

U. S. DEPARTMENT OF LABOR

Employees' Compensation Appeals Board

In the Matter of JOSEPH GUTHRIE and DEPARTMENT OF THE NAVY,
NAVAL AVIATION DEPOT, Cherry Point, NC

*Docket No. 00-2485; Submitted on the Record;
Issued June 18, 2001*

DECISION and ORDER

Before MICHAEL J. WALSH, A. PETER KANJORSKI,
PRISCILLA ANNE SCHWAB

The issue is whether appellant sustained a ratable hearing loss in the performance of duty.

On May 8, 2000 appellant, then a 55-year-old quality assurance engineer, filed a notice of occupational disease claiming that his hearing loss was caused by noise exposure in the course of his federal employment. He stated that he was exposed to noise when inspecting airplane engines for certification. Appellant was last exposed to noise on May 3, 2000, the date of his retirement from his federal employment.

The employing establishment furnished the Office of Workers' Compensation Programs with copies of appellant's job description and audiograms performed as part of appellant's fitness-for-duty evaluations from June 1968 through May 2000.¹

By letter dated June 15, 2000, the Office referred appellant to Dr. Robert Hosea, a Board-certified otolaryngologist, for otologic evaluation and audiometric testing. The Office provided Dr. Hosea with a statement of accepted facts, available exposure information, and copies of all medical reports and audiograms.

Dr. Hosea evaluated appellant on June 27, 2000 and audiometric testing was performed on the doctor's behalf on the same date. Testing at the frequency levels of 500, 1,000, 2,000 and 3,000 hertz (Hz) revealed the following: right ear 15, 10, 10 and 60 decibels; left ear 10, 10, 20 and 60 decibels. In his report dated June 27, 2000, Dr. Hosea related appellant's history of noise exposure and stated that the audiograms demonstrated a "drop off especially at 3,000 Hz," but that appellant's low frequency range up to 2,000 Hz remained good. Dr. Hosea diagnosed neurosensory high frequency hearing loss compatible with appellant's exposure to noise in his

¹ These audiograms appear to have been prepared by a clinical audiologist; however, the tests were not reviewed or certified by a physician. See *Joshua A. Holmes*, 42 ECAB 231 (1990). The Office is under no obligation to review every uncertified audiogram which has not been prepared in connection with an examination by a medical specialist. See *Alfred Avelar*, 26 ECAB 426 (1975).

federal employment. He recommended ongoing protection from loud noises and amplification for hard to hear higher pitched frequencies.

In a decision dated July 24, 2000, the Office determined that appellant was exposed to hazardous noise in the course of his federal employment. However, the Office found that appellant was not entitled to a schedule award because the medical evidence of record failed to demonstrate a ratable hearing loss.

The Board finds that appellant does not have a ratable hearing loss.

The schedule award provisions of the Federal Employees' Compensation Act² set forth the number of weeks of compensation to be paid for permanent loss of the use of the members listed in the schedule.³ 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 is a matter which rests in the sound discretion of the Office.⁴ However, as a matter of administrative practice and to insure consistent results to all claimants, the Office has adopted and the Board has approved the American Medical Association, *Guides to the Evaluation of Permanent Impairment* (A.M.A., *Guides*) as the uniform standard applicable to all claimants.⁵

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 Hz. 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.⁶ The Board has concurred in the Office's use of this new standard for evaluating hearing losses for schedule award purposes.⁷

In this case, the Office medical adviser applied the Office's standard procedures to the June 27, 2000 audiogram performed for Dr. Hosea. Testing for the right ear at frequency levels of 500, 1,000, 2,000 and 3,000 Hz revealed decibel losses of 15, 10, 10 and 60 decibels respectively. These decibel losses were totaled at 95 and divided by 4 to obtain the average hearing loss at those cycles of 23.75 decibels. The average of 23.75 decibels was then reduced by 25 decibels (the first 25 decibels were discounted as discussed above) to equal -1.25 decibels

² 5 U.S.C. §§ 8101-8193.

³ 5 U.S.C. § 8107.

⁴ *Daniel C. Goings*, 37 ECAB 781 (1986); *Richard Beggs*, 28 ECAB 387 (1977).

⁵ *Henry L. King*, 25 ECAB 39, 44 (1973); *August M. Buffa*, 12 ECAB 324, 325 (1961).

⁶ See A.M.A., *Guides* 224 (4th ed. 1993); FECA Program Memorandum No. 272 (issued February 24, 1986).

⁷ *James A. England*, 47 ECAB 115 (1995); *Daniel C. Goings*, *supra* note 4.

which was multiplied by the established factor 1.5 to compute a 0 percent loss of hearing for the right ear.

Testing for the left ear at frequency levels of 500, 1,000, 2,000 and 3,000 Hz revealed decibel losses of 10, 10, 20 and 60 decibels respectively. These decibel losses were totaled at 100 and divided by 4 to obtain the average hearing loss at those cycles of 25 decibels. The average of 25 decibels was then reduced by 25 decibels to equal 0 decibels for the left ear. Accordingly, the Office medical adviser calculated appellant's hearing loss under Office standardized procedures to be nonratable for both the left and right ears.

The Board finds that the Office medial adviser and consulting audiologist applied the proper standards to the findings stated in Dr. Hosea's June 27, 2000 report. This resulted in a calculation of 0 percent monaural hearing loss in the right and left ears, which is not ratable under these standards and, therefore, is not compensable.

The decision of the Office of Workers' Compensation Programs dated July 24, 2000 is hereby affirmed.

Dated, Washington, DC
June 18, 2001

Michael J. Walsh
Chairman

A. Peter Kanjorski
Alternate Member

Priscilla Anne Schwab
Alternate Member