U. S. DEPARTMENT OF LABOR

Employees' Compensation Appeals Board

In the Matter of BRENT O. HODGES and DEPARTMENT OF THE AIR FORCE, ALTUS AIR FORCE BASE, Altus, OK

Docket No. 99-1986; Submitted on the Record;
Issued October 11, 2000

DECISION and ORDER

Before WILLIE T.C. THOMAS, A. PETER KANJORSKI,
VALERIE D. EVANS-HARRELL

The issue is whether appellant sustained a compensable loss of hearing causally related to factors of his federal employment.

On November 2, 1998 appellant, then a 39-year-old production machinery mechanic, filed a notice of occupational disease and claim for compensation (Form CA-2) alleging that he sustained permanent hearing loss while in the performance of duty. He stated that he became aware of his hearing loss on March 16, 1998.

In an accompanying statement, appellant listed his history of employment, indicating that he had been exposed to excessive noise for a 20-year period beginning in 1980 until the present time. He noted exposure to noise from various equipment and machinery at work.

The employing establishment furnished the Office of Workers' Compensation Programs with copies of appellant's audiograms performed at the employing establishment. The audiograms dated from July 24, 1984 to January 17, 1998. The July 24, 1984 audiogram indicated appellant was fitted for ear plugs and that no pathology was noted. The audiogram dated July 24, 1987 indicated a high frequency sensorineural hearing loss.

By letter dated February 25, 1999, the Office referred appellant to Dr. John McGath, a Board-certified otolaryngologist, for otological examination and audiological evaluation. The Office provided Dr. McGath with a statement of accepted facts, available exposure information and copies of all medical reports and audiograms.

Dr. McGath performed an otologic evaluation of appellant on March 23, 1999 and audiometric testing was conducted on his behalf the same day. Testing at the frequency levels of 500, 1,000, 2,000 and 3,000 cycles per second (c.p.s.) revealed the following: right ear 0, 0, 5 and 15 decibels; left ear 0, 0, 5 and 5 decibels. Dr. McGath determined that appellant sustained employment-related right ear high frequency sensorineural hearing loss which has remained

essentially unchanged since 1984 as well as bilateral tinnitus which was worse in the right ear as compared to the left ear. He did not believe appellant was a candidate for a hearing aid.

In a June 7, 1999 decision, the Office notified appellant that his occupational disease claim had been accepted for binaural hearing loss; however, the Office determined that the hearing loss was not severe enough to be considered ratable for purposes of a schedule award.

The Board finds that the Office properly denied appellant's claim for a schedule award for a hearing loss as he had not sustained a compensable loss of hearing causally related to factors of his federal employment.

Section 8107(c) of the Federal Employees Compensation Act[1] specifies the number of weeks of compensation to be paid for the permanent loss of use of specified members, functions and organs of the body. The Act, however, does not specify the manner by which the percentage loss of a member, function or organ shall be determined. The method used in making such a determination is a matter which rests in the sound discretion of the Office.[2] For consistent results and to ensure equal justice under the law to all claimants, good administrative practice necessitates the use of a single set of tables so that there may be uniform standards applicable to all claimants.[3]

The Office evaluates permanent hearing loss in accordance with the standards contained in the American Medical Association, *Guides to the Evaluation of Permanent Impairment*, using the hearing levels recorded at frequencies of 500, 1,000, 2,000 and 3,000 c.p.s. The losses at each frequency are added up and averaged and a "fence" of 25 decibels is deducted because, as the A.M.A., *Guides* points out, losses below 25 decibels result in no impairment in the ability to hear everyday sounds under everyday conditions. Each amount is then multiplied by 1.5. The amount of the better ear is multiplied by five and added to the amount from the worse ear. The entire amount is then divided by six to arrive at a percentage of binaural hearing loss.[4] The Board has concurred in the Office's adoption of this standard for evaluating hearing loss for schedule award purposes.[5] In addition, the Federal (FECA) Procedure Manual requires that all claims for hearing loss due to its acoustic trauma, requires an opinion from a Board-certified specialist in otolaryngology.[6] The procedure manual further indicates that audiological testing is to be performed by persons possessing certification and ideology from the American Speed Language Hearing Association (ASHA) or state licensure as an audiologist.[7]

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[1] 5 U.S.C. §§ 8101-8193, § 8107(c)

[2] *Daniel C. Goings*, 37 ECAB 781 (1986); *Richard Beggs*, 28 ECAB 387 (1977).

[3] *Henry L. King*, 25 ECAB 39 (1973); *August M. Buffa*, 12 ECAB 324 (1961).

[4] A.M.A., *Guides* 166 (4th ed. 1994).

[5] *See Goings*, *supra* note 3.

[6] Federal (FECA) Procedural Manual, Part 2 -- Claims, *Causal Relationship*, Chapter 2.805.3(d)(6) (June 1995).

[7] Federal (FECA) Procedural Manual, Part 3 -- Medical, *Requirement for Medical Reports*, Chapter 3.600.8(a)(2) (September 1994).

Dr. McGath applied the Office's standardized procedures to the March 23, 1999 audiogram performed on his behalf. Testing for the right ear at the frequency levels of 500, 1,000, 2,000 and 3,000 c.p.s. revealed decibels losses of 0, 0, 5 and 15 respectively. These decibels were totaled at 20 and were divided by 4 to obtain an average hearing loss at those cycles of 5 decibels. The average of 5 decibels was then reduced by 25 decibels (the first 25 decibels were discounted as discussed above) to equal 0 which was multiplied by the established factor of 1.5 to compute 0 percent loss of hearing for the right ear. Testing for the left ear at the frequency levels of 500, 1,000, 2,000 and 3,000 c.p.s. revealed decibels losses of 0, 0, 5 and 5 respectively. These decibels were totaled at 10 and were divided by 4 to obtain the average hearing loss at those cycles of 2.5 decibels. The average of 2.5 decibels was then reduced by 25 decibels (the first 25 decibels were discounted as discussed above) to equal 0 which was multiplied by the established factor of 1.5 to compute a 0 percent hearing loss for the left ear.

The Board finds that Dr. McGath applied the proper standards in his report of March 23, 1999 and the accompanying audiogram performed on his behalf. The result is a zero percent monaural hearing loss and a zero percent binaural hearing loss as set forth above.

The June 7, 1999 decision of the Office of Workers' Compensation Programs is hereby affirmed.

Dated, Washington, D.C.
October 11, 2000

Willie T.C. Thomas
Alternate Member

A. Peter Kanjorski
Alternate Member

Valerie D. Evans-Harrell
Alternate Member