

U. S. DEPARTMENT OF LABOR

Employees' Compensation Appeals Board

---

In the Matter of DONALD BECKER and DEPARTMENT OF THE NAVY,  
MCAS, Cherry Point, NC

*Docket No. 00-1937; Submitted on the Record;  
Issued April 27, 2001*

---

DECISION and ORDER

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

The issue is whether appellant has met his burden of proof in establishing that he sustained more than a 16 percent permanent binaural hearing loss, for which he received a schedule award.

On January 28, 2000 appellant, then a 63-year-old supervisory electronic technician, filed a notice of occupational disease, Form CA-2, alleging that he sustained bilateral hearing loss in the course of his federal employment. Appellant stated that he first became aware of his hearing loss and realized that it was caused or aggravated by his employment on July 12, 1999. On the reverse side of the form, appellant's supervisor indicated that appellant had not stopped work and was still exposed to the conditions alleged to have caused his hearing loss.

Accompanying the claim, the employing establishment submitted various documents including a statement by appellant and audiograms covering the period April 1974 to July 12, 1999.

The Office of Workers' Compensation Programs referred appellant, a statement of accepted facts and medical records to Dr. Robert Hosea, a Board-certified otolaryngologist, for a second opinion. In a March 2, 2000 report, Dr. Hosea stated that appellant suffered from an employment-related, noise-induced neurosensory hearing loss.

In a March 23, 2000 report, a district medical adviser opined, after reviewing a statement of accepted facts, the medical records and Dr. Hosea's March 2, 2000 report and accompanying March 2, 2000 audiogram, that appellant has a 16 percent bilateral sensorineural hearing loss. The medical adviser stated that the date of maximum medical improvement was March 2, 2000.

In a March 31, 2000 award of compensation, the Office granted appellant a 16 percent binaural hearing loss. The award ran from March 2 to October 12, 2000 for a total of 32 weeks.

The Board finds that appellant has no more than a 16 percent binaural hearing loss, for which he received a schedule award.

The schedule award provision 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 of the body that are listed in the schedule.<sup>1</sup> 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 a determination is a matter which rests in the sound discretion of the Office.<sup>2</sup> However, as a matter of administrative practice the Board has stated "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>3</sup>

Under the American Medical Association, *Guides to the Evaluation of Permanent Impairment*, hearing loss is evaluated by determining decibels (dBs) loss at the frequency levels of 500, 1,000, 2,000 and 3,000 hertz (Hz). The losses at each frequency are added up and averaged and a "fence" of 25 dBs is deducted since, as the A.M.A., *Guides* points out, losses below 25 dBs result in no impairment in the ability to hear everyday speech in everyday conditions.<sup>4</sup> 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 5, then added to the greater loss and the total is divided by 6 to arrive at the amount of the binaural hearing loss.<sup>5</sup> The Board has concurred in the Office's adoption of this standard for evaluating hearing loss.<sup>6</sup>

The district medical adviser applied the Office's standardized procedures to the March 2, 2000 audiogram performed for Dr. Hosea.<sup>7</sup> Testing for the right ear at the frequency levels of 500, 1,000, 2,000 and 3,000 Hz revealed dBs losses of 30, 35, 35 and 40 respectively. These dBs were totaled at 140 and were divided by 4 to obtain the average hearing loss at those cycles of 35 dBs. The average of 35 dBs was then reduced by 25 dBs (the first 25 dBs were discounted as discussed above) to equal 10 which was multiplied by the established factor of 1.5 to compute a 15 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 Hz revealed dBs losses of 25, 30, 35 and 70, respectively. These dBs were totaled at 160 and were divided by 4 to obtain the average hearing loss at those cycles of 40 dBs. The average of 40 dBs was then reduced by 25 dBs (as explained) to equal 15 which was multiplied by the established factor of 1.5 to compute a 22.5 percent loss of hearing for the left

---

<sup>1</sup> 5 U.S.C. § 8107.

<sup>2</sup> *Danniel C. Goings*, 37 ECAB 781 (1986); *Richard Beggs*, 28 ECAB 387 (1977).

<sup>3</sup> *Henry L. King*, 25 ECAB 39, 44 (1973); *August M. Buffa*, 12 ECAB 324-25 (1961).

<sup>4</sup> A.M.A., *Guides*, 224.

<sup>5</sup> *Id.*; see also *Danniel C. Goings*, *supra* note 2 at 784.

<sup>6</sup> *Danniel C. Goings*, *supra* note 2.

<sup>7</sup> The Office had accepted that appellant sustained an employment-related hearing loss in both ears due to noise exposure.

ear. The amount of the right ear (the better ear), 15 was multiplied by 5 and added to the amount for the left ear, 22.5 which totaled 97.5. The 97.5 was then divided by 6 to arrive at the percentage of binaural hearing loss. Accordingly, pursuant to the Office's standardized procedures, the Office medical adviser properly determined that appellant sustained a 16 percent binaural hearing loss.<sup>8</sup>

The Board finds that the Office medical adviser properly applied the appropriate standards to the findings provided by Dr. Hosea's report dated March 2, 2000 and the accompanying audiogram. This resulted in a calculation of a 16 percent binaural hearing loss as set forth above. Therefore, the Office properly concluded that the evidence established that appellant has no more than a 16 percent binaural hearing loss, for which he received a schedule award.

On appeal, appellant questioned how the percentage of his award was determined and which audiogram was used as the baseline audiogram. The 16 percent bilateral hearing loss was determined by applying the Office's standards to the March 2, 2000 audiogram performed for Dr. Hosea, as explained in this decision. Dr. Hosea's audiogram was used as the baseline audiogram.

The March 31, 2000 decision of the Office of Workers' Compensation Programs is hereby affirmed.

Dated, Washington, DC  
April 27, 2001

Willie T.C. Thomas  
Member

Bradley T. Knott  
Alternate Member

A. Peter Kanjorski  
Alternate Member

---

<sup>8</sup> The 16.25 percent was rounded down to 16 percent.