

U. S. DEPARTMENT OF LABOR

Employees' Compensation Appeals Board

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In the Matter of DUANE ANDLER and DEPARTMENT OF THE ARMY,  
ARMY CORPS OF ENGINEERS, Kewaunee, WI

*Docket No. 01-889; Submitted on the Record;  
Issued November 19, 2001*

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DECISION and ORDER

Before BRADLEY T. KNOTT, A. PETER KANJORSKI,  
PRISCILLA ANNE SCHWAB

The issue is whether appellant has more than a two percent hearing loss in his right ear for which he received a schedule award.

On April 25, 2000 appellant, then a 56-year-old crane operator, filed a notice of occupational disease claiming hearing loss caused by noise exposure in the course of his federal employment. He also filed a claim for a schedule award. Appellant submitted several audiograms administered during his employment.

The Office of Workers' Compensation Programs referred appellant, a statement of accepted facts, available exposure information and copies of all medical reports and audiograms to Dr. Randy J. Folker, a Board-certified otolaryngologist, for otologic evaluation and audiometric testing. Dr. Folker examined appellant on September 15, 2000 and found "sensorineural hearing loss" and "occupation induced hearing injury."

Based on Dr. Folker's report and examination, the Office accepted appellant's claim for bilateral hearing loss.

By memorandum dated October 11, 2000, the Office furnished the statement of accepted facts and evidence of record to its medical adviser for review. On October 16, 2000 the medical adviser certified a .32 percent binaural hearing loss. The medical adviser certified a 1.9 percent hearing loss in the right ear.

By decision dated January 16, 2001, the Office granted appellant a schedule award for a two percent loss of hearing in the right ear. The award ran for 1.04 weeks from October 6 to October 13, 2000. The Office also authorized hearing aids for both ears.

The Board finds that appellant has no more than a two percent hearing loss in his right ear and no ratable hearing loss in his left ear.

The Office evaluates industrial hearing loss in accordance with the standards contained in the American Medical Association, *Guides to the Evaluation of Permanent Impairment*.<sup>1</sup> Using the frequencies of 500, 1,000, 2,000 and 3,000 cycles per second (cps), the losses at each frequency are added up and averaged.<sup>2</sup> The “fence” of 25 decibels is deducted because, as the A.M.A., *Guides* points out, losses below 25 decibels result in no impairment in the ability to hear everyday speech under everyday conditions.<sup>3</sup> The remaining amount is multiplied by a factor of 1.5 to arrive at the percentage of monaural hearing loss.<sup>4</sup> 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.<sup>5</sup> The Board has concurred in the Office’s adoption of this standard for evaluating hearing loss.<sup>6</sup>

The Office medical adviser applied the Office’s standard procedures to the October 6, 2000 audiogram reviewed by Dr. Folker. Testing for the right ear revealed decibel losses of 20, 15, 20 and 50, respectively. These decibel losses were totaled at 105 and divided by 4 to obtain the average hearing loss at those cycles of 26.25. The average of 26.25 was then reduced by 25 decibels (the first 25 decibels were discounted as discussed above) to equal 1.25 decibels, which was multiplied by the established factor 1.5 to compute a 1.9 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 cps revealed decibel losses of 10, 15, 20 and 40, respectively. These decibel losses were totaled at 85 decibels 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 are discounted, as discussed above) to equal 0 decibels for the left ear. Pursuant to the Office’s standard procedures, the Office medical adviser determined that appellant had a nonratable loss of hearing in his left ear and a two percent loss of hearing in his right ear.

The Board finds that the Office medical adviser applied the proper standards to the findings stated in Dr. Folker’s October 9, 2000 report and the October 6, 2000 audiometric evaluation. This resulted in a two percent hearing loss in the right ear. The left ear was not ratable under these standards and, therefore, not compensable. None of the medical evidence of record documents a greater hearing loss.

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<sup>1</sup> A.M.A., *Guides*.

<sup>2</sup> *Id.* at 224 (4<sup>th</sup> ed. 1993).

<sup>3</sup> *Id.*

<sup>4</sup> *Id.*

<sup>5</sup> *Id.*

<sup>6</sup> *Donald A. Larson*, 41 ECAB 947, 951 (1990).

The January 16, 2001 decision of the Office of Workers' Compensation Programs is hereby affirmed.

Dated, Washington, DC  
November 19, 2001

Bradley T. Knott  
Alternate Member

A. Peter Kanjorski  
Alternate Member

Priscilla Anne Schwab  
Alternate Member