A REPORT TO THE INDUSTRY

California Cumulative Trauma Claims: 2018 – 2025 Trends and Factors Associated with Growth

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INTRODUCTION

In recent years, cumulative trauma (CT) claims have emerged as one of the fastest-growing components of the California workers' compensation system. Since the COVID-19 pandemic, employers, insurers, claims administrators, and policymakers have noted sharp increases in CT filings across the state, including areas where such claims historically were uncommon. Understanding whether this increase reflects changes in workforce characteristics, claim-filing behavior, attorney activity, or broader structural changes has important implications for employers, insurers, and policymakers.

This study examines statewide CT claim trends between 2018 and 2025 using data from CWCI's Industry Research Information System (IRIS).[1] It evaluates whether the increase was broad-based or concentrated within specific regions, industries, body-part categories, or worker populations, and assesses whether population, economic, or legal factors help explain the growth.

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[1] IRIS is CWCI's proprietary database. Version 2025Q4, which was used for this study, contains data on employee and employer characteristics, medical service data, benefits, and administrative costs on more than 10 million California workers' compensation claims from AY 2000 through AY 2025 valued through December 2025.

KEY FINDINGS

The key findings of this analysis, detailed in the Findings section, fall into four areas:

CT Claim Growth: The share of California workers' compensation claims identified as cumulative trauma (CT)[2] increased from 9.1 percent in 2018 to 16.5 percent in 2025, with most of the growth occurring after 2021.

The Scope of CT Claim Growth: CT claim growth was widespread, but uneven. CT rates increased across every region, industry, body-part category, and work-tenure group examined. Although the Los Angeles region remained the state's primary CT hotspot, some of the largest percentage increases occurred in regions where CT claims historically were less common.

Workforce and Population Factors: Population growth, employment trends, overall claim volume, and shifts in worker tenure explained relatively little of the increase in CT claims.

Other Significant Findings: Most CT claim growth reflected an increase in the number of workers filing CT claims rather than an increase in the average number of CT claims per worker. At the same time, the geographic landscape of CT litigation changed substantially. Southern California applicant attorneys expanded into other parts of the state and began to represent a large share of the CT cases involving Northern California employers while the share of Northern California CT claims filed in Southern California district office venues more than doubled between 2019 and 2025. This shift coincided with the expansion of virtual hearings during the COVID-19 pandemic, which reduced barriers to cross-regional representation.

DEFINITIONS

California law defines a cumulative trauma injury as an injury that results from repetitive mentally and/or physically traumatic activities extending over a period of time.[3] The injury may be physical or psychological and can accumulate over the course of one or more days, weeks, or months.

For most workers' compensation claims, the date of injury is an important factor in determining the applicable coverage and policy year. For CT claims, however, California law defines the date of injury as the point when disability and knowledge coincide—that is, when the worker first experiences disability and knows, or through reasonable diligence should have known, that it was caused by employment. Because a CT injury does not arise from a single event, this legal date may occur after the employment relationship has ended.

Once the date of injury is established, Labor Code Section 5500.5 governs the allocation of responsibility among employers by looking back one year from the date of injury, or to the last date of injurious exposure, whichever occurred first. Accurate determination of the date of injury can affect the statute of limitations, post-termination defenses, and employer responsibility. When these issues are not resolved at the trial level, the Workers' Compensation Appeals Board (WCAB) may remand cases for additional review, potentially prolonging litigation and delaying final resolution.

[2] Throughout this report, this measure is referred to as the "CT rate."
[3] Labor Code Section 3208.1.

DATA AND METHODS

Study Population. The analysis used claim data from CWCI's IRIS database to examine CT claim rates and trends. The data included claims with carrier notice dates from January 1, 2018 through December 31, 2025, valued as of December 31, 2025. COVID-19 claims were excluded because their volume and unique characteristics would distort the underlying trends.

Because CT claims are often reported long after the date of injury, this study assigns claims to a carrier notice year rather than an injury year. During the study period, CT claims were reported an average of 265 days after the date of injury, with a median reporting lag of 55 days, compared to an average of 37 days and a median of 3 days for specific injury claims. Assigning claims to injury years would therefore understate CT claim volume in the most recent years because many claims had not yet been reported by the valuation date.

The study population included non-medical, medical-only, and indemnity claims. Non-medical claims are open claims without any recorded benefit payments as of the valuation date. They were included because payments may occur later in the life of the claim, including upon settlement.

CT Claim Identification. Cumulative trauma claims were identified using a three-indicator classification method.[4] This incorporated a carrier-specific cumulative trauma flag, loss type code "03" (cumulative injury), and selected combinations of cause-of-injury and nature-of-injury codes most indicative of cumulative trauma.

Regional, Industry, Body-Part, and Tenure Analyses. CT rates were evaluated statewide and across regions, industries, body-part categories, and worker-tenure groups to determine where the increase occurred and to estimate how much each category contributed to the statewide increase. These estimates distinguished between two sources of change: higher CT rates within a category and shifts in the share of claims coming from categories with different CT rates.

Population, Employment, and Claim Trends. Regional CT claim trends were compared with changes in population, employment, and total claim volume to determine whether CT claim increases reflected broader workforce or claim trends.

Multiple CT Filings per Worker. To determine whether the increase in CT claims reflected more workers filing CT claims, more CT claims being filed per worker, or both, the analysis separated CT claim growth into two components: *participation* and *intensity*. A worker-level proxy based on date of birth, date of hire, and employer name was used to group claims that appeared to involve the same worker-employer combination. Participation was defined as the number of workers with at least one CT claim, while intensity was defined as the average number of CT claims filed per worker among workers with a CT claim.

[4] The CT claim definition used in this analysis reflects a revised CWCI methodology and differs from the definition used in the report *Analysis of Cumulative Trauma & Litigated Claims in California Workers' Compensation*. As a result, estimates may not be directly comparable across the two reports.

Geographic Analysis of Attorney Representation. Initial filing data from the DWC's Electronic Adjudication Management System (EAMS)[5] covering injury years 2019 through 2025 were analyzed to determine where applicant attorneys were located relative to the employers whose workers they represented. Additional findings from the analysis of EAMS data will be presented in a separate report.

FINDINGS

The analysis begins with statewide CT rate trends, then examines how CT rates changed across regions, industries, body-part categories and worker tenure groups. Subsequent findings evaluate broader workforce and claim trends, multiple CT filings per worker, and geographic shifts in attorney representation.

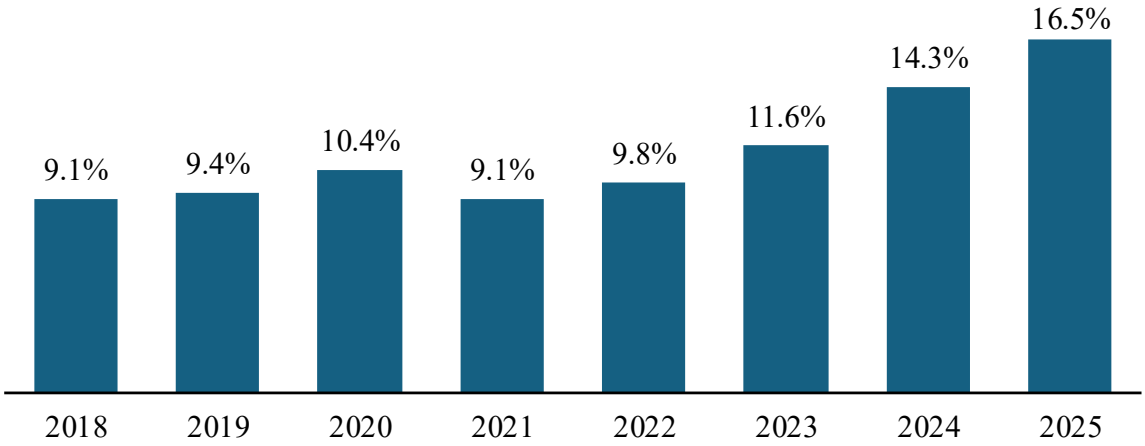
Statewide Trends in Cumulative Trauma Rates

2018-2025 CT Rate Trend

The proportion of California workers' compensation claims involving CT injuries has increased substantially in recent years. As shown in Exhibit 1, CT claims represented 9.1 percent of all claims in the IRIS database in 2018. This share remained relatively stable through 2021 before beginning a sustained upward trend. Between 2021 and 2025, the CT rate rose from 9.1 percent to 16.5 percent, producing a net increase of 7.4 percentage points over the 8-year study period.

