will create a statutory benefit for hospital workers over non-hospital workers that cannot be supported by the data.

⁴ Due to differences in the injury mix and the high rate of COVID-19 claims during the pandemic, the authors weighted the denial rates against the post-pandemic percentage of Hospital claims volume.



CONCLUSION

Since 2011, seven separate bills have been introduced to create a rebuttable presumption for hospital workers. Despite significant interest from stakeholders and policy staff, this report is the first comprehensive analysis of workers' compensation claims data for hospital workers. We believe this analysis is long overdue.

The claim denial rates for the injuries and illnesses that would be covered by SB 632 are nearly identical for hospital employees and the general workforce, and there is a lack of data to support that hospitals are a more hazardous place of employment, so the policy justification for the creation of a presumption is unclear. Additionally, unless there is a high likelihood of denial, a presumption does not impact an injured worker's claim. As hospital employees and non-hospital employees have nearly identical denial rates, it is unclear how SB 632 would improve the claims experience for injured hospital workers.

For acute care hospitals, however, the impact may be significant. If signed into law, SB 632 will require these hospitals to prove that the covered injury or condition was not caused by work. By flipping the burden of proof, SB 632 would require the hospitals to accept injuries that would normally be denied after investigation. Additionally, the creation of a presumption will likely encourage litigation and additional frictional costs, as the definitions in the bill are unclear and the conditions are broadly defined. This is only compounded by the "long tail" of the presumptions in this bill – hospitals would be liable for these injuries for up to 3 months after the worker has left their employment with the hospital.

Moreover, these costs may not solely be borne by hospitals. Many rural hospitals are facing bankruptcy, and significant increases in their workers' compensation claims volume may further undermine their ability to deliver care in their communities. Furthermore, SB 632 may prevent hospitals that are already in bankruptcy from leaving bankruptcy by increasing costs. For vulnerable communities that depend on these hospitals, SB 632 could create dire consequences.

Taken together, SB 632 would require hospitals to expend significant costs without a clear benefit to injured workers or patients.

**APPENDIX A**

ICD-10 Codes Associated with Senate Bill 632 (Arreguin)

SB 632 Condition	Condition Category	ICD-10-CM Code	Description
1. MRSA	MRSA Systemic	A4102	Sepsis due to Methicillin resistant Staphylococcus aureus
1. MRSA	MRSA Pneumonia	A4902	Methicillin resistant Staphylococcus aureus infection, unspecified site
1. MRSA	MRSA Cellulitis	J15212	Pneumonia due to Methicillin resistant Staphylococcus aureus
2. Bloodborne Infections	Other Bloodborne	A419	Sepsis, unspecified organism (when bloodborne)
2. Bloodborne Infections	Sepsis	A419	Sepsis, unspecified organism (when bloodborne)
2. Bloodborne Infections	Hepatitis A	B159	Hepatitis A without hepatic coma
2. Bloodborne Infections	Hepatitis B	B162	Acute hepatitis B with hepatic coma, without delta-agent
2. Bloodborne Infections	Hepatitis B	B169	Acute hepatitis B without delta-agent and without hepatic coma
2. Bloodborne Infections	Hepatitis C	B1710	Acute hepatitis C without hepatic coma
2. Bloodborne Infections	Hepatitis C	B1711	Acute hepatitis C with hepatic coma
2. Bloodborne Infections	Hepatitis	B179	Acute viral hepatitis, unspecified
2. Bloodborne Infections	Hepatitis B	B180	Chronic viral hepatitis B with delta-agent
2. Bloodborne Infections	Hepatitis B	B181	Chronic viral hepatitis B without delta-agent
2. Bloodborne Infections	Hepatitis C	B182	Chronic viral hepatitis C
2. Bloodborne Infections	Hepatitis	B188	Other chronic viral hepatitis
2. Bloodborne Infections	Hepatitis	B189	Chronic viral hepatitis, unspecified
2. Bloodborne Infections	Hepatitis B	B1910	Unspecified viral hepatitis B without hepatic coma
2. Bloodborne Infections	Hepatitis C	B1920	Unspecified viral hepatitis C without hepatic coma
2. Bloodborne Infections	Hepatitis	B199	Unspecified viral hepatitis without hepatic coma
2. Bloodborne Infections	HIV/AIDS	B20	Human immunodeficiency virus [HIV] disease

