

normal hearing when he began his federal employment with the Air National Guard in 1970 and that he continued to be exposed to occupational noise through December 31, 2003.

On December 18, 2003 the Office referred appellant and a statement of accepted facts to Dr. Craig W. Anderson, a Board-certified otolaryngologist, for an audiologic and otologic evaluation of appellant.

The audiologist performing the January 9, 2004 audiogram for Dr. Anderson noted findings on audiological evaluation. At the frequencies of 500, 1,000, 2,000 and 3,000 hertz, the following thresholds were reported: right ear -- 5, 0, 5 and 15 decibels; left ear -- 5, 5, 10 and 25 decibels.

On February 23, 2004 an Office medical adviser, relying on Dr. Anderson's audiogram results and calculations, determined that appellant had a zero percent binaural hearing loss.

In a decision dated February 23, 2004, the Office found that appellant had not sustained a ratable hearing loss causally related to factors of his federal employment.

LEGAL PRECEDENT

The schedule award provision of the Federal Employees' Compensation Act¹ and the implementing federal regulation² sets forth the number of weeks of compensation to be paid for permanent loss of use of specified members, functions and organs of the body listed in the schedule.³ However, neither the Act nor the regulations specify the manner in which the percentage loss of a member, function or organ shall be determined. The method of determining this percentage rests in the sound discretion of the Office.⁴ To ensure consistent results and equal justice under the law to all claimants, good administrative practice requires the use of uniform standards applicable to all claimants.⁵

Under the American Medical Association, *Guides to the Evaluation of Permanent Impairment*, hearing loss is evaluated by determining decibel loss at the frequency levels of 500, 1,000, 2,000 and 3,000 hertz. The losses at each frequency are added up and averaged and a "fence" of 25 decibels is deducted since, as the A.M.A., *Guides* points out, losses below 25 decibels result in no impairment in the ability to hear everyday speech in everyday conditions.⁶ Then the remaining amount is multiplied by 1.5 to arrive at the percentage loss of monaural loss.

¹ 5 U.S.C. § 8107 *et seq.*

² 20 C.F.R. § 10.304.

³ See *Donald A. Larson*, 41 ECAB 947 (1990); *Daniel C. Goings*, 37 ECAB 781 (1986); *Richard Beggs*, 28 ECAB 387 (1977).

⁴ *Id.*

⁵ *Henry King*, 25 ECAB 39, 44 (1973); *August M. Buffa*, 12 ECAB 324, 325 (1961).

⁶ A.M.A., *Guides*, at 250 (5th ed. 2001).

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 binaural hearing loss.⁷

ANALYSIS

An Office medical adviser applied the Office's standardized procedures to the January 9, 2003 audiogram obtained by Dr. Anderson, a Board-certified otolaryngologist.⁸ According to the Office's standardized procedures, testing at frequency levels of 500, 1,000, 2,000 and 3,000 hertz revealed hearing losses in the right ear of 5, 0, 5 and 15 respectively. These totaled to 25 decibels which, when divided by 4, obtains an average hearing loss of 6.25 decibels. The average of 6.25 decibels, when reduced by 25 decibels (the first 25 decibels are discounted as discussed above), equals 0 decibels, which, when multiplied by the established factor of 1.5 totals a 0 percent hearing loss in the right ear. Testing for the left ear at the frequency levels of 500, 1,000, 2,000 and 3,000 hertz revealed decibel losses of 5, 5, 10 and 25 respectively. These totaled 45, which, when divided by 4, obtains an average hearing loss of 11.25 decibels. The average of 11.25 decibels, reduced by 25 decibels (the first 25 decibels were discounted as discussed above), equals 0 decibels, which, when multiplied by the established factor of 1.5 totals a 0 percent hearing loss in the left ear. The Office medical adviser therefore determined that appellant did not have a ratable hearing loss causally related to factors of his federal employment.

The Board finds that the Office medical adviser properly used the applicable standards of the A.M.A., *Guides*, to determine that appellant has a zero percent binaural hearing loss. The Board therefore affirms the February 23, 2004 Office decision finding that appellant did not sustain a ratable hearing loss causally related to factors of his federal employment.

CONCLUSION

The Board finds that appellant did not sustain a ratable hearing loss causally related to factors of his federal employment.

⁷ *Id.* See also *Danniel C. Goings*, *supra* note 3.

⁸ The record contains several audiograms obtained by the employing establishment, but none of these were certified by a physician as accurate. The Board has held that, if an audiogram is prepared by an audiologist, it must be certified by a physician as being accurate before it can be used to determine the percentage of hearing loss. *Joshua A. Holmes*, 42 ECAB 231, 236 (1990).

ORDER

IT IS HEREBY ORDERED THAT the February 23, 2004 decision of the Office of Workers' Compensation Programs be affirmed.

Issued: October 27, 2004
Washington, DC

Colleen Duffy Kiko
Member

David S. Gerson
Alternate Member

Willie T.C. Thomas
Alternate Member