The timing of the increase is also notable. The CT rate increased by just 0.7 percentage points between 2018 and 2022, then rose by 6.7 percentage points over the next three years. Thus, most of the increase occurred after the first two years of the COVID-19 pandemic.

Exhibit 1. CT Rate, 2018–2025, Valued as of 12/31/2025



[5] EAMS is the Division of Workers' Compensation's case management system and digital repository for workers' compensation disputes. Attorneys, claims administrators, and service providers use the system to file pleadings, notices, and medical reports electronically. The system applies Uniform Assigned Names to standardize the identification of insurance carriers, law firms, and lien claimants.

2018-2024 CT Claim Distribution by Claim Type

The CT claim distribution varies by claim type and carrier notice year (Exhibit 2). Non-medical claims represent a much higher share of the CT claims in the most recent years, accounting for 46.2 percent of the CT claims in 2025, while indemnity claims represented only 17.9 percent—a much lower share than in the earlier years. This reflects the limited maturity of the recently reported claims where less time had elapsed for medical and indemnity benefits to be paid. In comparison, the 2018 claims had more time to mature, and indemnity claims represented the largest share (63.9 percent) of those older claims, while non-medical claims represented only 6.1 percent.

Exhibit 2. Distribution of CT Claims by Claim Type, 2018–2024, Valued as of 12/31/2025

	2018	2019	2020	2021	2022	2023	2024	2025
Indemnity	63.9%	61.9%	63.8%	59.5%	57.7%	53.2%	45.0%	17.9%
Medical Only	30.1%	30.4%	29.7%	33.1%	34.4%	38.0%	42.0%	35.9%
No Medical	6.1%	7.7%	6.5%	7.3%	7.8%	8.8%	13.1%	46.2%
Total	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**

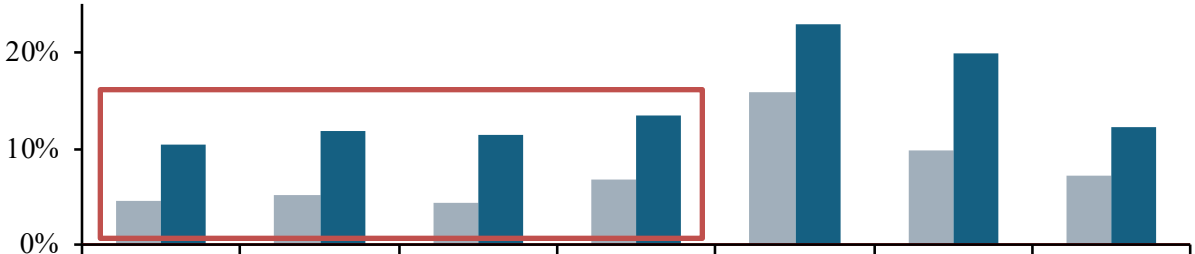
The next section examines the scope of the growth in CT claims in more detail, focusing on differences across regions, industries, body-part categories, and worker tenure.

Scope of the CT Claim Growth

CT Rate Changes by Region

The statewide increase in CT claims was broad-based rather than geographically concentrated. CT rates increased in every region of the state between 2018 and 2025 (Exhibit 3). The following exhibits compare the regional CT rates, CT claim growth, and each region's contribution to the statewide increase.

Exhibit 3. CT Rate by Region, 2018 and 2025, Valued as of 12/31/2025



	N. Cntys/ Sierras	Bay Area	Valleys	Central Coast	Los Angeles	Inld Emp/ Orange	San Diego
2018	4.5%	5.3%	4.3%	6.8%	15.8%	9.9%	7.2%
2025	10.4%	11.7%	11.4%	13.4%	22.9%	19.8%	12.1%
Net Change	5.9%	6.4%	7.1%	6.6%	7.1%	10.0%	4.9%

Los Angeles had the highest CT rate in both years, increasing from 15.8 percent in 2018 to 22.9 percent in 2025. Inland Empire/Orange County had the largest increase, rising from 9.9 percent to 19.8 percent, a gain of 10.0 percentage points. Regions that began the study period with lower CT rates—including North Counties/Sierras, the Bay Area, and the Valleys—more than doubled their CT rates by 2025. Overall, the increase was not confined to regions with historically high CT rates.

The 7.4 percentage-point increase in the statewide CT rate could result from higher CT rates within individual regions, shifts in the distribution of claims toward regions with higher CT rates, or both. A rate-and-mix decomposition was conducted to determine the extent to which these two effects contributed to the statewide increase. The "rate effect" measures the contribution of changing CT rates within regions, while the "mix effect" measures the contribution of changes in each region's share of statewide claims.

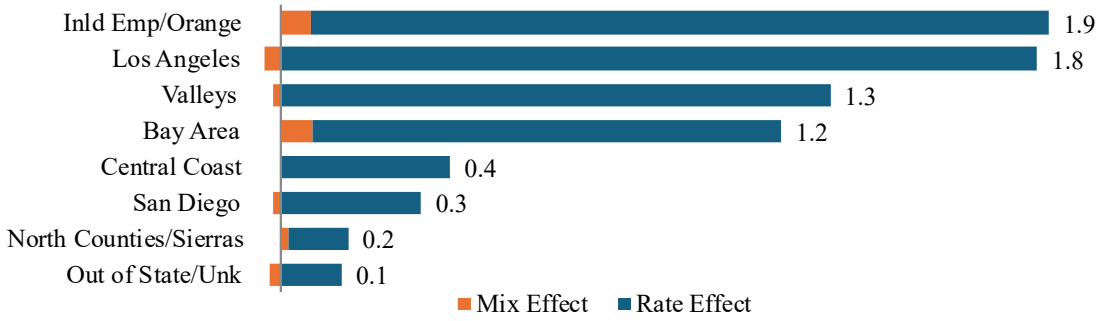
Exhibit 4a shows that most of the statewide increase in the CT rate reflected higher CT rates within regions, with rate effects contributing 7.31 percentage points, compared with 0.08 percentage points from changes in each region's share of statewide claims. Los Angeles and Inland Empire/Orange County had the largest rate effects among the California regions, at 1.88 and 1.83 percentage points, respectively. Although Los Angeles had the largest rate effect, Inland Empire/Orange County also had a positive mix effect, resulting in the largest overall contribution to the statewide increase. Detailed formulas and calculations are provided in Appendix A.

Exhibit 4a. Contribution to the Statewide CT Rate Increase by Region, 2018–2025

Region	Contribution to Statewide Net Change			Share of Net Change
	Rate Effect	Mix Effect	Total	
Inland Empire/Orange	1.83	0.08	**1.9**	26%
Los Angeles	1.88	-0.04	**1.8**	25%
Valleys	1.37	-0.02	**1.3**	18%
Bay Area	1.16	0.08	**1.2**	17%
Central Coast	0.42	0.00	**0.4**	6%
San Diego	0.35	-0.02	**0.3**	4%
North Counties/Sierras	0.15	0.02	**0.2**	2%
Out of State/Unknown	0.15	-0.03	**0.1**	2%
Total	**7.31**	**0.08**	**7.4**	**100%**

Exhibit 4b illustrates the relative contributions of each region's rate and mix effects.

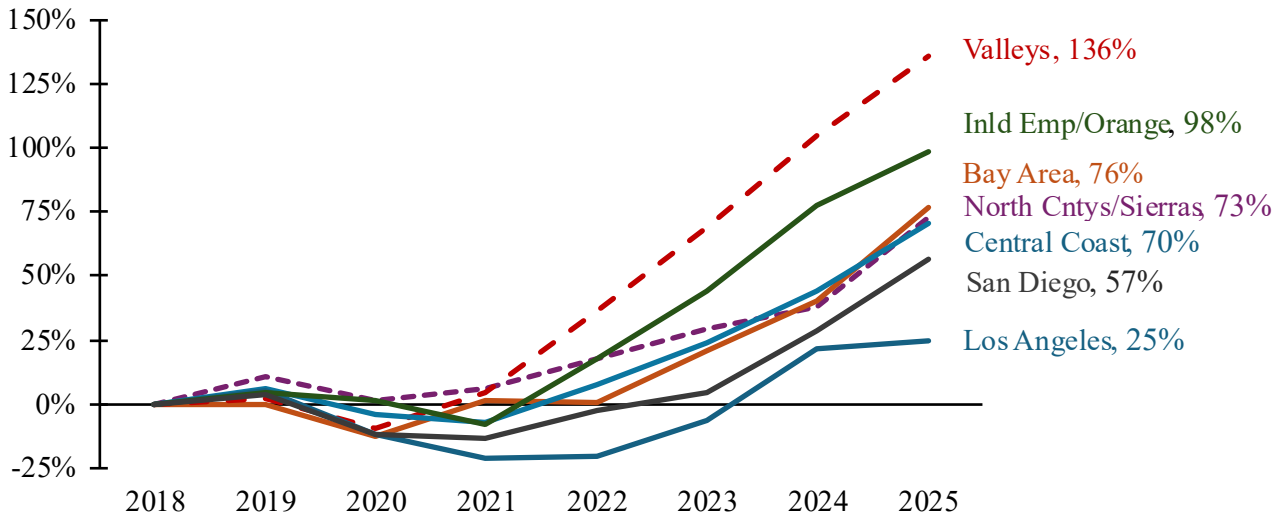
Exhibit 4b. Contribution to the Statewide CT Rate Increase by Region, 2018–2025



Regional Growth in CT Claim Volume

Because the CT rate is expressed as a percentage of all claims, changes in the rate may reflect changes in CT claims, changes in total claims, or both. To provide a direct measure of CT growth, Exhibit 5 shows the change in reported CT claim volume in each region relative to 2018.