2. Bloodborne Infections	HIV/AIDS	Z21	Asymptomatic human immunodeficiency virus [HIV] infection status
3. Tuberculosis	Respiratory TB	A150	Tuberculosis of lung
3. Tuberculosis	Respiratory TB	A151	Tuberculosis of lung, confirmed bacteriologically only
3. Tuberculosis	Respiratory TB	A152	Tuberculosis of lung, confirmed histologically
3. Tuberculosis	Respiratory TB	A153	Tuberculosis of lung, confirmed by unspecified means
3. Tuberculosis	Respiratory TB	A154	Tuberculosis of intrathoracic lymph nodes, bacteriologically and histologically confirmed
3. Tuberculosis	Respiratory TB	A155	Tuberculosis of larynx, trachea and bronchus, confirmed bacteriologically and histologically
3. Tuberculosis	Respiratory TB	A156	Tuberculous pleurisy, confirmed bacteriologically and histologically
3. Tuberculosis	Respiratory TB	A157	Primary respiratory tuberculosis, confirmed bacteriologically and histologically
3. Tuberculosis	Respiratory TB	A158	Other respiratory tuberculosis, confirmed bacteriologically and histologically
3. Tuberculosis	Respiratory TB	A159	Respiratory tuberculosis unspecified, confirmed bacteriologically and histologically
3. Tuberculosis	Respiratory TB	A160	Tuberculosis of lung, bacteriologically and histologically negative
3. Tuberculosis	Respiratory TB	A161	Tuberculosis of lung, bacteriological and histological examination not done
3. Tuberculosis	Respiratory TB	A162	Tuberculosis of lung, without mention of bacteriological or histological confirmation
3. Tuberculosis	Respiratory TB	A163	Tuberculosis of intrathoracic lymph nodes, without mention of bacteriological or histological confirmation
3. Tuberculosis	Respiratory TB	A164	Tuberculosis of larynx, trachea and bronchus, without mention of bacteriological or histological confirmation
3. Tuberculosis	Respiratory TB	A165	Tuberculous pleurisy, without mention of bacteriological or histological confirmation
3. Tuberculosis	Respiratory TB	A167	Primary respiratory tuberculosis without mention of bacteriological or histological confirmation
3. Tuberculosis	Respiratory TB	A168	Other respiratory tuberculosis, without mention of bacteriological or histological confirmation
3. Tuberculosis	Respiratory TB	A169	Respiratory tuberculosis unspecified, without mention of bacteriological or histological confirmation
3. Tuberculosis	Nervous System TB	A170	Tuberculous meningitis
3. Tuberculosis	Nervous System TB	A171	Meningeal tuberculoma
3. Tuberculosis	Nervous System TB	A178	Other tuberculosis of nervous system

