

U. S. DEPARTMENT OF LABOR

Employees' Compensation Appeals Board

In the Matter of ROBERT L. CAUGHRON and DEPARTMENT OF THE ARMY,
NORTH FORT HOOD FIRE STATION, Fort Hood, TX

*Docket No. 99-2450; Submitted on the Record;
Issued October 12, 2000*

DECISION and ORDER

Before DAVID S. GERSON, WILLIE T.C. THOMAS,
PRISCILLA ANNE SCHWAB

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

On December 15, 1998 appellant, then a 49-year-old firefighter, filed a notice of occupational disease and claim for compensation alleging that he sustained bilateral hearing loss as a result of exposure to hazardous noise in the performance of duty. In a statement supporting his claim, appellant asserted that from 1971 to 1978, while working as a sheet metal worker for the employing establishment, he was regularly exposed to noise from the grinding and hammering of metal and that since 1978, when he became a fireman he has been regularly exposed to noise from generators, sirens, truck engines, aircraft, cut off saws, pump motors and other machinery.

In support of his claim, appellant submitted the results of the annual audiograms administered as a condition of his employment.

The Office of Workers' Compensation Programs referred appellant, together with a statement of accepted facts, for evaluation by Dr. Ronald L. Johnson, a Board-certified otolaryngologist. In a report dated June 30, 1999, Dr. Johnson stated that a physical examination performed on February 17, 1999 revealed normal appearing auricles, ear canals and tympanic membranes with no evidence of obstruction or active disease. Dr. Johnson reported audiometric test results, also performed on February 17, 1999, and reviewed the results of appellant's past audiometric testing. He concluded that, while appellant suffered from mild bilateral high frequency sensorineural hearing loss, symmetrical and compatible with noise exposure, the percentage of hearing loss in each ear was zero.

An audiogram dated February 17, 1999, which was submitted with Dr. Johnson's report, indicated testing at 500, 1,000, 2,000 and 3,000 hertz and revealed in the right ear losses of 10,

10, 10 and 30 decibels respectively and in the left ear losses of 15, 15, 10 and 30 decibels respectively.

An Office medical adviser reviewed appellant's February 17, 1999 audiogram, as well as the complete report of Dr. Johnson, and applied the Office's standardized procedures to calculate a nonratable monaural hearing loss in both ears. He reported that appellant had a bilateral high frequency hearing loss contributed to by the conditions of his federal employment, but this was not ratable for the purpose of determining a schedule award.

By decision dated July 1, 1999, the Office advised appellant that his claim for a hearing loss due to his employment-related noise exposure had been accepted. However, the Office found that appellant was not entitled to a schedule award as the medical evidence of record failed to establish that he sustained a ratable hearing loss.

The Board finds that appellant does not have a ratable hearing loss for schedule award purposes.

The schedule award provisions of the Federal Employees' Compensation Act set forth the number of weeks of compensation to be paid for permanent loss of use of the members listed in the schedule.¹ The Act, however, does not specify the manner in which the percentage loss of a member shall be determined. The method used in making such determinations rests in the sound discretion of the Office.² However, as a matter of administrative practice and to ensure consistent results to all claimants, the Office has adopted and the Board has approved of the American Medical Association (A.M.A.), *Guides to the Evaluation of Permanent Impairment* as the uniform standard applicable to all claimants.³

Under the A.M.A., *Guides*, hearing loss is evaluated by determining decibel loss at the frequency levels of 500, 1,000, 2,000 and 3,000 hertz cycles per second. The losses at each frequency are added up and averaged and a "fence" of 25 decibels is deducted since, as the A.M.A., *Guides* points out, losses below 25 decibels result in no impairment in the ability to hear everyday speech in everyday conditions. The remaining amount is multiplied by 1.5 to arrive at the percentage of monaural hearing loss. The binaural 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 the binaural hearing loss.⁴ The Board has concurred in the Office's use of this standard for evaluating hearing losses for schedule award purposes.⁵

¹ 5 U.S.C. § 8107.

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

³ *Henry L. King* 25 ECAB 39, 44 (1973); *August M. Buffa*, 12 ECAB 324, 325 (1961).

⁴ See A.M.A., *Guides* 224 (4th ed. 1993); FECA Program Memorandum No. 272 (issued February 24, 1986).

⁵ *Daniel C. Goings*, *supra* note 2.

In this case, the Office medical adviser applied the Office's standardized procedures to the audiogram obtained for Dr. Johnson's examination. Testing for the right ear at 500, 1,000, 2,000 and 3,000 hertz revealed hearing threshold levels of 10, 10, 10 and 30 decibels respectively. These losses total 60 for an average of 15 decibels. Reducing this average by 25 decibels leaves a balance of 0 decibels, meaning that no impairment is presumed to exist in appellant's ability to hear with his right ear, everyday sounds under everyday listening conditions.

Testing for the left ear at 500, 1,000, 2,000 and 3,000 hertz revealed hearing threshold levels of 15, 15, 10 and 30 decibels respectively. These losses total 70 for an average of 17.5 decibels. Reducing this average by 25 decibels (as discussed earlier) leaves a balance of 0 decibels, meaning that no impairment is presumed to exist in appellant's ability to hear with his left ear, everyday sounds under everyday listening conditions.

Consequently, although appellant has sustained a hearing loss in both ears as a result of his occupational exposure to hazardous noise, the Office medical adviser properly found that appellant's hearing loss is not severe enough under the protocols of the A.M.A., *Guides* to constitute a compensable impairment. It is for this reason that appellant is not entitled to a schedule award.⁶

The decision of the Office of Workers' Compensation Programs dated July 1, 1999 is hereby affirmed.

Dated, Washington, DC
October 12, 2000

David S. Gerson
Member

Willie T.C. Thomas
Member

⁶ In his report dated July 1, 1999, the Office medical adviser stated that he had used the results of an audiogram dated August 4, 1998 as the basis for his calculations. Careful review of the Office's medical adviser's report and the accompanying medical evidence reveals, however, that this is a typographical error. The Office medical adviser actually used the most recent audiogram of record, which was performed on February 17, 1999, using equipment which was calibrated on August 4, 1998.

Priscilla Anne Schwab
Alternate Member