Exhibit 5. CT Claim Growth by Region, Indexed to 2018



The largest increases occurred in several regions that began the period with relatively low CT rates. CT claim volume in the Valleys more than doubled between 2018 and 2025, increasing by 136 percent, the largest increase of any region. Inland Empire/Orange County had an increase of 98 percent, consistent with its position as the largest regional contributor to the statewide CT rate increase. Los Angeles, which had the highest CT rate in both 2018 and 2025, had the smallest increase in CT claim volume, at 25 percent.

These results reinforce the conclusion that CT claim growth was geographically widespread, extending well beyond regions with historically high CT rates.

CT Rate Changes by Industry

CT rates increased in every industry between 2018 and 2025, although the magnitude of the increase varied considerably (Exhibit 6). Food Services and Administrative Support experienced the largest increases, at 12.6 and 12.3 percentage points, respectively, with both more than doubling their CT rates over the study period. Manufacturing had the smallest increase, at 4.6 percentage points.

Exhibit 6. CT Rate and Net Change by Industry, 2018–2025 (Ranked by Net Change)

Industry	2018 CT Rate	2025 CT Rate	Net Change (PP)
Food Services	10.7%	23.3%	12.6
Admin, Support, and Waste Mgt	9.6%	21.9%	12.3
Retail Trade	8.4%	17.9%	9.5
Clerical	9.1%	18.3%	9.2
Accommodation	9.5%	18.2%	8.7
All Other	14.0%	22.5%	8.5
Public Administration	10.3%	18.3%	8.0
Construction	6.8%	14.3%	7.5
Transportation and Warehousing	5.7%	12.6%	6.9
Professional, Scientific, and Technical Services	6.8%	13.0%	6.2
Agriculture, Forestry, Fishing and Hunting	4.8%	11.0%	6.2
Arts, Entertainment, and Recreation	8.3%	14.2%	5.9
Health Care and Social Assistance	9.0%	14.6%	5.6
Wholesale Trade	10.9%	16.3%	5.4
Educational Services	5.7%	10.4%	4.7
Manufacturing	15.8%	20.4%	4.6
Total	**9.1%**	**16.5%**	**7.4**

Note: Industries are ranked by the percentage-point change in the CT rate. This table shows the full industry names, while Exhibits 7a and 7b use industry abbreviations.

Breaking down the statewide increase by industry shows that nearly all of the increase reflected higher CT rates within industries rather than changes in the distribution of claims among the industries (Exhibit 7a). Rate effects contributed 7.54 percentage points to the increase, while changes in the distribution of claims across industries produced a combined mix effect of -0.14 points, for a net increase of 7.4 percentage points.

Food Services made the largest contribution, accounting for 1.4 points, or 18 percent, of the statewide increase. Retail contributed 0.9 percentage points (12 percent), while Construction, Health Care, and Administrative/Waste Management each contributed between 0.6 and 0.7 points. Together, these five industries accounted for 57 percent of the statewide increase.

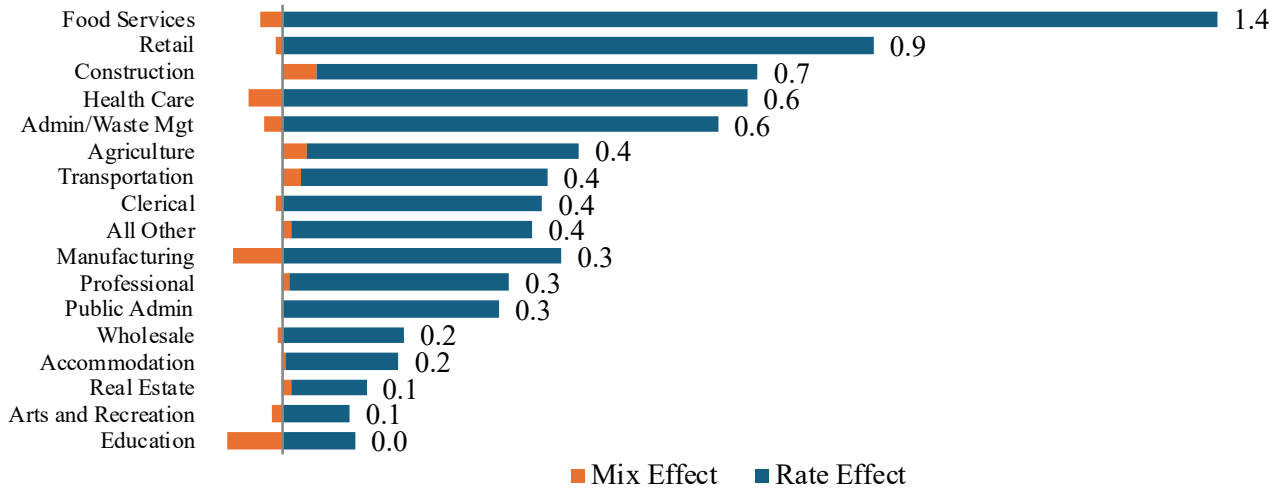
Exhibit 7a. Contribution to the Statewide CT Rate Increase by Industry, 2018–2025

Industry	Contribution to Statewide Net Change			Share of Net Change
	Rate Effect	Mix Effect	Total	
Food Services	1.39	-0.03	**1.4**	18%
Retail	0.88	-0.01	**0.9**	12%
Construction	0.66	0.05	**0.7**	10%
Health Care	0.69	-0.05	**0.6**	9%
Admin/Waste Mgt	0.65	-0.03	**0.6**	8%
Agriculture	0.40	0.04	**0.4**	6%
Transportation	0.37	0.03	**0.4**	5%
Clerical	0.39	-0.01	**0.4**	5%
All Other	0.36	0.02	**0.4**	5%
Manufacturing	0.42	-0.07	**0.3**	5%
Professional	0.33	0.01	**0.3**	5%
Public Admin	0.32	0.00	**0.3**	4%
Wholesale	0.18	-0.01	**0.2**	2%
Accommodation	0.17	0.00	**0.2**	2%
Real Estate	0.11	0.01	**0.1**	2%
Arts and Recreation	0.10	-0.02	**0.1**	1%
Education	0.11	-0.08	**0.0**	0%
Total	**7.54**	**-0.14**	**7.4**	**100%**

Mix effects were small relative to rate effects. Positive mix effects modestly increased the contributions from Construction, Agriculture, and Transportation, while negative mix effects partially offset the rate effects in industries such as Education, Manufacturing, and Health Care.

Overall, the results indicate that the statewide increase was driven primarily by rising CT rates within industries rather than by shifts in the distribution of claims among industries. Exhibit 7b shows the relative contribution of each industry's rate and mix effects to the statewide increase.

Exhibit 7b. Contribution to the Statewide CT Rate Increase by Industry, 2018–2025



CT Rate Changes by Body-Part Category

CT rates increased between 2018 and 2025 across all 10 body-part categories with the highest CT claim volumes, as well as the "All Other" category (Exhibit 8).