3. Tuberculosis	Nervous System TB	A179	Tuberculosis of nervous system, unspecified
3. Tuberculosis	Other Organ TB	A1810	Tuberculosis of genitourinary system, unspecified
3. Tuberculosis	Other Organ TB	A1811	Tuberculosis of kidney and ureter
3. Tuberculosis	Other Organ TB	A1812	Tuberculosis of bladder
3. Tuberculosis	Other Organ TB	A1813	Tuberculosis of other urinary organs
3. Tuberculosis	Other Organ TB	A1814	Tuberculosis of prostate
3. Tuberculosis	Other Organ TB	A1815	Tuberculosis of other male genital organs
3. Tuberculosis	Other Organ TB	A1816	Tuberculosis of cervix uteri
3. Tuberculosis	Other Organ TB	A1817	Tuberculous female pelvic inflammatory disease
3. Tuberculosis	Other Organ TB	A1818	Tuberculosis of other female genital organs
3. Tuberculosis	Other Organ TB	A182	Tuberculous peripheral lymphadenopathy
3. Tuberculosis	Other Organ TB	A183	Tuberculosis of intestines, peritoneum and mesenteric glands
3. Tuberculosis	Other Organ TB	A184	Tuberculosis of skin and subcutaneous tissue
3. Tuberculosis	Other Organ TB	A1850	Tuberculosis of eye, unspecified
3. Tuberculosis	Other Organ TB	A1851	Tuberculous episcleritis
3. Tuberculosis	Other Organ TB	A1852	Tuberculous keratitis
3. Tuberculosis	Other Organ TB	A1853	Tuberculous chorioretinitis
3. Tuberculosis	Other Organ TB	A1854	Tuberculous iridocyclitis
3. Tuberculosis	Other Organ TB	A1859	Other tuberculosis of eye
3. Tuberculosis	Other Organ TB	A186	Tuberculosis of ear
3. Tuberculosis	Other Organ TB	A187	Tuberculosis of adrenal glands
3. Tuberculosis	Other Organ TB	A1881	Tuberculosis of thyroid gland
3. Tuberculosis	Other Organ TB	A1882	Tuberculosis of other endocrine glands
3. Tuberculosis	Other Organ TB	A1883	Tuberculosis of digestive tract organs, not elsewhere classified
3. Tuberculosis	Other Organ TB	A1884	Tuberculosis of heart
3. Tuberculosis	Other Organ TB	A1885	Tuberculosis of spleen
3. Tuberculosis	Other Organ TB	A1889	Tuberculosis of other sites
3. Tuberculosis	Miliary TB	A190	Acute miliary tuberculosis of a single specified site
3. Tuberculosis	Miliary TB	A191	Acute miliary tuberculosis of multiple sites
3. Tuberculosis	Miliary TB	A192	Acute miliary tuberculosis, unspecified
3. Tuberculosis	Miliary TB	A198	Other miliary tuberculosis
3. Tuberculosis	Miliary TB	A199	Miliary tuberculosis, unspecified
4. Meningitis	Meningococcal	A390	Meningococcal meningitis
4. Meningitis	Meningococcal	A391	Waterhouse-Friderichsen syndrome
4. Meningitis	Meningococcal	A392	Acute meningococcemia
4. Meningitis	Meningococcal	A393	Chronic meningococcemia
4. Meningitis	Meningococcal	A394	Meningococcemia, unspecified
4. Meningitis	Meningococcal	A3950	Meningococcal carditis, unspecified
4. Meningitis	Meningococcal	A3951	Meningococcal endocarditis
4. Meningitis	Meningococcal	A3952	Meningococcal myocarditis
4. Meningitis	Meningococcal	A3953	Meningococcal pericarditis

4. Meningitis	Meningococcal	A3981	Meningococcal encephalitis
4. Meningitis	Meningococcal	A3982	Meningococcal retrobulbar neuritis
4. Meningitis	Meningococcal	A3983	Meningococcal arthritis
4. Meningitis	Meningococcal	A3984	Postmeningococcal arthritis
4. Meningitis	Meningococcal	A3989	Other meningococcal infections
4. Meningitis	Meningococcal	A399	Meningococcal infection, unspecified
4. Meningitis	Viral Meningitis	A870	Enteroviral meningitis
4. Meningitis	Viral Meningitis	A871	Adenoviral meningitis
4. Meningitis	Viral Meningitis	A872	Lymphocytic choriomeningitis
4. Meningitis	Viral Meningitis	A878	Other viral meningitis
4. Meningitis	Viral Meningitis	A879	Viral meningitis, unspecified
4. Meningitis	Bacterial Meningitis	G000	Hemophilus meningitis
4. Meningitis	Bacterial Meningitis	G001	Pneumococcal meningitis
4. Meningitis	Bacterial Meningitis	G002	Streptococcal meningitis
4. Meningitis	Bacterial Meningitis	G003	Staphylococcal meningitis
4. Meningitis	Bacterial Meningitis	G008	Other bacterial meningitis
4. Meningitis	Bacterial Meningitis	G009	Bacterial meningitis, unspecified
4. Meningitis	Secondary Meningitis	G01	Meningitis in bacterial diseases classified elsewhere
4. Meningitis	Secondary Meningitis	G02	Meningitis in other infectious and parasitic diseases classified elsewhere
4. Meningitis	Other Meningitis	G030	Nonpyogenic meningitis
4. Meningitis	Other Meningitis	G031	Chronic meningitis
4. Meningitis	Other Meningitis	G032	Benign recurrent meningitis (Mollaret)
4. Meningitis	Other Meningitis	G038	Meningitis due to other specified causes
4. Meningitis	Other Meningitis	G039	Meningitis, unspecified
5. COVID-19	Acute COVID	U071	COVID-19
5. COVID-19	Acute COVID	U072	COVID-19, virus not identified
5. COVID-19	Post-COVID	U090	Post COVID-19 condition, acute
5. COVID-19	Post-COVID	U091	Post COVID-19 condition, chronic
5. COVID-19	Post-COVID	U099	Post COVID-19 condition, unspecified
6. Cancer	HPV-positive tonsillar cancer	C090	Malignant neoplasm of tonsillar fossa
6. Cancer	HPV-positive tonsillar cancer	C091	Malignant neoplasm of tonsillar pillar (anterior)(posterior)
6. Cancer	HPV-positive tonsillar cancer	C098	Malignant neoplasm of overlapping sites of tonsil
6. Cancer	HPV-positive tonsillar cancer	C099	Malignant neoplasm of tonsil, unspecified

