

U. S. DEPARTMENT OF LABOR

Employees' Compensation Appeals Board

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In the Matter of RONALD E. COLEGROVE and DEPARTMENT OF THE AIR FORCE,  
HEADQUARTERS SPACE COMMAND, VANDENBERG AIR FORCE BASE, CA

*Docket No. 98-2035; Submitted on the Record;  
Issued June 7, 2000*

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DECISION and ORDER

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

The issue is whether appellant has a ratable binaural hearing loss entitling him to a schedule award under the Federal Employees' Compensation Act.

The Board again finds that appellant does not have a ratable binaural hearing loss entitling him to a schedule award.

On December 22, 1988 appellant, then a 49-year-old safety and occupational health specialist, filed a claim alleging that he sustained a binaural high frequency sensorineural hearing loss causally related to hazardous noise exposure during the course of his federal employment. On March 25, 1998 the Office of Workers' Compensation Programs accepted that appellant sustained binaural hearing loss. In that same decision, however, the Office determined that appellant's accepted binaural high frequency hearing loss was not ratable for schedule award purposes under the Act.

A May 1, 1990 audiometric evaluation and otologic examination from Dr. Randall G. Michel, a Board-certified otolaryngologist, noted that appellant demonstrated bilateral high tone sensorineural hearing loss associated with his noise exposure while flying in aircraft. The threshold decibel values Dr. Michel obtained during audiometric testing were as follows: 10, 5, 15 and 30 decibels at 500, 1,000, 2,000 and 3,000 cycles per second (cps) respectively for the right ear; and 15, 15, 40 and 30 decibels at 500, 1,000, 2,000 and 3,000 cps respectively for the left ear. The audiogram included bone conduction threshold results, speech reception threshold and discrimination results, tympanography, acoustic reflex results and all of the other indices of trustworthiness including calibration data.

On July 5, 1990 an Office medical adviser applied the accepted Office procedures for determination of monaural and binaural hearing losses and calculated that appellant had a zero percent monaural hearing loss in each ear and consequently, a zero percent binaural hearing loss.

By decision dated October 30, 1990, the Office determined that appellant's loss of hearing was not ratable.<sup>1</sup> By decision dated July 31, 1991, the Board affirmed the Office's October 30, 1990 decision.<sup>2</sup>

On May 1, 1997 appellant filed a claim for "bilateral long term hearing loss not filed -- filing on retirement from civil service." In support of his claim appellant resubmitted previous audiometric reports. Appellant also submitted an August 20, 1997 audiogram performed by D.E. Regan, an audiologist, which demonstrated threshold decibel values obtained during audiometric testing as follows: 10, 10, 20 and 45 decibels at 500, 1,000, 2,000 and 3,000 cps respectively for the right ear; and 10, 15, 35 and 40 decibels at 500, 1,000, 2,000 and 3,000 cps respectively for the left ear. The audiogram included bone conduction threshold results, speech reception threshold and discrimination results, tympanography, acoustic reflex results, and all of the other indices of trustworthiness including calibration data.

The Office referred appellant to Dr. Garabed Messrobian, a Board-certified otolaryngologist, for examination and evaluation of his hearing loss.

By report dated January 8, 1998, Dr. Messrobian, reviewed the statement of accepted facts, appellant's noise exposure history and chief complaint, and reviewed all of the medical reports of record. He performed an otologic examination and audiologic evaluation was performed under his auspices by audiologist K. Martin on January 5, 1998. Dr. Messrobian diagnosed bilateral high frequency sensorineural hearing loss which was symmetrical and noise induced. He noted that appellant's hearing loss had been accepted for the period 1967 to 1989, and opined that appellant's continued noise exposure since then added to his sensorineural loss. Dr. Messrobian opined that this loss was employment related and amounted to cumulative trauma.

The audiogram obtained by Dr. Messrobian demonstrated threshold decibel values obtained during audiometric testing as follows: 10, 15, 25 and 45 decibels at 500, 1,000, 2,000 and 3,000 cps respectively for the right ear; and 10, 10, 35 and 40 decibels at 500, 1,000, 2,000 and 3,000 cps respectively for the left ear.

On February 27, 1998 an Office medical adviser applied the accepted Office procedures for determination of monaural and binaural hearing losses and calculated that appellant had a zero percent monaural hearing loss in each ear, and consequently, a zero percent binaural hearing loss.

By decision dated March 25, 1998, the Office accepted appellant's claim for employment-related hearing loss for the period in question but denied his request for a schedule award for that loss, as it found that the extent of the hearing loss was not ratable under the American Medical Association, *Guides to the Evaluation of Permanent Impairment*.<sup>3</sup>

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<sup>1</sup> Appellant was fitted with hearing aids in February 1991 to good advantage.

<sup>2</sup> Docket No. 91-565, issued July 31, 1991. The Board found that appellant's loss of hearing was not ratable.