Exhibit 8. CT Rates by Body-Part Category, Ranked by 2025 CT Claim Volume

Body Part	2018 CT Rate	2025 CT Rate	Net Change (PP)
Multiple Body Parts	32.1%	43.1%	11.0
Mental Disorder	36.1%	58.9%	22.8
Low Back	5.9%	12.6%	6.7
Soft Tissue	17.8%	47.8%	30.0
Body Systems and Multiple Body Systems	30.5%	50.1%	19.6
Other Facial Soft Tissue	4.4%	30.3%	25.9
Shoulder(s)	7.8%	9.9%	2.1
Multiple Head Injury	2.3%	22.2%	19.9
Wrist	11.7%	15.7%	4.0
Hand	5.6%	9.3%	3.7
All Other	5.3%	9.1%	3.8
Total	**9.1%**	**16.5%**	**7.4**

Note: All Other includes 46 body-part categories.

The largest increases occurred among claims involving Soft Tissue (+30.0 percentage points), Other Facial Soft Tissue (+25.9 points), and Mental Disorders (+22.8 points). The CT rate for low-back claims more than doubled from 5.9 percent to 12.6 percent. By 2025, more than half of all Mental Disorder and Body Systems and Multiple Body Systems claims were classified as CT. CT rates also exceeded 40 percent for Soft Tissue and Multiple Body Parts.

Disaggregating the statewide increase for the 10 body-part categories with the highest 2025 CT claim volumes shows that both higher CT rates within categories and shifts toward categories with higher CT rates contributed to the statewide increase (Exhibit 8a). Rate effects accounted for 6.25 percentage points of the statewide increase, while mix effects contributed an additional 1.15 percentage points. Unlike the regional and industry analyses, the body-part mix effect was substantial, indicating that the distribution of claims shifted toward body-part categories with relatively high CT rates.

Exhibit 8a. Contribution to the Statewide CT Rate Increase by Body-Part Category, 2018–2025

Body Part	Contribution to Statewide Net Change			Share of Net Change
	Rate Effect	Mix Effect	Total	
Mental Disorder	0.28	0.75	**1.0**	14%
Low Back	0.78	0.03	**0.8**	11%
Other Facial Soft Tissue	0.51	0.15	**0.7**	9%
Soft Tissue	0.37	0.27	**0.6**	9%
Multiple Body Parts	1.02	-0.41	**0.6**	8%
Body Systems/Mult Systems	0.29	0.16	**0.5**	6%
Multiple Head Injury	0.39	0.04	**0.4**	6%
Hand	0.22	0.01	**0.2**	3%
Wrist	0.17	0.00	**0.2**	2%
Shoulder(s)	0.14	0.02	**0.2**	2%
All Other	2.08	0.12	**2.2**	30%
Total	**6.25**	**1.15**	**7.4**	**100%**

Note: the 2.08 percentage point effect for All Other reflects the combined effect of the 46 remaining body part categories.

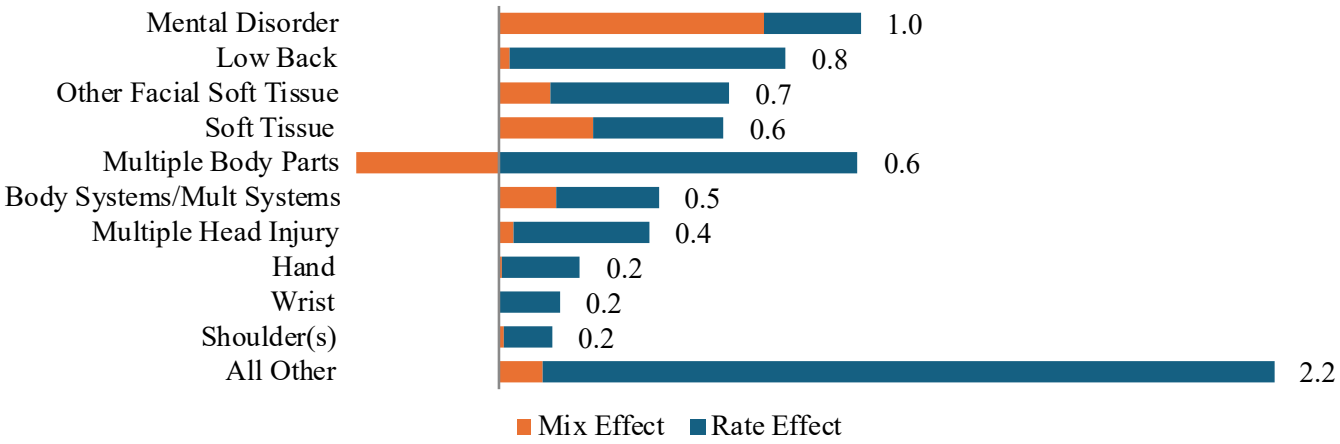
Mental Disorders had the largest contribution among the individual categories, accounting for 1.0 percentage point, or 14 percent of the statewide increase. Low Back contributed 0.8 percentage points, followed by Other Facial Soft Tissue (0.7 percentage points). Soft Tissue and Multiple Body Parts each contributed 0.6 percentage points. Together, these five categories accounted for 51 percent of the statewide increase.

The relative importance of the rate and mix effects varied across body-part categories. Multiple Body Parts had the largest rate effect, but a negative mix effect reduced its total contribution to 0.6 percentage points. Mental Disorders showed the opposite pattern: a comparatively modest rate effect was amplified by a large positive mix effect, producing the largest overall contribution.

These results indicate that the statewide increase reflected both rising CT rates within body-part categories and a shift toward categories with higher CT rates.

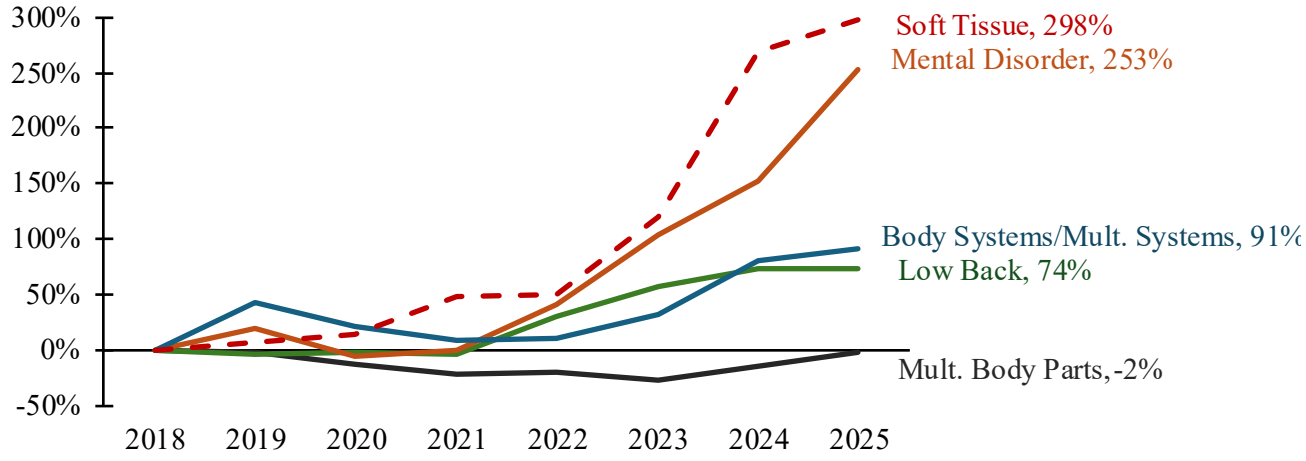
Exhibit 8b illustrates the relative contribution of each body part category's rate and mix effects to the statewide increase.

Exhibit 8b. Contribution to the Statewide CT Rate Increase by Body-Part Category, 2018–2025



Changes in CT claim volume provide additional context for the rate analysis. Exhibit 9 tracks CT claim volume relative to 2018 for the five highest-volume body-part categories, which represented 51 percent of all CT claims. Between 2018 and 2025, Soft Tissue CT claims increased 298 percent and Mental Disorder CT claims increased 253 percent, with most of the growth occurring after 2021. Claims involving Body Systems and Multiple Body Systems increased 91 percent, while Low-Back claims increased 74 percent. In contrast, claims involving Multiple Body Parts declined by 2 percent.

Exhibit 9. Change in CT Claim Volume for the Top Five Body-Part Categories



Together, these findings show that CT rates increased broadly across regions, industries, and body-part categories. The next section examines whether broader workforce, population, or claim characteristics help explain this statewide increase.