6. Cancer	Surgical Smoke Exposure	C109	Malignant neoplasm of oropharynx, unspecified
6. Cancer	Surgical Smoke Exposure	C140	Malignant neoplasm of pharynx, unspecified
6. Cancer	Anesthetic Gas Exposure	C220	Liver cell carcinoma
6. Cancer	Anesthetic Gas Exposure	C229	Malignant neoplasm of liver, unspecified
6. Cancer	Surgical Smoke Exposure	C300	Malignant neoplasm of nasal cavity
6. Cancer	Surgical Smoke Exposure	C329	Malignant neoplasm of unspecified part of larynx
6. Cancer	Surgical Smoke Exposure	C3410	Malignant neoplasm of upper lobe, unspecified bronchus or lung
6. Cancer	Surgical Smoke Exposure	C3490	Malignant neoplasm of unspecified part of unspecified bronchus or lung
6. Cancer	Antineoplastic Drug Exposure	C50911	Malignant neoplasm of unspecified site of right female breast
6. Cancer	Antineoplastic Drug Exposure	C50912	Malignant neoplasm of unspecified site of left female breast
6. Cancer	Anesthetic Gas Exposure	C539	Malignant neoplasm of cervix uteri, unspecified
6. Cancer	Ovarian cancer	C561	Malignant neoplasm of right ovary
6. Cancer	Ovarian cancer	C562	Malignant neoplasm of left ovary
6. Cancer	Ovarian cancer	C569	Malignant neoplasm of unspecified ovary
6. Cancer	Anesthetic Gas Exposure	C641	Malignant neoplasm of right kidney, except renal pelvis
6. Cancer	Anesthetic Gas Exposure	C642	Malignant neoplasm of left kidney, except renal pelvis
6. Cancer	Anesthetic Gas Exposure	C649	Malignant neoplasm of unspecified kidney, except renal pelvis
6. Cancer	Antineoplastic Drug Exposure	C679	Malignant neoplasm of bladder, unspecified
6. Cancer	Anesthetic Gas Exposure	C719	Malignant neoplasm of unspecified part of unspecified cerebrum
6. Cancer	Anesthetic Gas Exposure	C729	Malignant neoplasm of unspecified part of unspecified central nervous system
6. Cancer	Thyroid cancer	C73	Malignant neoplasm of thyroid gland
6. Cancer	Antineoplastic Drug Exposure	C772	Secondary and unspecified malignant neoplasm of intra-abdominal lymph nodes
6. Cancer	Antineoplastic Drug Exposure	C7800	Secondary malignant neoplasm of unspecified lung
6. Cancer	Anesthetic Gas Exposure	C8590	Non-Hodgkin lymphoma, unspecified, unspecified site
6. Cancer	Multiple myeloma	C9000	Multiple myeloma not having achieved remission
6. Cancer	Multiple myeloma	C9001	Multiple myeloma in remission
6. Cancer	Multiple myeloma	C9002	Multiple myeloma in relapse



