

The Office undertook additional development of the medical evidence by referring appellant to Dr. Alan H. Dinesman, a Board-certified otolaryngologist, for an audiological evaluation. In a report dated April 16, 2002, Dr. Dinesman diagnosed high frequency hearing loss, which he attributed to noise exposure during appellant's federal employment. He concluded that appellant had a zero percent impairment due to his hearing loss.

On May 4, 2002 an Office medical adviser reviewed Dr. Dinesman's April 16, 2002 report and audiogram. He found that appellant did not have a ratable impairment of either ear and did not require hearing aids.

By decision dated June 7, 2002, the Office accepted appellant's claim for bilateral hearing loss, but found that it was not severe enough to be ratable for schedule award. The Office further found that the medical evidence did not establish that appellant would benefit from hearing aids and denied his claim for additional medical benefits.

LEGAL PRECEDENT

The Office evaluates industrial hearing loss in accordance with the standards contained in the American Medical Association, *Guides to the Evaluation of Permanent Impairment* (A.M.A., *Guides*).² 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.³ Then, a "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.⁴ The remaining amount is multiplied by a factor of 1.5 to arrive at the percentage of monaural hearing loss.⁵ 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 adoption of this standard for evaluating hearing loss.⁷

In order to establish a work-related loss of hearing, the Office requires that the employee undergo both audiometric and otologic examination; that the audiometric testing precede the otologic examination; that the audiometric testing be performed by an appropriately certified audiologist; that the otologic examination be performed by an otolaryngologist certified or eligible for certification by the American Academy of Otolaryngology and that the audiometric and otologic examination be performed by different individuals as a method of evaluating the

² A.M.A., *Guides* at 250 (5th ed. 2001).

³ *Id.*

⁴ *Id.*

⁵ *Id.*

⁶ *Id.*

⁷ *Donald E. Stockstad*, 53 ECAB ____ (Docket No. 01-1570, issued January 23, 2002), *petition for recon. granted (modifying prior decision)*, Docket No. 01-1570 (issued August 13, 2002).

reliability of the findings. Office procedures requires that all audiological equipment authorized for testing meet the calibration protocol contained in the accreditation manual of the American Speech and Hearing Association and that audiometric test results include both bone conduction and pure tone air conduction thresholds, speech reception thresholds and monaural discrimination scores. The otolaryngologist's report must include: date and hour of examination, date and hour of employee's last exposure to loud noise, a rationalized medical opinion regarding the relation of the hearing loss to the employment-related noise exposure and a statement of the reliability of the tests.⁸

ANALYSIS

The Office medical adviser applied the Office's hearings loss protocols to the March 5, 2003 audiogram performed by Dr. Dinesman. Testing for the right ear at the frequency levels of 500, 1,000, 2,000 and 3,000 cps revealed decibel losses of 10, 10, 35 and 30, respectively. These decibels were totaled at 85 and divided by 4 to obtain an average hearing loss of 21.25 decibels. The average loss was reduced by the 25 decibel fence to equal 0, which was multiplied by the established factor 1.5 to compute a 0 percent monaural loss for the right ear.

Testing for the left ear at the frequency levels of 500, 1,000, 2,000 and 3,000 cps revealed decibel losses of 5, 10, 5 and 25, respectively. These decibels were totaled at 45 and divided by 4 to obtain the average hearing loss of 11.25 decibels. The average loss was reduced by the 25 decibel fence to equal 0, which was multiplied by the established factor 1.5 to compute a 0 percent monaural loss for the left ear. The Office medical adviser concluded, therefore, that appellant did not have a ratable loss of hearing.

As Dr. Dinesman's audiogram was the sole report from a physician and complied with the Office's procedural requirements, the Office properly used it to rate appellant's hearing loss.⁹ Although appellant's claim for hearing loss was accepted, his hearing loss is not ratable under the Federal Employees' Compensation Act for a schedule award. Consequently, appellant is not entitled to a schedule award. Further, as there is no objective evidence designating a need for hearing aids, appellant is not entitled to additional medical benefits.

CONCLUSION

The Board finds that appellant does not have a ratable loss of hearing, which would entitle him to a schedule award.

⁸ See Federal (FECA) Procedure Manual, Part 3 -- Medical, *Requirements for Medical Reports*, Chapter 3.600.8(a) September (1996). See also *Luis M. Villanueva*, 54 ECAB ____ (Docket No. 03-977, issued July 1, 2003); *Raymond H. Van Nett*, 44 ECAB 480 (1993).

⁹ *James A. England*, 47 ECAB 115 (1995).

ORDER

IT IS HEREBY ORDERED THAT the June 7, 2002 decision of the Office of Workers' Compensation Programs is affirmed.

Issued: December 23, 2003
Washington, DC

Colleen Duffy Kiko
Member

Willie T.C. Thomas
Alternate Member

A. Peter Kanjorski
Alternate Member