<sup>3</sup> Fourth Edition (1993).

The compensation schedule of the Federal Employees' Compensation Act<sup>4</sup> specifies the number of weeks of compensation to be paid for permanent loss of use of various members or functions of the body. But the Act does not specify the manner by which a percentage loss shall be determined. The method used in making such a determination is a matter that rests in the sound discretion of the Office.<sup>5</sup> 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.<sup>6</sup>

The Office evaluates hearing loss in accordance with the standards contained in the A.M.A., *Guides*, using hearing levels recorded at frequencies of 500, 1,000, 2,000 and 3,000 cps. The losses at each frequency are added up and averaged and a "fence" of 25 decibels is deducted because, according to the A.M.A., *Guides*, losses below 25 decibels result in no impairment in the ability to hear everyday sounds under everyday listening conditions. The remaining amount is multiplied by 1.5 to arrive at the percentage of monaural hearing loss.<sup>7</sup> Binaural hearing loss is determined by calculating the loss in each ear using the formula for monaural loss; the lesser loss is multiplied by five, then added to the greater loss and the total is divided by six to arrive at the amount of binaural hearing loss.<sup>8</sup> The Board has concurred in the Office's adoption of this standard for evaluating hearing loss for schedule award purposes.<sup>9</sup>

The Office medical adviser applied the Office's standardized procedures to the audiogram obtained for Dr. Messrobian. Testing for the right ear at frequencies of 500, 1,000, 2,000 and 3,000 cps revealed decibel losses of 10, 15, 25 and 45 respectively. These losses were totaled at 95 decibels and divided by 4 to arrive at an average hearing loss of 23.75 decibels. The average loss was reduced by 25 decibels (the first 25 decibels are discounted), multiplied by 1.5, and resulted in a 0 percent loss of hearing for the right ear.

Testing for the left ear at frequencies of 500, 1,000, 2,000 and 3,000 cps revealed decibel losses of 10, 10, 35 and 40 respectively. These losses were totaled at 95 decibels and divided by 4 to arrive at an average hearing loss of 23.75 decibels. The average loss was reduced by 25 decibels (the first 25 decibels are discounted), multiplied by 1.5, and resulted in a 0 percent loss of hearing for the left ear. Using the percentage losses of the right and left ear, which were both zero, the Office medical adviser calculated a zero percent binaural loss of hearing.

Although the record establishes that appellant's federal employment exposed him to loud noise, and although the medical evidence establishes that he sustained a high-frequency hearing loss as a result, the extent of appellant's hearing loss is not great enough to entitle him to compensation under the Act. The Office's standardized procedures for evaluating hearing loss require discounting the first 25 decibels of average hearing loss because, according to the

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<sup>4</sup> 5 U.S.C. § 8107.

<sup>5</sup> *Danniel C. Goings*, 37 ECAB 781 (1986); *Richard Beggs*, 28 ECAB 387 (1977).

<sup>6</sup> *Henry L. King*, 25 ECAB 39, 44 (1973); *August M. Buffa*, 12 ECAB 324, 325 (1961).

<sup>7</sup> A.M.A., *Guides* (4th ed. 1993).

<sup>8</sup> See also FECA Program Memorandum No. 272 (issued February 24, 1986).

<sup>9</sup> E.g., *Danniel C. Goings*, *supra* note 5.

A.M.A., *Guides*, losses below 25 decibels result in no impairment in the ability to hear everyday sounds under everyday listening conditions. An average hearing loss below 25 decibels provides no basis upon which to award compensation for permanent impairment because no recognized practical impairment results below that average. The Office medical adviser, applying the Office's procedures to the audiogram obtained for Dr. Messrobian, determined that appellant had an average hearing loss of 23.75 in the right ear, which is less than the recognized 25 decibel threshold for hearing impairment. Similarly, appellant's average hearing loss of 23.75 decibels in the left ear falls below the recognized threshold. After accounting for this threshold, the audiogram obtained for Dr. Messrobian reveals no loss of hearing in the right or left ear, *i.e.*, no impairment in the ability to hear everyday sounds under everyday listening conditions, according to uniform standards applicable to all claimants.

The Board finds that the Office appropriately followed standardized procedures in evaluating appellant's loss of hearing and that the Office properly denied schedule award benefits on the grounds that appellant's loss of hearing was nonratable at this time.<sup>10</sup>

Accordingly, the decision of the Office of Workers' Compensation Programs dated March 25, 1998 is hereby affirmed.

Dated, Washington, D.C.  
June 7, 2000

Michael J. Walsh  
Chairman

Michael E. Groom  
Alternate Member

A. Peter Kanjorski  
Alternate Member

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<sup>10</sup> If subsequent audiograms reveal further employment-related hearing impairment, appellant may request reassessment of his eligibility for a schedule award under the Act.