



claim, appellant submitted an accompanying statement in which he described the employment-related conditions which he believed caused his condition, a position description and qualifications statement including his employment history and audiograms dated 1981, 1998 and 2003.

By letter dated October 29, 2003, the Office requested that the employing establishment respond to appellant's allegations. In a memorandum dated November 17, 2003, George Espinoza, an industrial hygienist for the employing establishment, provided documentation confirming that noise levels in the areas appellant worked exceeded 85 decibels while work was being performed or equipment was being operated.

The Office referred appellant, along with the medical record and a statement of accepted facts, to Dr. Craig W. Anderson, a Board-certified otolaryngologist, for a second opinion evaluation. On June 13, 2004 an audiologist performed audiometric testing on appellant for Dr. Anderson. The audiologist noted that appellant had no exposure to noise for over 16 hours, that the results of the January 13, 2004 audiogram were valid, and that the audiometer was last calibrated on June 6, 2003. In an accompanying report, Dr. Anderson diagnosed bilateral noise-induced sensorineural hearing loss which he attributed to noise exposure during appellant's federal employment. He recommended that appellant protect his ears from noise, that head sets were preferable over foam plugs and that no hearing amplification was required at this time.<sup>1</sup>

On January 23, 2004 an Office medical adviser reviewed Dr. Anderson's January 13, 2004 report and accompanying audiogram. She found that appellant did not have a ratable impairment in either ear.

By decision dated January 26, 2004, 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.

### **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*.<sup>2</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>3</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

---

<sup>1</sup> The report is undated, but the examination appears to have occurred on January 13, 2004. The report also has a date stamp of January 14, 2004.

<sup>2</sup> 20 C.F.R. § 10.404 (1999). On January 29, 2001 the Office announced that, effective February 1, 2001, schedule awards would be determined in accordance with the A.M.A., *Guides* (5<sup>th</sup> ed. 2001). FECA Bulletin No. 01-05 (issued January 29, 2001). This action was in accordance with the authority granted the Office under 20 C.F.R. § 10.404.

<sup>3</sup> A.M.A., *Guides* at 250 (5<sup>th</sup> ed. 2001).

everyday speech under everyday conditions.<sup>4</sup> The remaining amount is multiplied by a factor of 1.5 to arrive at the percentage of monaural hearing loss.<sup>5</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>6</sup> The Board has concurred in the Office's adoption of this standard for evaluating hearing loss.<sup>7</sup>

### ANALYSIS

On January 23, 2004 the Office medical adviser reviewed the otologic and audiologic testing performed on appellant by Dr. Anderson, a Board-certified otolaryngologist, and applied the Office's standardized procedures to this evaluation. Testing for the left ear at the frequency levels of 500, 1,000, 2,000 and 3,000 cycles per second revealed decibel losses of 10, 10, 20 and 45 respectively. These losses totaled 85 decibels and were divided by 4 to obtain the average hearing loss of 21.25 decibels. This average was then reduced by 25 decibels (25 decibels being discounted as discussed above) to equal 0 which was multiplied by the established factor of 1.5 to compute a 0 percent hearing loss in the left ear.

Testing for the right ear at the frequency levels of 500, 1,000, 2, 000 and 3,000 cycles per second revealed decibel losses of 10, 15, 10 and 50 respectively. These decibel losses were correctly totaled at 85 decibels and were divided by 4 to obtain the average hearing loss of 21.25 decibels. This average was then reduced by 25 decibels (25 decibels being discounted as discussed above) to equal 0 which was multiplied by the established factor of 1.5 to compute a 0 percent hearing loss in the right ear. The Office medical adviser concluded that appellant had a 0 percent binaural hearing loss; therefore, appellant did not have a ratable loss of hearing.

The Board finds that, although appellant's claim for hearing loss was accepted, his hearing loss is not ratable under the Federal Employees' Compensation Act.<sup>8</sup> As discussed above, the percentage of hearing loss in either ear was zero percent. 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

Appellant failed to establish that he is entitled to a schedule award for his employment-related binaural hearing loss.

---

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

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

<sup>6</sup> *Id.*

<sup>7</sup> *Jerome L. Simpson*, 54 ECAB \_\_\_\_ (Docket No. 02-1465, issued October 4, 2002); *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>8</sup> 5 U.S.C. §§ 8101-8193.

**ORDER**

**IT IS HEREBY ORDERED THAT** the January 26, 2004 decision of the Office of Workers' Compensation Programs is hereby affirmed.

Issued: June 10, 2004  
Washington, DC

Alec J. Koromilas  
Chairman

David S. Gerson  
Alternate Member

Willie T.C. Thomas  
Alternate Member