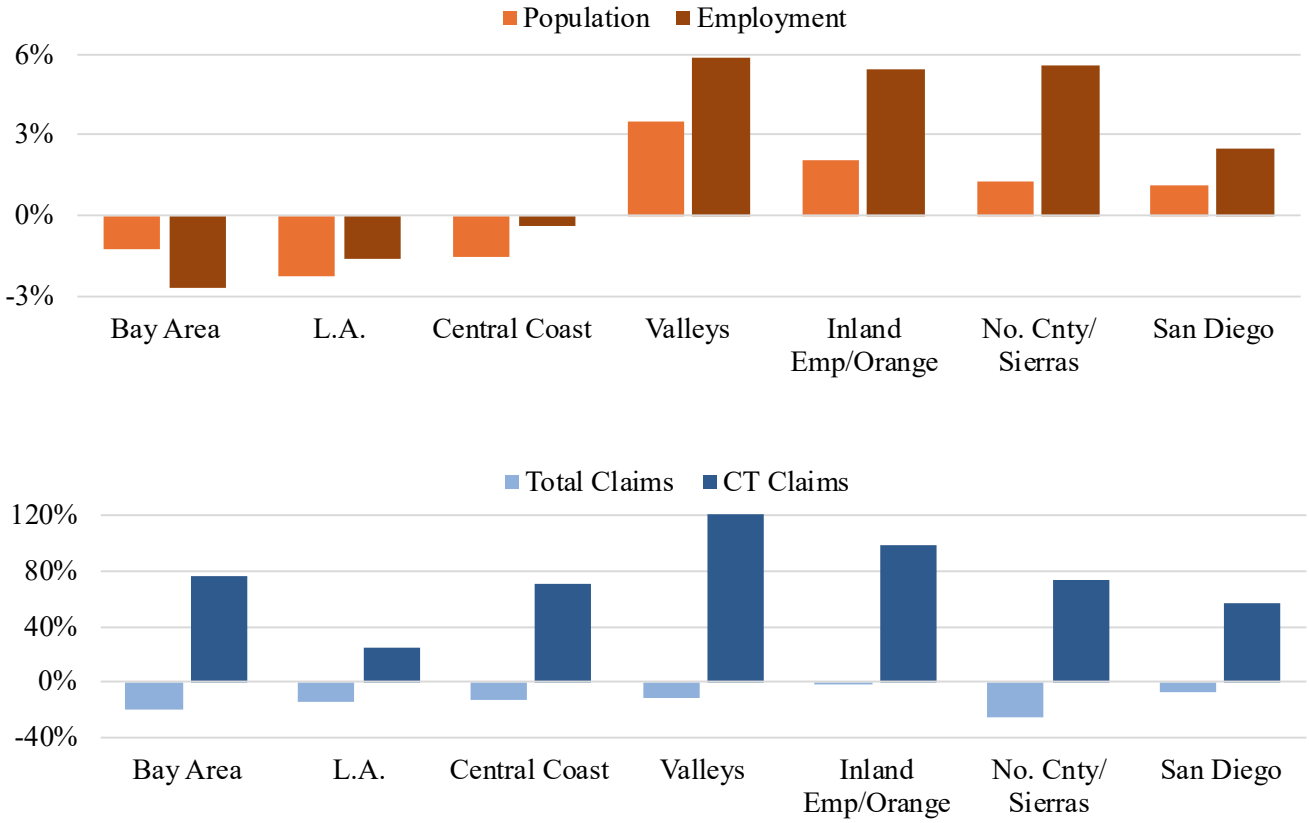
Workforce and Population Factors

Population, Employment, and Claim Changes

Regional population and employment growth, overall claim volume, and changes in worker tenure were all evaluated as potential contributors to the increase in CT claim volume between 2018 and 2025, but together they explain relatively little of the increase.

Population and employment moved in the same direction across all regions of the state during the study period, as noted in the top panel of Exhibit 10. The magnitude of these changes varied considerably and some regions experienced growth while others experienced declines in both population and employment.

Exhibit 10. Regional Population, Employment, and Claim Changes (2018–2025)



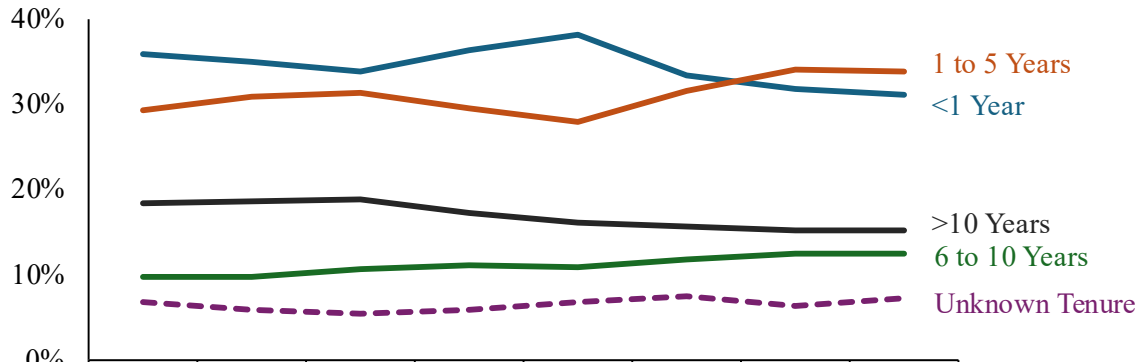
Claim trends displayed a different pattern, as shown in the bottom panel of Exhibit 10. While CT claim volume increased in every region, total claim volume declined statewide, with the smallest decline occurring in Inland Empire/Orange County (-1.0 percent). The largest increases in CT claim volume occurred in the Valleys (+136 percent) and Inland Empire/Orange County (+98 percent), regions that also experienced relatively strong population and employment growth. However, CT claims also increased significantly in regions where population and employment were flat or declining. Taken together, these findings suggest that population and employment growth alone cannot explain the statewide increase in CT claims.

Worker Tenure

Worker tenure with the employer at the time of injury was examined to determine whether changes in the tenure composition of claims contributed to the statewide increase in CT rates. The following analyses examine changes in the distribution of claims by tenure, CT rates within tenure groups, and the contribution of each group to the statewide increase.

Exhibit 11 shows that the distribution of all claims (CT and non-CT) shifted toward workers with 1 to 10 years of tenure. Between 2018 and 2025, the share of claims involving workers with 1 to 5 years of tenure increased by 4.6 percentage points, while the share involving workers with 6 to 10 years increased by 2.9 percentage points, and the unknown-tenure share increased by 0.6 percentage points. These increases were offset by declines among workers with less than 1 year of tenure (-4.8 percentage points) and more than 10 years of tenure (-3.2 percentage points).

Exhibit 11. Percentage of All Claims by Tenure Group (2018 to 2025)



	2018	2019	2020	2021	2022	2023	2024	2025
<1 Year	35.8%	35.0%	33.9%	36.2%	38.1%	33.4%	31.8%	31.0%
1 to 5 Years	29.3%	30.8%	31.4%	29.4%	27.9%	31.6%	33.9%	33.9%
6 to 10 Years	9.7%	9.8%	10.6%	11.1%	11.0%	11.8%	12.6%	12.6%
>10 Years	18.5%	18.5%	18.8%	17.3%	16.1%	15.7%	15.2%	15.3%
Unknown Tenure	6.7%	5.9%	5.4%	5.8%	6.9%	7.5%	6.4%	7.3%

The two shortest-tenure groups diverged over the study period. The share involving workers with less than one year of tenure increased through 2022, then declined over the next three years, while the one-to-five-year share moved in the opposite direction. By 2025, the concentration of claims among workers with zero to five years of tenure had largely returned to pre-pandemic levels, suggesting that the increase in CT claims that began in 2021 was not the result of a shift toward newer workers.

CT rates increased across every tenure category between 2018 and 2025 (Exhibit 12). The largest increase was among claims with unknown tenure (+22.0 percentage points). Among claims with known tenure, rates increased the most for workers with 1 to 5 years of tenure (+7.2 percentage points) and less than one year of tenure (+6.4 percentage points), with smaller increases among workers with 6 to 10 years and more than 10 years of tenure.

Exhibit 12. CT Rate by Tenure Group, 2018 and 2025

Tenure	2018 CT Rate	2025 CT Rate	Net Change (PP)
<1 Year	5.3%	11.7%	6.4
1 to 5 Years	8.9%	16.1%	7.2
6 to 10 Years	11.3%	14.9%	3.6
>10 Years	12.4%	17.3%	4.9
Unknown Tenure	17.9%	39.9%	22.0
Total	**9.1%**	**16.5%**	**7.4**

Disaggregating the statewide increase by tenure category shows that nearly all of the increase was driven by higher CT rates within tenure groups rather than by changes in tenure composition (Exhibit 13a). Rate effects contributed 7.11 percentage points to the statewide increase, while changes in the tenure distribution of claims contributed 0.28 percentage points.

