

U.S. DEPARTMENT OF LABOR

Employees' Compensation Appeals Board

In the Matter of JOHN C. SCHAEFER and DEPARTMENT OF THE AIR FORCE,
MILITARY AIRLIFT COMMAND, TRAVIS AIR FORCE BASE, Calif.

*Docket No. 97-1736; Submitted on the Record;
Issued February 22, 1999*

DECISION and ORDER

Before MICHAEL J. WALSH, MICHAEL E. GROOM,
A. PETER KANJORSKI

The issue is whether appellant has established that he sustained a ratable hearing loss as a result of his accepted employment injury.

The Board has duly reviewed the case record and concludes that this case is not in posture for decision.

On February 22, 1996 appellant, then a 58-year-old vehicle operator, filed a claim alleging that he had sustained a loss of hearing as a result of almost 30 years of noise exposure along the flight line caused by aircraft and power units. By decision dated April 4, 1997, the Office of Workers' Compensation Programs advised appellant that his claim had been accepted for a hearing loss due to his employment-related noise exposure but found that his hearing loss was not severe enough to be considered ratable.

The Office evaluates hearing losses in accordance with the standard set forth in the American Medical Association, *Guides to the Evaluation of Permanent Impairment* (4th ed. 1993) and the Board has concurred in the use of this standard.¹ In addition to this standard, by which it computes the percentage of hearing loss, the Office has delineated requirements for the type of medical evidence used in evaluating hearing loss. The requirements, as set forth in the Office's procedure manual, are, *inter alia*, that the employee undergo both audiometric and otologic examination; that the audiometric testing precede the otologic examination; that the audiometric testing be performed by an appropriately certified audiologist; that the otologic examination be performed by an otolaryngologist certified or eligible for certification by the American Academy of Otolaryngology; that the audiometric and otologic examination be performed by different individuals as a method of evaluating the reliability of the findings; that all audiological equipment authorized for testing meet the calibration protocol contained in the accreditation manual of the American Speech and Hearing Association (ASHA); that the

¹ *Stuart M. Cole*, 46 ECAB 1011 (1995).

audiometric test results include both bone conduction and pure tone air conduction thresholds, speech reception thresholds and monaural discrimination scores; and that the otolaryngologist's report must include: date and hour of examination, date and hour of employee's last exposure to loud noise, a rationalized medical opinion regarding the relation of the hearing loss to the employment-related noise exposure and a statement of the reliability of the tests.² The Office further advises that a certification must accompany each audiological battery indicating that the instrument calibration and the environment in which the tests were conducted met the accreditation standards of the Professional Services Board of the ASHA American National Standards Institute ((ANSI) S3.6 (1969) and S.1 (1977), respectively).

The Office processed the claim based upon the February 5, 1997 audiometric examination and subsequent February 10, 1997 medical report submitted by Dr. Joel C. Ross, a Board-certified otolaryngologist.³ Dr. Ross noted that the audiometer used was calibrated according to ANSI standards, but did not list the date of calibration. On March 10, 1997 the Office medical adviser reviewed Dr. Ross' report and determined that he "could accept these thresholds as reliable if, when contacting Dr. Ross' office, it is determined that the audiometer had been calibrated within the last year." A review of the record reveals that prior to denying appellant's claim the Office did not contact Dr. Ross to document that the audiometer used had been calibrated within one year of testing.

The Board finds that the Office began to factually and medically develop appellant's hearing loss claim, but did not complete such development in accordance with its own procedures and Board precedent.⁴

On remand, the Office shall further develop the evidence as necessary and for issuance of a *de novo* decision on whether appellant sustained a compensable hearing loss causally related to factors of his federal employment.

² See Federal (FECA) Procedure Manual, Part 3 -- Medical, *Requirement for Medical Reports*, Chapter 3.600.8 (September 1994)

³ An audiogram dated February 7, 1997 for the right ear at frequency levels of 500, 1,000, 2,000 and 3,000 cycles per second revealed decibel losses of 5, 10, 15 and 55. These decibel losses were totaled at 85 and divided by 4 to obtain the average hearing loss at those cycles of 21.25 decibels. The average of 21.25 decibels was then reduced by 25 decibels (the first 25 decibels were discounted as discussed above) to equal 0 decibels for the right ear. Testing for the left ear at the frequency levels of 500, 1,000, 2,000 and 3,000 cycles per second revealed decibel losses of 10, 5, 20 and 45. These decibel losses were totaled at 80 and divided by 4 to obtain the average hearing loss at those cycles of 20 decibels. The average of 20 was then reduced by 25 decibels (the first 25 decibels were discounted as discussed above) to equal 0 decibels for the left ear.

⁴ *Raymond H. VanNett*, 44 ECAB 480 (1993).

The decision of the Office of Workers' Compensation Programs dated April 4, 1997 is hereby set aside and the case is remanded to the Office for further development consistent with this decision of the Board.

Dated, Washington, D.C.
February 22, 1999

Michael J. Walsh
Chairman

Michael E. Groom
Alternate Member

A. Peter Kanjorski
Alternate Member