



exposed to loud noise produced by running diesel engines, power generators, rescue saws, fire-fighting vehicles, rescue equipment and self-contained breathing equipment.<sup>1</sup>

Appellant submitted a number of employing establishment audiograms to the record, but none of these audiograms were reviewed or certified by a physician.

On September 11, 2003 the Office referred appellant and a statement of accepted facts to Dr. James O. Fordice, a specialist in otolaryngology, for an audiologic and otologic evaluation of appellant.

In a report dated October 22, 2003, Dr. Fordice noted findings on audiological evaluation based on an October 22, 2003 audiogram. At the frequencies of 500, 1,000, 2,000 and 3,000 hertz, the following thresholds were reported: right ear -- 40, 25, 30 and 30 decibels; left ear -- 20, 10, 20 and 35 decibels.

In a memorandum dated October 27, 2003, an Office medical adviser, relying on Dr. Fordice's audiogram results and calculations, determined that appellant had a nine percent permanent hearing loss in his right ear.

On December 5, 2003 the Office granted appellant a schedule award for a nine percent permanent hearing loss in his right ear for the period from October 22 to November 23, 2003, for a total of 4.68 weeks of compensation.

On December 24, 2003 appellant requested a review of the written record. Appellant did not submit any additional medical evidence with his request.

By decision dated May 19, 2004, an Office hearing representative affirmed the December 5, 2003 Office decision.

### **LEGAL PRECEDENT**

The schedule award provision of the Federal Employees' Compensation Act provide for compensation to employees sustaining impairment from loss or loss of use of, specified members of the body.<sup>2</sup> The Act, however, does not specify the manner in which the percentage loss of a member shall be determined. The method used in making such determination is a matter which rests in the sound discretion of the Office.<sup>3</sup> For consistent results and to ensure equal justice, the Board has authorized the use of a single set of tables so that there may be uniform standards applicable to all claimants. The American Medical Association, *Guides to the Evaluation of*

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<sup>1</sup> Prior to obtaining his present position in 1978, appellant worked as a structural firefighter on the airfield and was exposed to noise from fighter aircraft and vehicle siren systems.

<sup>2</sup> 5 U.S.C. § 8107.

<sup>3</sup> *Daniel C. Goings*, 37 ECAB 781, 783 (1986); *Richard Beggs*, 28 ECAB 387, 390-91 (1977).

*Permanent Impairment* (A.M.A., *Guides*) has been adopted by the Office as a standard for evaluation of scheduled losses and the Board has concurred in such adoption.<sup>4</sup>

Under the A.M.A., *Guides*, 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* point out, losses below 25 decibels result in no impairment in the ability to hear everyday speech in everyday conditions.<sup>5</sup> Then the remaining amount is multiplied by 1.5 to arrive at the percentage loss of monaural loss. 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.<sup>6</sup>

### ANALYSIS

An Office medical adviser applied the Office’s standardized procedures to the October 22, 2003 audiogram obtained by Dr. Fordice, a specialist in otolaryngology.<sup>7</sup> 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 40, 25, 30 and 30 respectively. These totaled to 125 decibels which, when divided by 4, obtains an average hearing loss of 31.25 decibels. The average of 31.25 decibels, when reduced by 25 decibels (the first 25 decibels are discounted as discussed above), equals 6.25 decibels, which, when multiplied by the established factor of 1.5 totals a 9.38 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 20, 10, 20 and 35 respectively. These totaled 85, which when divided by 4, obtains an average hearing loss of 21.25 decibels. The average of 21.25 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 rounded off the 9.38 percent right ear loss to find a total 9 percent impairment in the right ear.

The Board notes that the Office medical adviser properly used the applicable standards of the A.M.A., *Guides*, to determine that appellant has a nine percent total hearing loss in his right ear causally related to his federal employment. The Board therefore affirms the December 5, 2003 Office decision, finding that appellant is entitled to a schedule award of no greater than a nine percent permanent hearing loss in the right ear.

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<sup>4</sup> 20 C.F.R. § 10.404 (1999).

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

<sup>6</sup> *Id.* See also *Daniel C. Goings*, *supra* note 3.

<sup>7</sup> 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).

Subsequent to the December 5, 2003 schedule award decision, appellant requested a review of the written record, but did not submit any additional medical evidence in support of his request. Therefore, as appellant has failed to provide sufficient medical evidence that he has greater than the nine percent monaural impairment already awarded, the Board affirms the May 19, 2004 decision by the Office hearing representative.

**CONCLUSION**

The Board finds that appellant has no more than a nine percent permanent hearing loss in his right ear, for which he received a schedule award.

**ORDER**

**IT IS HEREBY ORDERED THAT** the May 19, 2004 and December 5, 2003 decisions of the Office of Workers' Compensation Programs be affirmed.

Issued: October 7, 2004  
Washington, DC

Alec J. Koromilas  
Chairman

David S. Gerson  
Alternate Member

A. Peter Kanjorski  
Alternate Member