Exhibit 13a. Contribution to the Statewide CT Rate Increase by Tenure Category, 2018–2025

Tenure	Contribution to Statewide Net Change			Share of Net Change
	Rate Effect	Mix Effect	Total	
<1 Year	2.27	0.23	**2.5**	34%
1 to 5 Years	2.11	-0.02	**2.1**	28%
6 to 10 Years	0.35	-0.05	**0.3**	4%
>10 Years	0.90	-0.03	**0.9**	12%
Unknown Tenure	1.48	0.14	**1.6**	22%
Total	**7.11**	**0.28**	**7.4**	**100%**

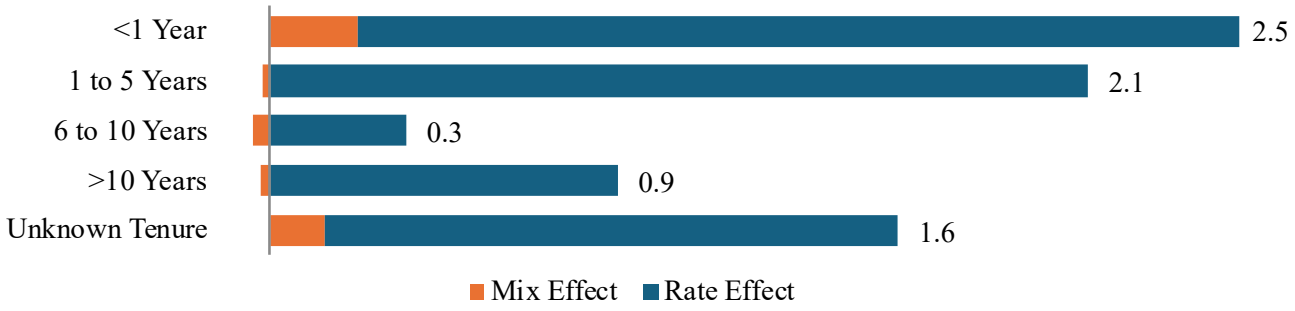
Claims involving workers with less than one year of tenure made the largest contribution, accounting for 2.5 percentage points, or 34 percent of the statewide increase. The 1-to-5-year category contributed another 2.1 percentage points, or 28 percent. Together, these two categories accounted for 62 percent of the statewide increase. Claims with unknown tenure contributed 1.6 percentage points, or 22 percent.

Mix effects were small across most tenure categories. The positive mix effects for workers with less than one year of tenure and for claims with unknown tenure were partially offset by small negative mix effects in the remaining

categories. Overall, changes in the tenure composition of claims contributed relatively little to the statewide increase.

Exhibit 13b illustrates the relative contribution of each tenure category's rate and mix effect to the statewide CT rate increase.

Exhibit 13b. Contribution to the Statewide CT Rate Increase by Tenure Category, 2018–2025



Although the composition of claims by worker tenure changed between 2018 and 2025, these changes explain relatively little of the statewide increase in CT claims. Most of the increase reflected higher CT rates within tenure categories rather than changes in the tenure distribution of claims.

The following analyses examine other factors that may help explain the recent growth in CT claims.

Other Significant Findings

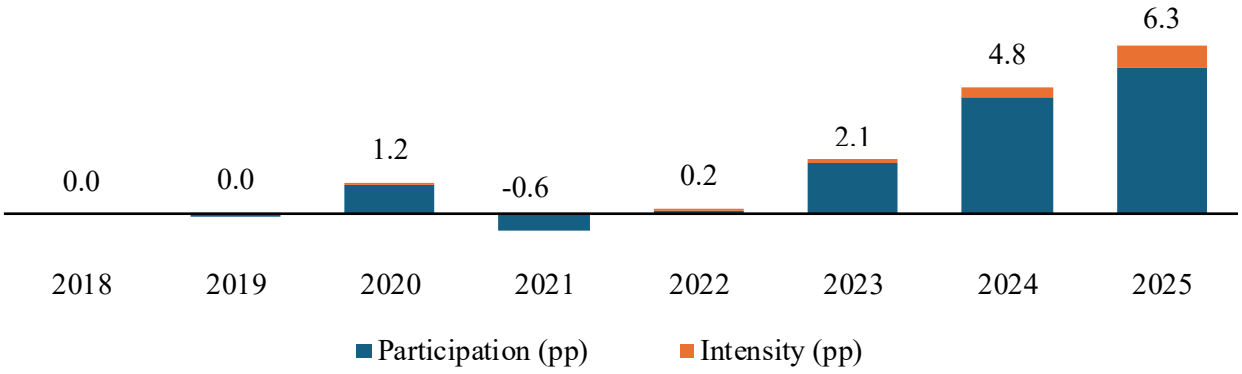
Multiple Claim Filings

The statewide increase in CT claims could reflect an increase in the number of workers filing CT claims, an increase in the number of CT claims filed per worker, or both. To distinguish between these sources of growth, the analysis separated CT growth into *participation* and *intensity*.

Participation reflects growth in the number of workers filing at least one CT claim, while intensity reflects growth in the average number of CT claims filed per worker with a CT claim. As described in the Data and Methods section, this analysis was limited to records containing the data elements needed to construct the worker-level proxy. The resulting subsample included 91 percent of all claims in the study sample.

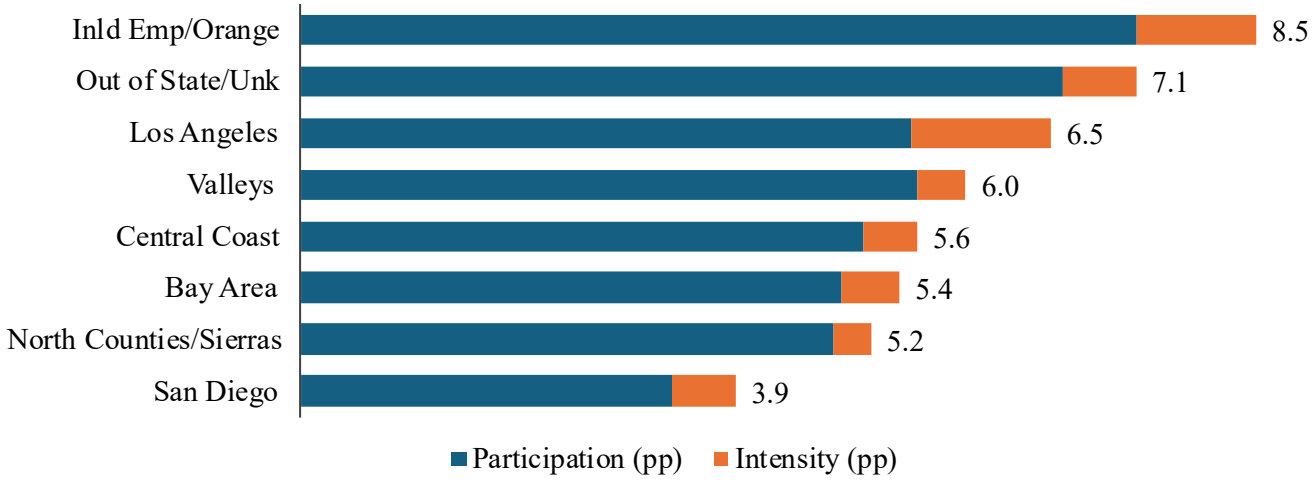
Within the subsample, the CT rate increased by 6.3 percentage points between 2018 and 2025. As shown in Exhibit 14, participation accounted for approximately 87 percent of that increase, while intensity accounted for the remaining 13 percent. Although participation remained the primary driver throughout the study period, intensity became a larger contributor in recent years, accounting for an increasing share of CT claim growth between 2023 and 2025.

Exhibit 14. Cumulative Percentage-Point Change in CT Frequency Since 2018



The regional analysis reaches the same conclusion (Exhibit 15). In every region, growth in the number of workers filing CT claims contributed more to the statewide increase than growth in the number of CT claims filed per worker.

Exhibit 15. Regional Change in CT Frequency by Participation and Intensity, 2018–2025



These findings indicate that the recent increase in CT claims primarily reflects more workers filing CT claims rather than a major increase in multiple CT filings by individual workers. Notably, the intensity contribution was somewhat larger in Los Angeles and the Inland Empire/Orange County, the two regions with the highest CT rates in 2025 and historically.