6. Cancer	Antineoplastic Drug Exposure	C9100	Acute lymphoblastic leukemia not having achieved remission
6. Cancer	Antineoplastic Drug Exposure	C9200	Acute myeloblastic leukemia, not having achieved remission
6. Cancer	Antineoplastic Drug Exposure	C9250	Acute myelomonocytic leukemia not having achieved remission
6. Cancer	Antineoplastic Drug Exposure	C9500	Acute leukemia of unspecified cell type not having achieved remission
6. Cancer	Antineoplastic Drug Exposure	C9590	Leukemia, unspecified of unspecified cell type not having achieved remission
7. Musculoskeletal Injury	Peripheral Nerve Injuries	G540	Brachial plexus disorders
7. Musculoskeletal Injury	Peripheral Nerve Injuries	G5600	Carpal tunnel syndrome, unspecified upper limb
7. Musculoskeletal Injury	Peripheral Nerve Injuries	G5601	Carpal tunnel syndrome, right upper limb
7. Musculoskeletal Injury	Peripheral Nerve Injuries	G5602	Carpal tunnel syndrome, left upper limb
7. Musculoskeletal Injury	Peripheral Nerve Injuries	G5620	Lesion of ulnar nerve, unspecified upper limb
7. Musculoskeletal Injury	Peripheral Nerve Injuries	G5630	Lesion of radial nerve, unspecified upper limb
7. Musculoskeletal Injury	Peripheral Nerve Injuries	G5700	Tarsal tunnel syndrome, unspecified lower limb
7. Musculoskeletal Injury	Peripheral Nerve Injuries	G5770	Causalgia of unspecified lower limb
7. Musculoskeletal Injury	Blood Vessel Injuries	I739	Peripheral vascular disease, unspecified
7. Musculoskeletal Injury	Blood Vessel Injuries	I8290	Acute embolism and thrombosis of unspecified vein
7. Musculoskeletal Injury	Blood Vessel Injuries	I878	Other specified disorders of veins
7. Musculoskeletal Injury	Blood Vessel Injuries	I879	Disorder of vein, unspecified

7. Musculoskeletal Injury	Ligament Injuries	M2391	Unspecified internal derangement of right knee
7. Musculoskeletal Injury	Ligament Injuries	M2392	Unspecified internal derangement of left knee
7. Musculoskeletal Injury	Joint Injuries	M2550	Pain in unspecified joint
7. Musculoskeletal Injury	Joint Injuries	M25561	Pain in right knee
7. Musculoskeletal Injury	Joint Injuries	M25562	Pain in left knee
7. Musculoskeletal Injury	Joint Injuries	M259	Joint disorder, unspecified
7. Musculoskeletal Injury	Occupational Factors	M545	Low back pain
7. Musculoskeletal Injury	Occupational Factors	M546	Pain in thoracic spine
7. Musculoskeletal Injury	Muscle Injuries	M6210	Other rupture of muscle (nontraumatic), unspecified site
7. Musculoskeletal Injury	Muscle Injuries	M6218	Other rupture of muscle (nontraumatic), other site
7. Musculoskeletal Injury	Muscle Injuries	M62838	Other muscle spasm
7. Musculoskeletal Injury	Tendon Injuries	M6530	Trigger finger, unspecified finger
7. Musculoskeletal Injury	Tendon Injuries	M659	Synovitis and tenosynovitis, unspecified
7. Musculoskeletal Injury	Tendon Injuries	M6620	Spontaneous rupture of extensor tendons, unspecified site
7. Musculoskeletal Injury	Tendon Injuries	M669	Spontaneous rupture of synovium and tendon, unspecified
7. Musculoskeletal Injury	Tendon Injuries	M7003	Crepitant synovitis (acute) (chronic) of wrist



