

U. S. DEPARTMENT OF LABOR

Employees' Compensation Appeals Board

---

In the Matter of CHARLES JODON, SR. and DEPARTMENT OF THE ARMY,  
Fort Campbell, KY

*Docket No. 03-1541; Submitted on the Record;  
Issued July 29, 2003*

---

DECISION and ORDER

Before WILLIE T.C. THOMAS, MICHAEL E. GROOM,  
A. PETER KANJORSKI

The issue is whether appellant has a ratable loss of hearing which would entitle him to a schedule award.

On January 10, 2003 appellant, then a 56-year-old mobile equipment metal worker, filed an occupational disease claim alleging that he sustained hearing loss in both ears due to factors of his federal employment. Appellant did not stop work. In support of his claim, appellant submitted audiograms dated 1979 to 2001.

The Office of Workers' Compensation Programs referred appellant to Dr. Phillip Klapper, a Board-certified otolaryngologist, for a second opinion evaluation. On March 5, 2003 an audiologist performed audiometric testing on appellant for Dr. Klapper. The audiologist noted that appellant had no exposure to noise for over 16 hours, that the results of the March 5, 2003 audiogram were valid, and that audiometer was last calibrated on May 15, 2002. In an accompanying report dated March 7, 2003, Dr. Klapper diagnosed bilateral high frequency noise-induced hearing loss which he attributed to noise exposure during appellant's federal employment. He recommended that appellant protect his ears from noise.

On March 17, 2003 an Office medical adviser reviewed Dr. Klapper's March 2003 report and audiogram. He found that appellant did not have a ratable impairment in either ear and did not require hearing aids. The Office medical adviser noted that Dr. Klapper considered the results of the audiogram valid.

By decision dated March 20, 2003, the Office accepted appellant's claim for bilateral hearing loss but found that it was not severe enough to be ratable. The Office further found that the evidence did not establish that appellant would benefit from hearing aids and consequently denied his claim for additional medical benefits.

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

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> Then, the “fence” of 25 decibels (dBs) 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>

In order to establish a work-related loss of hearing, the Board 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; that the audiometric and otologic examination be performed by different individuals as a method of evaluating the reliability of the findings; that all audiological equipment authorized for testing meet the calibration protocol contained in the accreditation manual of the American Speech and Hearing Association; that the audiometric test results include both bone conduction and pure tone air conduction thresholds, speech reception thresholds and monaural discrimination scores; and that 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.<sup>7</sup>

Appellant submitted numerous audiograms with his claim, including an audiogram performed on August 23, 2001.<sup>8</sup> However, the audiogram and accompanying report were not performed by separate individuals, did not include bone conduction and pure tone air conduction thresholds, and did not provide the time of appellant’s last noise exposure. Consequently, the

---

<sup>1</sup> A.M.A., *Guides* at 250 (5<sup>th</sup> ed. 2001).

<sup>2</sup> *Id.*

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

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

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

<sup>6</sup> *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).

<sup>7</sup> *Raymond H. Van Nett*, 44 ECAB 480 (1993).

<sup>8</sup> Dr. Kristen Casto, who performed the August 23, 2001 audiogram, did not find that appellant required hearing aids.

Office properly referred appellant to Dr. Klapper, a Board-certified otolaryngologist, for an otological evaluation.

The Office medical adviser applied the Office's standardized procedures to the March 5, 2003 audiogram performed by Dr. Klapper. Testing for the right ear at the frequency levels of 500, 1,000, 2,000 and 3,000 cps revealed dBs losses of 10, 15, 20 and 50, respectively. These dBs were totaled at 95 and divided by 4 to obtain the average hearing loss of 23.75 decibels. The average loss was reduced by the 25 dBs 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 dBs losses of 10, 15, 15 and 45, respectively. These dBs were totaled at 85 and divided by 4 to obtain the average hearing loss of 21.25 decibels. The average loss was reduced by the 25 dBs 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. He found that appellant did not require hearing aids.

As Dr. Klapper's audiogram was the only one that complied with the Office's requirements, the Office properly used it to rate appellant's hearing loss.<sup>9</sup> Although appellant's claim for hearing loss was accepted, his hearing loss is not ratable under the Federal Employees' Compensation Act. 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.<sup>10</sup>

The decision of the Office of Workers' Compensation Programs dated March 20, 2003 is affirmed.

Dated, Washington, DC  
July 29, 2003

Willie T.C. Thomas  
Alternate Member

Michael E. Groom  
Alternate Member

A. Peter Kanjorski  
Alternate Member

---

<sup>9</sup> *James A. England*, 47 ECAB 115 (1995).

<sup>10</sup> Appellant submitted new evidence with his appeal; however, the Board has no jurisdiction to review this evidence for the first time on appeal; *see* 20 C.F.R. § 501.2(c). Appellant can submit this evidence to the Office and request reconsideration pursuant to 5 U.S.C. § 8128.