

U. S. DEPARTMENT OF LABOR

Employees' Compensation Appeals Board

In the Matter of HERBERT W. RUMBLE and DEPARTMENT OF THE ARMY,
NATIONAL GUARD, Latham, N.Y.

*Docket No. 97-1215; Submitted on the Record;
Issued December 29, 1998*

DECISION and ORDER

Before WILLIE T.C. THOMAS, BRADLEY T. KNOTT,
A. PETER KANJORSKI

The issue is whether appellant has a greater hearing loss than the 1.9 percent monaural (right ear) loss for which he received a schedule award.

The Board finds that appellant has no more than a 1.9 percent monaural (right ear) loss of hearing.

The Office of Workers' Compensation Programs properly considered the medical evidence in support of appellant's claim and applied the American Medical Association, *Guides to the Evaluation of Permanent Impairment*¹ in issuing appellant a schedule award for a 1.9 percent loss of hearing in the right ear in its September 18, 1996 decision. The Office referred appellant and his medical records to Dr. W. Kent Cutrer, a Board-certified otolaryngologist. Dr. Cutrer submitted a medical report and a May 3, 1994 audiogram, performed on his behalf, which conforms to the applicable criteria. The losses at the frequencies of 500, 1,000, 2,000 and 3,000 cycles per second were added up and averaged and the "fence" of 25 decibels was deducted.² The remaining amount was multiplied by 1.5 to arrive at the percentage of monaural hearing loss. For hearing levels recorded in the left ear of 25, 20, 25 and 25 decibels and in the

¹ A.M.A., *Guides* (4th ed. 1991); see *Danniel C. Goings*, 37 ECAB 781 (1986) (where the Board concurred in the Office's use of the standards set forth in the A.M.A., *Guides* in evaluating hearing loss for schedule award purposes).

² *Id.* The A.M.A., *Guides* points out that the loss below an average of 25 decibels does not result in impairment in the ability to hear everyday sounds under everyday listening conditions. A.M.A., *Guides*, p. 224 (4th ed. 1993).

right ear of 20, 20, 30 and 35 decibels, the above formula yielded a 1.9 percent hearing loss for the right ear and no ratable impairment in the left ear.³

The Office also acted properly in using the report and audiogram of Dr. Cutrer in preference to an audiogram submitted by appellant from Dr. R. Mark Williams, a Board-certified otolaryngologist. As pointed out by an Office medical adviser, the audiogram from Dr. Williams was not accompanied by a report of a medical examination. This audiogram is therefore considered incomplete and of less probative value than the audiogram and medical report from Dr. Cutrer.⁴

The decision of the Office of Workers' Compensation Programs dated September 18, 1996 is affirmed.

Dated, Washington, D.C.
December 29, 1998

Willie T.C. Thomas
Alternate Member

Bradley T. Knott
Alternate Member

A. Peter Kanjorski
Alternate Member

³ An Office medical adviser, who calculated the percentage of impairment in a December 14, 1995 report, stated that he based his calculations on the audiogram performed for Dr. Cutrer because it met the Office's standards and was the audiogram of record that was done soonest after appellant's last exposure to employment-related noise.

⁴ *Burnice Gish*, 32 ECAB 281 (1980). A medical examination is one of the requirements for hearing loss medical reports contained in the Office's procedure manual. Federal (FECA) Procedure Manual, Part 3 -- Medical, *Requirements for Medical Reports*, Chapter 3.600.8a (September 1994).