

accompanied by several documents, including a position description, a report of past noise level exposure, audiograms from 1990 and an employing establishment report dated July 15, 1993, indicating a threshold shift in appellant's hearing and the need for retesting.

On March 29, 2004 the Office referred appellant, the record and a statement of accepted facts to Dr. Charles E. Hollingsworth, a Board-certified otolaryngologist, for a second opinion. In a report dated April 21, 2004, he stated that he examined appellant on April 20, 2004 and found that he had employment-related bilateral severe high frequency sensorineural hearing loss. Dr. Hollingsworth also noted that, based on the fifth edition 2001, of the American Medical Association, *Guides to the Evaluation of Permanent Impairment*, appellant's hearing loss was not so severe as to entitle him to an impairment rating. He concluded that appellant was not a candidate for hearing aids, but recommended that he be proffered ear protection as necessary. An April 20, 2004 audiogram performed for Dr. Hollingsworth revealed the following: 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 20, 15, 15 and 20, respectively and testing for the left ear revealed decibel losses of 15, 15, 10 and 35, respectively.

On June 10, 2004 the Office referred Dr. Hollingsworth's report to an Office medical adviser. On June 16, 2004 he found that appellant did not have a ratable hearing loss and had reached maximum medical improvement on April 20, 2004. The Office medical adviser checked the block marked "no" in response to the question as to whether a hearing aid was authorized.

In a decision also dated July 30, 2004, the Office accepted the claim for a noise-induced hearing loss but found that, based on the A.M.A., *Guides*, appellant's hearing loss was not ratable for schedule award purposes. The Office noted that while appellant was entitled to medical benefits, hearing aids were not authorized.

LEGAL PRECEDENT

Section 8107 of the Act¹ authorizes the payment of schedule awards for the loss or loss of use, of specified members, organs or functions of the body. Such loss or loss of use is known as permanent impairment. The Office evaluates the degree of permanent impairment according to the standards set forth in this specified edition of the A.M.A., *Guides*.²

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. 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. The remaining amount is multiplied by a factor of 1.5 to arrive at the percentage of monaural hearing 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, that total is then divided by six to arrive at

¹ 5 U.S.C. § 8107.

² 20 C.F.R. § 10.404.

the amount of the binaural hearing loss.³ The Board has concurred in the Office's adoption of this standard for evaluating hearing loss.⁴

ANALYSIS

The Office medical adviser applied the Office's standardized procedures to the April 20, 2004 audiogram obtained by Dr. Hollingsworth. Testing of the right ear at the frequency levels of 500, 1,000, 2,000 and 3,000 cycles per second revealed decibel losses of 20, 15, 15 and 20, respectively, for a total of 70 decibels. This figure, when divided by 4, results in an average hearing loss of 17.5 decibels. The average of 17.5 decibels was then reduced by 25 decibels, which resulted in a 0 percent monaural hearing loss of 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 decibel losses of 15, 15, 10 and 35, respectively, for a total loss of 75 decibels. This figure, divided by 4, results in an average 18.75 decibel hearing loss. This figure, when reduced by the 25 decibel fence, results in a 0 percent monaural hearing loss of the left ear. Accordingly, the Office medical adviser calculated appellant's hearing loss under the Office standardized procedures to be nonratable for both the right and left ears.

The Board finds that the Office medical adviser applied the proper standards to the findings stated in Dr. Hollingsworth's April 20, 2004 report and accompanying audiogram. This resulted in a calculation of zero percent binaural hearing loss in the right and left ears, which is not ratable under these standards and therefore is not compensable for schedule award purposes.

On appeal appellant contends that Dr. Hollingsworth did not consider his hearing loss beginning July 1974 when he was first hired by the employing establishment. However, the audiogram performed for Dr. Hollingsworth on April 20, 2004 measured all existing hearing loss. It is not disputed that appellant's hearing loss is employment related. However, under the Office's standard procedures for evaluating hearing loss for schedule award purposes, it is not sufficiently severe to entitle him to a schedule award.

CONCLUSION

The Board finds that the Office properly denied appellant's claim for a schedule award.

³ A.M.A., *Guides* 250 (5th ed. 2001).

⁴ *Donald E. Stockstad*, 53 ECAB ____ (Docket No. 01-1570, issued January 23, 2002), *petition for recon. granted (modifying prior decision)* (issued August 13, 2002).

ORDER

IT IS HEREBY ORDERED THAT the July 30, 2004 decision of the Office of Workers' Compensation Programs is affirmed.

Issued: February 11, 2005
Washington, DC

David S. Gerson
Alternate Member

Willie T.C. Thomas
Alternate Member

Michael E. Groom
Alternate Member