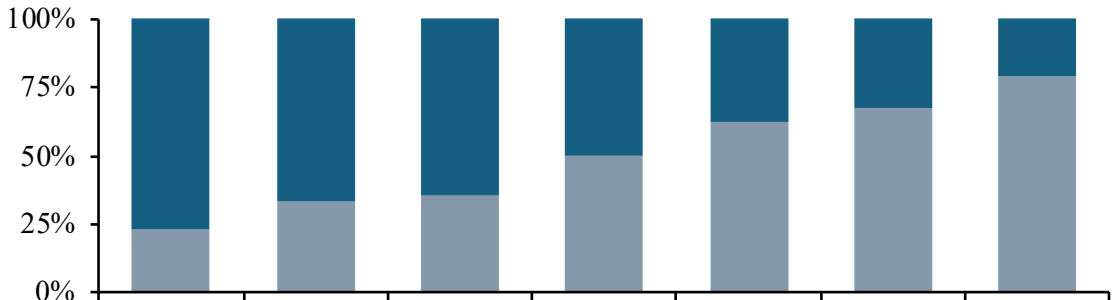
Geographic Shift in Attorney Representation

The preceding analyses show that the increase in CT claims is not fully explained by changes in workforce composition, employment, population, or multiple claim filings. The final analysis examines another significant change during the study period—the geographic expansion of applicant attorney representation.

Using initial filing data from EAMS, the analysis examined whether Southern California law firms expanded their representation of workers in CT cases involving employers outside Southern California and whether the venues in which those cases were filed changed over the same period. To simplify the analysis, employer and law firm ZIP codes, as well as DWC district offices, were grouped into two geographic regions (Northern California and Southern California), and cases involving out-of-state employers were excluded.[6]

A substantial shift occurred in the geographic distribution of applicant attorney representation. In 2019, Southern California law firms represented 23 percent of CT cases involving Northern California employers, but that percentage rose steadily over the next several years. By 2025 it was 79 percent (Exhibit 16).

Exhibit 16. Northern California CT Cases by Law Firm Location

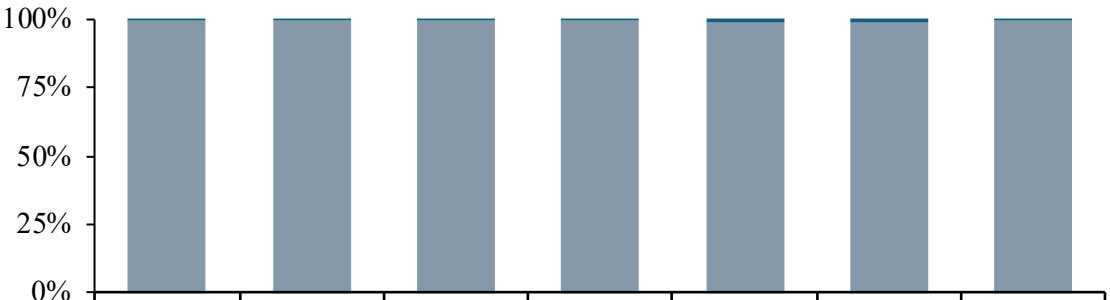


	2019	2020	2021	2022	2023	2024	2025
Northern Law Firm	77%	67%	65%	50%	38%	32%	21%
Southern Law Firm	23%	33%	35%	50%	62%	68%	79%

Notably, the shift was entirely one-directional. Northern California law firms did not increase their representation of cases involving Southern California employers. As shown in Exhibit 17, in 2019 Northern California firms represented just 1 percent of CT cases involving Southern California employers, and that share remained unchanged throughout the study period.

[6] Additional details on these geographic classifications are provided in Appendix B, EAMS Data: Geographic Classifications.

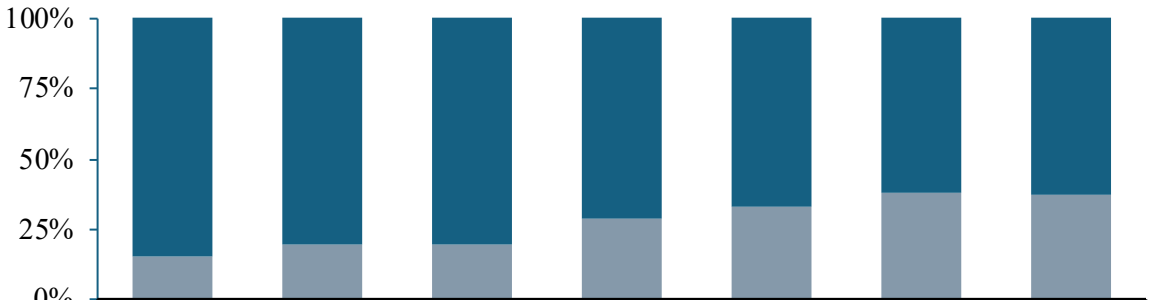
Exhibit 17. Southern California CT Cases by Law Firm Location



	2019	2020	2021	2022	2023	2024	2025
Northern Law Firm	1%	1%	1%	1%	1%	1%	1%
Southern Law Firm	99%	99%	99%	99%	99%	99%	99%

Not only did attorney representation for Northern California CT cases shift, but the venues in which these cases were litigated also changed. The share of CT cases involving Northern California employers that were filed in Southern California venues increased from 15 percent in 2019 to 38 percent in 2025 (Exhibit 18).

Exhibit 18. Northern California CT Cases by Venue Location



	2019	2020	2021	2022	2023	2024	2025
Northern Venue	85%	81%	80%	71%	67%	62%	62%
Southern Venue	15%	19%	20%	29%	33%	38%	38%

The timing of the shift coincided with the widespread adoption of remote hearings that began during the COVID-19 pandemic, which reduced the practical barriers to representing workers and litigating cases across geographic regions.

DISCUSSION

Taken together, the findings from this study point to several important conclusions:

First, California's workers' compensation system experienced a broad-based increase in CT claims between 2018 and 2025, with CT rates increasing across every region, industry, body-part category, and tenure category examined. The increase was not confined to areas that historically reported large numbers of CT claims. Instead, the growth in CT claims became less geographically concentrated over the study period, with some regions that historically had relatively little CT activity, including the Valleys and the Bay Area, experiencing the largest percentage increases.

Second, the increase in CT claims cannot be explained by changes in employment, population, overall claim frequency, or worker tenure alone. Notably, CT rates increased in regions with both expanding and contracting labor markets, while changes in tenure mix accounted for only a small portion of the statewide CT-rate increase.

Third, the increase primarily reflects an increasing number of workers filing CT claims rather than growth in the average number of CT claims per worker. Although multiple filings contributed modestly to CT claim growth, they do not appear to be the primary driver of the statewide increase, though they do warrant continued monitoring.

Fourth, most of the statewide increase reflected rising CT rates within body-part categories, although shifts toward categories with higher CT rates also made a significant contribution. While CT rates increased across every major category examined, the largest increases were in Soft Tissue, Other Facial Soft Tissue, and Mental Disorder claims.

Finally, applicant attorney representation of CT cases shifted geographically during the study period. Over a relatively short period, Southern California applicant attorney firms substantially expanded their representation of claimants in CT cases involving Northern California employers, while Northern California law firms made no measurable gains in Southern California. At the same time, an increasing share of CT cases involving Northern California employers were filed in Southern California venues. Although this study did not evaluate whether this shift contributed to the increase in CT claims, the timing and magnitude of the geographic shift suggest an important area for future research.

CONCLUSION AND FUTURE RESEARCH

This study documents the substantial increase in CT claims in California workers' compensation between 2018 and 2025, and shows that it was widespread across regions, industries, body-part categories, and worker tenure groups. It also finds that changes in employment, population, overall claim activity, and claim composition explain relatively little of the increase. Together, these findings suggest that other structural changes within the workers' compensation system warrant closer examination.

One notable change during the study period was the geographic expansion of Southern California applicant attorneys into other regions of the state. This shift coincided with the rapid increase in CT claims and the expansion of remote and virtual hearings during the COVID-19 pandemic, which reduced geographic barriers to representing workers and litigating cases across the state. The observed overlap between these trends does not, by itself, establish that this expansion contributed to the growth in CT claims.

Future research could build on these findings by examining how CT litigation changed at the local and regional level as claim volume increased. Such analyses could examine how often attorneys represented workers outside their local areas, how the geographic reach of law firms changed over time, and whether representation became increasingly concentrated among firms serving multiple regions. Additional research could also explore whether larger law firms have come to play a greater role in the CT litigation market and whether changes in attorney business practices or claim initiation patterns are associated with recent growth in CT claims. Answering these questions would help employers, insurers, policymakers, and other stakeholders better understand the evolving dynamics of CT claims in California.

