

U. S. DEPARTMENT OF LABOR

Employees' Compensation Appeals Board

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In the Matter of GILBERTO PEREZ and DEPARTMENT OF THE AIR FORCE,  
KELLY AIR FORCE BASE, TX

*Docket No. 02-2051; Submitted on the Record;  
Issued March 4, 2003*

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DECISION and ORDER

Before COLLEEN DUFFY KIKO, DAVID S. GERSON,  
WILLIE T.C. THOMAS

The issue is whether appellant sustained a ratable hearing loss causally related to his employment.

On August 30, 1999 appellant, then a 41-year-old maintenance electrician, filed a claim for hearing loss alleging that he was initially aware on July 26, 1999 that his hearing loss was causally related to his federal employment.

In a narrative dated August 30, 1999, appellant stated that on August 23, 1986 he was exposed to a loud explosion caused by an electrical accident. He stated that he had been exposed to loud noises throughout his employment.

On January 10, 2000 the Office of Workers' Compensation Programs referred appellant to Dr. Susan Marena, a Board-certified otolaryngologist, to determine his hearing loss and rate of impairment, if applicable. In a report dated February 4, 2000, Dr. Marena stated that appellant had a mild high frequency sensorineural hearing loss consistent with blast injury. She also submitted results of an audiogram taken that day. In a report dated February 29, 2000, Dr. Marena stated that appellant's hearing pattern had not reached maximum medical improvement at that date and recommended magnetic resonance imaging (MRI) scans of the brain and internal auditory canals to rule out intracranial pathology. She added that appellant should "return after MRI scan testing," and that "At this point, his work-up will be complete." In reports dated April 21, 2000, MRI scans of the ear and brain were reviewed by Dr. Anthony F. Smith, Board-certified in radiology, who stated that the tests revealed no abnormalities.

On November 12, 2001 the Office medical adviser reviewed the audiogram results taken on behalf of Dr. Marena and determined that appellant had no ratable hearing loss.

By decision dated April 29, 2002, the Office accepted that appellant's hearing loss was work related. However, the Office also found that his hearing loss was not severe enough to be

considered ratable. The Office noted that it had relied on the American Medical Association, *Guides to the Evaluation of Permanent Impairment* (4<sup>th</sup> ed. 1993).

The Board finds that appellant has not sustained a compensable hearing loss causally related to factors of his federal employment.

The Office evaluates industrial hearing loss in accordance with the standards contained in the A.M.A., *Guides*.<sup>1</sup> Using the frequencies of 500, 1,000, 2,000 and 3,000 cycles per second, the losses at each frequency are added up and averaged.<sup>2</sup> Then, 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>

In this case, the Office medical adviser applied the Office’s standard procedures to the February 2, 2000 audiogram performed for Dr. Marena. Testing for the right ear at frequency levels of 500, 1,000, 2, 000 and 3,000 hertz revealed decibel losses of 15, 15, 15 and 5 decibels respectively. These decibel losses were totaled at 50 and divided by 4 to obtain the average hearing loss at those cycles of 12.5 decibels. The average of 12.5 decibels was then reduced by 25 decibels (the first 25 decibels were discounted as discussed above) to equal 0 decibels 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 hertz revealed decibel losses of 15, 20, 10 and 30 decibels respectively. These decibel losses were totaled at 75 and divided by 4 to obtain the average hearing loss at those cycles of 18.75 decibels. The average of 18.75 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 a zero percent bilateral hearing loss.

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<sup>1</sup> A.M.A., *Guides* at 224 (4<sup>th</sup> ed. 1999).

<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).

The April 29, 2002 decision of the Office of Workers' Compensation Programs is affirmed.<sup>7</sup>

Dated, Washington, DC  
March 4, 2003

Colleen Duffy Kiko  
Member

David S. Gerson  
Alternate Member

Willie T.C. Thomas  
Alternate Member

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<sup>7</sup> The Board notes the Office used the fourth edition of the A.M.A., *Guides* when it should have used the fifth edition but finds this a harmless error because there is no difference in how hearing loss is calculated between the two editions.