

By letter dated September 30, 2003, the Office requested additional medical evidence from appellant, noting that the initial information submitted was insufficient to establish an injury.

The employing establishment submitted audiograms taken from November 25, 1985 to July 30, 2001. The audiograms revealed bilateral sensorineural hearing loss. A statement of accepted facts dated October 9, 2003 noted that, from 1990 to the present, appellant was employed in the position of an aircraft mechanical parts repairer where he was exposed to noise from jet engines and an assembly line for 8 to 10 hours per day, 5 days per week. The employing establishment provided appellant with earplugs and headsets.

Appellant submitted a narrative statement noting that he was exposed to hazardous noise from jet engines for eight hours a day, five days a week. He also noted that the employing establishment provided earplugs and headsets. Appellant submitted an audiogram dated August 25, 2003, which revealed hearing loss of 25 percent in the right ear and 27 percent in the left ear. This audiogram was not signed by a physician, but was prepared on behalf of Dr. J.M. Hammerick, a Board-certified otolaryngologist, who signed a medical clearance form for the fitting of hearing aids.

By letter dated November 10, 2003, the Office referred appellant to Dr. George H. Fisher, a Board-certified otolaryngologist, for an otologic examination and an audiological evaluation. Dr. Fisher performed an otologic evaluation of appellant on November 25, 2003 and audiometric testing was conducted on his behalf on the same date. Testing at the frequency levels of 500, 1,000, 2,000 and 3,000 cycles per second revealed the following: right ear 30, 30, 35 and 40 decibels; left ear 30, 30, 40 and 55 decibels. Dr. Fisher determined that appellant sustained a bilateral neurosensory hearing loss secondary to acoustic trauma. He recommended that appellant protect his ears from noise; however, he noted that appellant was not a candidate for hearing aids at this time.

On January 5, 2004 an Office medical adviser reviewed Dr. Fisher's report and the audiometric test of November 25, 2003. The medical adviser concluded that, in accordance with the fifth edition of the American Medical Association, *Guides to the Evaluation of Permanent Impairment*, (A.M.A., *Guides*), appellant had a 14 percent binaural hearing loss.

By decision dated January 7, 2004, the Office accepted that appellant sustained a bilateral hearing loss due to workplace exposure to noise; however, the Office did not authorize hearing aids. In a decision dated February 5, 2004, the Office granted appellant a schedule award for a 14 percent binaural hearing loss. The period of the award was from November 25, 2003 to June 7, 2004.

LEGAL PRECEDENT

The schedule award provision of the Federal Employees' Compensation Act¹ and its implementing regulation² set forth the number of weeks of compensation payable to employees

¹ 5 U.S.C. § 8107.

² 20 C.F.R. § 10.404 (1999).

sustaining permanent impairment from loss or loss of use, of scheduled members or functions of the body. However, the Act does not specify the manner in which the percentage of loss shall be determined. For consistent results and to ensure equal justice under the law to all claimants, good administrative practice necessitates the use of a single set of tables so that there may be uniform standards applicable to all claimants. The A.M.A., *Guides* has been adopted by the implementing regulation as the appropriate standard for evaluating schedule losses.³

The Office evaluates industrial hearing loss in accordance with the standards contained in the A.M.A., *Guides*.⁴ 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.⁵ 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.⁶ The remaining amount is multiplied by a factor of 1.5 to arrive at the percentage of monaural hearing loss.⁷ 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.⁸ The Board has concurred in the Office’s adoption of this standard for evaluating hearing loss.⁹

ANALYSIS

An Office medical adviser applied the Office’s standardized procedures to the November 25, 2003 audiogram performed for Dr. Fisher. Testing for the right ear at the frequency levels of 500, 1,000, 2,000 and 3,000 cycles per second revealed decibels losses of 30, 30, 35 and 40 respectively. These decibels were totaled at 135 and were divided by 4 to obtain an average hearing loss at those cycles of 33.75 decibels. The average of 33.75 decibels was then reduced by 25 decibels (the first 25 decibels were discounted as discussed above) to equal 8.75, which was multiplied by the established factor of 1.5 to compute a 13.1 percent loss of hearing for the right ear. Testing for the left ear at the frequency levels of 500, 1,000, 2,000 and 3,000 cycles per second revealed decibels losses of 30, 30, 40 and 55 respectively. These decibels were totaled at 155 and were divided by 4 to obtain the average hearing loss at those cycles of 38.75 decibels. The average of 38.75 decibels was then reduced by 25 decibels (the first 25 decibels were discounted as discussed above) to equal 13.75, which was multiplied by the established factor of 1.5 to compute a 20.6 percent hearing loss for the left ear. The lesser loss of 13.1 is multiplied by 5, then added to the greater loss of 20.6 and the total is divided by 6

³ *Id.*

⁴ A.M.A., *Guides* at 250 (5th ed. 2001).

⁵ *Id.*

⁶ *Id.*

⁷ *Id.*

⁸ *Id.*

⁹ *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).

to arrive at the amount of the binaural hearing loss of 14 percent. The Board finds that the Office medical adviser applied the proper standards to the November 25, 2003 audiogram.

On appeal appellant contends that he is entitled to a schedule award of 25 percent loss to the right ear and 27 percent loss to the left ear based on an audiogram dated August 25, 2003, prepared on behalf of Dr. Hammerick. The Board notes that this audiogram was not a proper basis for calculating a schedule award as it was not certified as accurate by the physician.¹⁰ The Board further notes that appellant did not appeal the Office decision denying authorization for hearing aids and therefore this decision is not before the Board at this time.

CONCLUSION

The Board finds that the Office properly determined that appellant sustained a 14 percent binaural hearing loss.

ORDER

IT IS HEREBY ORDERED THAT the February 5, 2004 decision of the Office of Workers' Compensation Programs is affirmed.

Issued: July 21, 2004
Washington, DC

Colleen Duffy Kiko
Member

Willie T.C. Thomas
Alternate Member

Michael E. Groom
Alternate Member

¹⁰ See *Joshua A. Holmes*, 42 ECAB 231 (1990).