7. Musculoskeletal Injury	Bursa Injuries	M7060	Trochanteric bursitis, unspecified hip
7. Musculoskeletal Injury	Bursa Injuries	M7070	Olecranon bursitis, unspecified elbow
7. Musculoskeletal Injury	Bursa Injuries	M7090	Unspecified soft tissue disorder related to use, overuse and pressure of unspecified site
7. Musculoskeletal Injury	Tendon Injuries	M7530	Calcific tendinitis of unspecified shoulder
7. Musculoskeletal Injury	Bursa Injuries	M7550	Bursitis of unspecified shoulder
7. Musculoskeletal Injury	Tendon Injuries	M779	Enthesopathy, unspecified
7. Musculoskeletal Injury	Repetitive Strain Injuries	M791	Myalgia
7. Musculoskeletal Injury	Repetitive Strain Injuries	M792	Neuralgia and neuritis, unspecified
7. Musculoskeletal Injury	Joint Injuries	M793	Panniculitis, unspecified
7. Musculoskeletal Injury	Bursa Injuries	M7981	Nontraumatic hematoma of soft tissue
7. Musculoskeletal Injury	Occupational Factors	M799	Soft tissue disorder, unspecified
7. Musculoskeletal Injury	Bone Injuries	M8430 XA	Stress fracture, unspecified site, initial encounter for fracture
7. Musculoskeletal Injury	Bone Injuries	M84359 A	Stress fracture, hip, unspecified, initial encounter for fracture
7. Musculoskeletal Injury	Ligament Injuries	S134X XA	Sprain of ligaments of cervical spine, initial encounter
7. Musculoskeletal Injury	Ligament Injuries	S233X XA	Sprain of ligaments of thoracic spine, initial encounter
7. Musculoskeletal Injury	Ligament Injuries	S335X XA	Sprain of ligaments of lumbar spine, initial encounter

7. Musculoskeletal Injury	Muscle Injuries	S39012 A	Strain of muscle, fascia and tendon of lower back, initial encounter
7. Musculoskeletal Injury	Joint Injuries	S43006 A	Unspecified dislocation of unspecified shoulder joint, initial encounter
7. Musculoskeletal Injury	Muscle Injuries	S46911 A	Strain of unspecified muscle, fascia and tendon at shoulder and upper arm level, right arm, initial encounter
7. Musculoskeletal Injury	Muscle Injuries	S46912 A	Strain of unspecified muscle, fascia and tendon at shoulder and upper arm level, left arm, initial encounter
7. Musculoskeletal Injury	Bone Injuries	S52501 A	Unspecified fracture of the lower end of right radius, initial encounter
7. Musculoskeletal Injury	Bone Injuries	S52502 A	Unspecified fracture of the lower end of left radius, initial encounter
7. Musculoskeletal Injury	Joint Injuries	S63006 A	Unspecified dislocation of unspecified wrist, initial encounter
7. Musculoskeletal Injury	Ligament Injuries	S63501 A	Unspecified sprain of right wrist, initial encounter
7. Musculoskeletal Injury	Ligament Injuries	S63502 A	Unspecified sprain of left wrist, initial encounter
7. Musculoskeletal Injury	Bone Injuries	S72001 A	Fracture of unspecified part of neck of right femur, initial encounter
7. Musculoskeletal Injury	Bone Injuries	S72002 A	Fracture of unspecified part of neck of left femur, initial encounter
7. Musculoskeletal Injury	Muscle Injuries	S76011 A	Strain of muscle, fascia and tendon of right hip, initial encounter
7. Musculoskeletal Injury	Muscle Injuries	S76012 A	Strain of muscle, fascia and tendon of left hip, initial encounter
7. Musculoskeletal Injury	Bone Injuries	S79001 A	Unspecified injury of right hip, initial encounter
7. Musculoskeletal Injury	Bone Injuries	S79002 A	Unspecified injury of left hip, initial encounter
7. Musculoskeletal Injury	Ligament Injuries	S83501 A	Sprain of unspecified cruciate ligament of right knee, initial encounter



