

submitted position descriptions, including one for his job of machinist and his employment application.

On July 15, 2003 the Office referred appellant to Dr. Charles Hollingsworth, a Board-certified otolaryngologist, for a second opinion. In the statement of facts accompanying the referral, the Office indicated that, as part of his federal employment, appellant was exposed to noise from, *inter alia*, boring mills, drill presses, engine lathes and surface grinders. In a medical report dated August 12, 2003, Dr. Hollingsworth found:

“According to the American Medical Association *Guides to the Evaluation of Permanent Impairment*, (A.M.A., *Guides*) 4th edition, [appellant] has a 26.2 percent right monaural impairment. There is a 24.4 percent left monaural impairment. This gives a 24.7% binaural impairment.

“It is my medical opinion that [appellant] has bilateral mild low and mid frequency with severe high frequency sensorineural hearing loss. He entered federal employment with similar losses and appears to have only slightly worsened over the past 21 years. [Appellant’s] current hearing is *not* due to noise exposure at work. [He] is not yet a hearing aid candidate.” (Emphasis in the original.)

In a form where Dr. Hollingsworth answered questions from the Office, he indicated that in the earliest available audiogram, dated September 18, 1982, appellant already had a severe right and left high frequency hearing loss. He noted that the most recent audiogram of August 12, 2003 indicated that appellant has borderline mild low and mid frequency with severe high frequency hearing loss and that the work environment does not appear to have caused the hearing loss. Dr. Hollingsworth opined that the hearing loss can be ascribed to normal presbycusis. He attached to his report the audiogram that he requested from Thomas D. Burr, Au.D., CCC-A.

Although the Office initially indicated that it was going to refer appellant for an impartial medical examination, the Office later decided that such referral was unnecessary and the Office forwarded appellant’s case record to the Office medical adviser for his opinion. On October 6, 2003, the Office medical adviser opined that appellant had a 25 percent bilateral impairment based on the fifth edition of the A.M.A., *Guides*. The Office medical adviser concluded:

“The reference [audiogram of December 12, 1983] demonstrates similar high tone hearing loss, as does the present [audiogram]. Noise-induced job-related sensorineural hearing loss usually requires long-term noise exposure. Therefore, I agree with Dr. Hollingsworth that, since [appellant’s] sensorineural hearing loss existed prior to his federal employment, his hearing loss is not job related.”

By decision dated October 9, 2003, the Office denied appellant’s claim for compensation. The Office determined that the medical evidence did not establish that his hearing loss resulted from his federal employment.

LEGAL PRECEDENT

To establish that an injury was sustained in the performance of duty in an occupational disease claim, a claimant must submit the following: (1) medical evidence establishing the presence or existence of the disease or condition for which compensation is claimed; (2) a factual statement identifying employment factors alleged to have caused or contributed to the presence of occurrence of the disease or condition; and (3) medical evidence establishing that the employment factors identified by the claimant were the proximate cause of the condition for which compensation is claimed or stated differently, medical evidence establishing that the diagnosed condition is causally related to the employment factors identified by the claimant. The medical evidence required to establish a causal relationship, generally, is rationalized medical opinion evidence. Rationalized medical opinion evidence is medical evidence, which includes a physician's rationalized opinion on the issue of whether there is a causal relationship between the claimant's diagnosed condition and the implicated employment factors. The opinion of the physician must be based on a complete factual and medical background of the claimant, must be one of reasonable medical certainty and must be supported by medical rationale explaining the nature of the relationship between the diagnosed condition and the specific employment factors identified by the claimant.¹

ANALYSIS

In the instant case, the Office properly denied appellant's claim for compensation for hearing loss as there was no medical evidence in the record that appellant's hearing loss was causally related to his federal employment. Although he was exposed to excessive noise in his federal employment and both Dr. Hollingsworth and the Office medical adviser stated that appellant had a hearing loss, both doctors opined that this hearing loss was not related to his federal employment. No other physician in the record offered a contrary conclusion. The numerous audiograms in the record contained no opinion on causal relationship. Accordingly, appellant has failed to establish that his hearing loss was causally related to his federal employment.²

CONCLUSION

Under the circumstances described above, the Board finds that appellant has not established that he sustained a hearing loss causally related to his federal employment and accordingly, properly denied his claim.

¹ *Victor J. Woodhams*, 41 ECAB 345 (1989).

² Appellant's contention that he should have been referred for an impartial medical examination due to a conflict between the opinions of the audiologist, Dr. Burns, and the otolaryngologist, Dr. Hollingsworth, is without merit. There is no disagreement between the two opinions, in fact Dr. Burns performed the audiometric examination for Dr. Hollingsworth. Dr. Burns provided no opinion as to causal relationship; Dr. Hollingsworth noted that the hearing loss indicated in Dr. Burns' audiogram was not related to appellant's federal employment. The Board also notes that there is no conflict between the two physicians because Dr. Burns is an audiologist, not a physician.

ORDER

IT IS HEREBY ORDERED THAT the October 9, 2003 decision of the Office of Workers' Compensation Programs is affirmed.

Issued: March 29, 2004
Washington, DC

Alec J. Koromilas
Chairman

David S. Gerson
Alternate Member

A. Peter Kanjorski
Alternate Member