APPENDIX A.

RATE AND MIX DECOMPOSITION OF THE STATEWIDE CT RATE INCREASE

A rate-and-mix decomposition was used to determine how much of the statewide change in the CT rate resulted from changes in CT rates within categories (the **rate effect**) and how much resulted from changes in the distribution of claims within individual categories, such as regions, industries, body parts, or tenure groups (the **mix effect**). A positive rate or mix effect indicates that the category increased the statewide CT rate, while a negative effect indicates that it reduced the statewide CT rate.

The rate effect is driven by both the magnitude of the change in each category's CT rate and the category's share of claims at the beginning of the study period (2018). Thus, a large increase in a category with a larger share of claims has a greater effect on the statewide CT rate than the same increase in a category representing a smaller share of claims. The formula for the rate effect is:

$$(\text{CT Rate}_{2025} - \text{CT Rate}_{2018}) \times \text{Claim Share}_{2018}$$

The mix effect reflects shifts in the distribution of claims across categories. It depends on both the change in a category's share of claims and whether that category's 2025 CT rate was above or below the statewide CT rate. The statewide CT rate increases when claims shift toward categories with above-average CT rates or away from categories with below-average rates. It decreases when the opposite occurs. The formula for the mix effect is:

$$(\text{Claim Share}_{2025} - \text{Claim Share}_{2018}) \times (\text{CT Rate}_{2025} - \text{Statewide CT Rate}_{2025})$$

Together, the rate and mix effects show whether the statewide increase primarily reflected rising CT rates within categories, shifts in the composition of claims across categories, or some combination of both. The largest positive or negative values in the effect columns identify the categories that contributed most to the statewide change.

The following four tables show the rate-and-mix decompositions for the regional, industry, body-part, and tenure analyses in this report. The categories with the largest positive total effects contributed the most to the statewide increase in CT rates; those with negative values partially offset the statewide increase. The statewide change in the CT rate is:

$$\text{Total Rate Effect} + \text{Total Mix Effect}$$

Region

Region	Rate Effect Calculation			Mix Effect Calculation		
	Change in CT Rate	2018 Share of Claims	Rate Effect	Change in Claim Share	2025 CT Rate Gap	Mix Effect
	A	B	C=A x B / 100	D	E	F=D x E / 100
Inland Empire/Orange	10.0	18.4%	**1.83**	2.3	3.3	**0.08**
Los Angeles	7.1	26.4%	**1.88**	-0.6	6.4	**-0.04**
Valleys	7.1	19.4%	**1.37**	0.3	-5.2	**-0.02**
Bay Area	6.4	18.1%	**1.16**	-1.7	-4.8	**0.08**
Central Coast	6.6	6.4%	**0.42**	-0.1	-3.1	**0.00**
San Diego	4.9	7.1%	**0.35**	0.4	-4.4	**-0.02**
North Counties/Sierras	5.9	2.5%	**0.15**	-0.4	-6.1	**0.02**
Out of State/Unknown	8.5	1.8%	**0.15**	-0.3	8.5	**-0.03**
Total	**7.4**	**100.0%**	**7.31**	**0.0**		**0.08**

Industry

Industry	Rate Effect Calculation			Mix Effect Calculation		
	Change in CT Rate	2018 Share of Claims	Rate Effect	Change in Claim Share	2025 CT Rate Gap	Mix Effect
	A	B	C=A x B / 100	D	E	F=D x E / 100
Food Services	12.6	11.1%	**1.39**	-0.5	6.8	**-0.03**
Retail	9.4	9.4%	**0.88**	-0.6	1.3	**-0.01**
Construction	7.5	8.8%	**0.66**	-2.3	-2.2	**0.05**
Health Care	5.6	12.3%	**0.69**	2.7	-1.9	**-0.05**
Admin/Waste Mgt	12.3	5.3%	**0.65**	-0.5	5.4	**-0.03**
Agriculture	6.3	6.5%	**0.40**	-0.7	-5.5	**0.04**
Transportation	7.0	5.3%	**0.37**	-0.7	-3.9	**0.03**
Clerical	9.1	4.3%	**0.39**	-0.5	1.8	**-0.01**
All Other	4.2	8.5%	**0.36**	-0.5	-3.1	**0.02**
Manufacturing	4.6	9.0%	**0.42**	-1.9	3.9	**-0.07**
Professional	6.2	5.3%	**0.33**	-0.3	-3.5	**0.01**
Public Admin	8.0	4.0%	**0.32**	0.0	1.8	**0.00**
Wholesale	5.5	3.3%	**0.18**	3.2	-0.2	**-0.01**
Accommodation	8.7	1.9%	**0.17**	0.3	1.7	**0.00**
Real Estate	9.7	1.2%	**0.11**	0.2	5.3	**0.01**
Arts and Recreation	6.0	1.7%	**0.10**	0.7	-2.3	**-0.02**
Education	4.7	2.3%	**0.11**	1.3	-6.1	**-0.08**
Total	**7.4**	**100.0%**	**7.54**	**0.0**		**-0.14**

Body Part Category

Body Part	Rate Effect Calculation			Mix Effect Calculation		
	Change in CT Rate	2018 Share of Claims	Rate Effect	Change in Claim Share	2025 CT Rate Gap	Mix Effect
	A	B	C=A x B / 100	D	E	F=D x E / 100
Mental Disorder	22.7	1.2%	**0.28**	1.8	42.3	**0.75**
Low Back	6.7	11.7%	**0.78**	-0.8	-3.9	**0.03**
Other Facial Soft Tissue	25.9	2.0%	**0.51**	1.1	13.8	**0.15**
Soft Tissue	30.0	1.2%	**0.37**	0.9	31.3	**0.27**
Multiple Body Parts	11.0	9.3%	**1.02**	-1.5	26.6	**-0.41**
Body Systems/Mult Systems	19.6	1.5%	**0.29**	0.5	33.5	**0.16**
Multiple Head Injury	19.9	1.9%	**0.39**	0.7	5.6	**0.04**
Hand	3.8	6.0%	**0.22**	-0.1	-7.2	**0.01**
Wrist	4.0	4.2%	**0.17**	-0.5	-0.8	**0.00**
Shoulder(s)	2.1	6.6%	**0.14**	-0.2	-6.6	**0.02**
All Other	3.8	54.4%	**2.08**	-1.7	-7.4	**0.12**
Total	**7.4**	**100.0%**	**6.25**	**0.0**		**1.15**

Tenure

Tenure	Rate Effect Calculation			Mix Effect Calculation		
	Change in CT Rate	2018 Share of Claims	Rate Effect	Change in Claim Share	2025 CT Rate Gap	Mix Effect
	A	B	C=A x B / 100	D	E	F=D x E / 100
<1 Year	6.4	35.8%	**2.27**	-4.8	-4.8	**0.23**
1 to 5 Years	7.2	29.3%	**2.11**	4.5	-0.4	**-0.02**
6 to 10 Years	3.6	9.7%	**0.35**	2.8	-1.6	**-0.05**
>10 Years	4.9	18.5%	**0.90**	-3.2	0.8	**-0.03**
Unknown Tenure	21.9	6.7%	**1.48**	0.6	23.4	**0.14**
Total	**7.4**	**100.0%**	**7.11**	**0.0**		**0.28**

APPENDIX B. EAMS DATA: GEOGRAPHIC CLASSIFICATIONS

Employer and law firm ZIP codes were classified as belonging to either the North or South region based on the county in which they are located. The South region includes the following counties: Los Angeles, San Diego, Imperial, Kern, Orange, Riverside, San Bernardino, San Luis Obispo, Santa Barbara, and Ventura. All remaining California counties were classified as part of the North region. The map below illustrates the division of California into the North and South regions.

The 23 DWC district offices were assigned to either the North or South region based on publicly available DWC data that identify the district office corresponding to each California ZIP code for filing most forms. The following table lists each district office and their assigned region.

North Region District Offices	South Region District Offices
Fresno	Anaheim
Lodi	Bakersfield
Oakland	Long Beach
Redding	Los Angeles
Sacramento	Marina del Rey
Salinas	Oxnard
San Francisco	Pomona
San Jose	Riverside
Santa Rosa	San Bernardino
	San Diego
	San Luis Obispo
	Santa Ana
	Santa Barbara[7]
	Van Nuys

[7] On January 21, 2026, DWC announced relocation of the Santa Barbara district office to Goleta.

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California Workers' Compensation Institute

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