7. Musculoskeletal Injury	Ligament Injuries	S83502 A	Sprain of unspecified cruciate ligament of left knee, initial encounter
7. Musculoskeletal Injury	Occupational Factors	Z8781	Personal history of (healed) traumatic fracture
8. PTSD	Primary PTSD	F431	Post-traumatic stress disorder, unspecified
8. PTSD	Primary PTSD	F4310	Post-traumatic stress disorder, unspecified
8. PTSD	Primary PTSD	F4311	Post-traumatic stress disorder, acute
8. PTSD	Primary PTSD	F4312	Post-traumatic stress disorder, chronic
9. Respiratory Disease	Upper Respiratory	J029	Acute pharyngitis, unspecified
9. Respiratory Disease	Upper Respiratory	J040	Acute laryngitis
9. Respiratory Disease	Pneumonia	J129	Viral pneumonia, unspecified
9. Respiratory Disease	Pneumonia	J159	Unspecified bacterial pneumonia
9. Respiratory Disease	Pneumonia	J189	Pneumonia, unspecified organism
9. Respiratory Disease	Bronchitis	J209	Acute bronchitis, unspecified
9. Respiratory Disease	Upper Respiratory	J309	Allergic rhinitis, unspecified
9. Respiratory Disease	Upper Respiratory	J329	Chronic sinusitis, unspecified
9. Respiratory Disease	Bronchitis	J40	Bronchitis, not specified as acute or chronic
9. Respiratory Disease	COPD	J42	Unspecified chronic bronchitis
9. Respiratory Disease	COPD	J439	Emphysema, unspecified
9. Respiratory Disease	COPD	J440	Chronic obstructive pulmonary disease with (acute) lower respiratory infection
9. Respiratory Disease	COPD	J441	Chronic obstructive pulmonary disease with (acute) exacerbation
9. Respiratory Disease	COPD	J449	Chronic obstructive pulmonary disease, unspecified
9. Respiratory Disease	Asthma	J450	Predominantly allergic asthma
9. Respiratory Disease	Asthma	J451	Nonallergic asthma
9. Respiratory Disease	Asthma	J4520	Mild intermittent asthma
9. Respiratory Disease	Asthma	J4530	Mild persistent asthma
9. Respiratory Disease	Asthma	J4540	Moderate persistent asthma



9. Respiratory Disease	Asthma	J4550	Severe persistent asthma
9. Respiratory Disease	Asthma	J458	Mixed asthma
9. Respiratory Disease	Asthma	J459	Asthma, unspecified
9. Respiratory Disease	Asthma	J45901	Unspecified asthma with (acute) exacerbation
9. Respiratory Disease	Asthma	J45909	Unspecified asthma with (acute) exacerbation
9. Respiratory Disease	Asthma	J45990	Exercise induced bronchospasm
9. Respiratory Disease	Asthma	J46	Status asthmaticus
9. Respiratory Disease	Occupational Lung Disease	J64	Unspecified pneumoconiosis
9. Respiratory Disease	Pneumonitis	J679	Hypersensitivity pneumonitis due to unspecified organic dust
9. Respiratory Disease	Pneumonitis	J680	Bronchitis and pneumonitis due to chemicals, gases, fumes and vapors
9. Respiratory Disease	Occupational Lung Disease	J688	Other respiratory conditions due to chemicals, gases, fumes and vapors
9. Respiratory Disease	Occupational Lung Disease	J689	Unspecified respiratory condition due to chemicals, gases, fumes and vapors
9. Respiratory Disease	Pneumonia	J690	Pneumonitis due to inhalation of food and vomit
9. Respiratory Disease	Pulmonary Edema	J810	Acute pulmonary edema
9. Respiratory Disease	Pulmonary Edema	J811	Chronic pulmonary edema
9. Respiratory Disease	Pulmonary Fibrosis	J8410	Pulmonary fibrosis, unspecified
9. Respiratory Disease	Pulmonary Fibrosis	J84112	Idiopathic pulmonary fibrosis
9. Respiratory Disease	Respiratory Failure	J9600	Acute respiratory failure, unspecified whether with hypoxia or hypercapnia
9. Respiratory Disease	Respiratory Failure	J9610	Chronic respiratory failure, unspecified whether with hypoxia or hypercapnia
9. Respiratory Disease	Respiratory Failure	J9690	Respiratory failure, unspecified, unspecified whether with hypoxia or hypercapnia



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California Workers' Compensation Institute

The California Workers' Compensation Institute (CWCI), incorporated in 1964, is a private, nonprofit membership organization of insurers and self-insured employers. CWCI conducts and communicates research and analyses to improve California's workers' compensation system. CWCI members include insurers that collectively write 76 percent of California's workers' compensation direct written premium, as well as many of the largest public and private self-insured employers in the state. Additional information about CWCI research and activities is available on the Institute's website, www.cwci.org.

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