

On January 13, 2004 the Office referred appellant to Dr. Sage K. Copeland, a Board-certified otolaryngologist, to assess the nature of his hearing loss. In a January 22, 2004 report, Dr. Copeland diagnosed bilateral moderate to severe high frequency hearing loss due to noise exposure at work. He noted the degree of hearing loss and the standard threshold shift revealed by testing and an audiogram performed that day. The audiogram showed that the frequencies in appellant's right ear at 500, 1,000, 2,000 and 3,000 cycles per second were 15, 10, 15 and 60 decibels and frequencies in the left ear at those levels were 15, 10, 15 and 60 decibels.

In a report dated February 6, 2004, the Office medical adviser reviewed the results of the January 22, 2004 audiogram. He applied the American Medical Association, *Guides to the Evaluation of Permanent Impairment* (A.M.A., *Guides*) (5th ed. 2001) to determine that appellant had a zero percent binaural hearing loss.

In a decision dated March 8, 2004, the Office accepted appellant's claim for a bilateral sensorineural hearing loss. The Office denied the schedule award, finding that the extent of his hearing impairment was not ratable under the A.M.A., *Guides*.

LEGAL PRECEDENT

Section 8107 of the Federal Employees' Compensation Act¹ sets forth the number of weeks of compensation to be paid for the permanent loss of use of specified members, functions and organs of the body.² The Act, however, does not specify the manner by which the percentage loss of a member, function or organ shall be determined. To ensure consistent results and equal justice under the law, good administrative practice requires the use of uniform standards applicable to all claimants.³ The implementing regulation has adopted the A.M.A., *Guides* as the appropriate standard for evaluating schedule losses.⁴

The Office evaluates industrial hearing loss in accordance with the standards contained in the A.M.A., *Guides*. 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.⁵ 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.⁶ The remaining amount is multiplied by a factor of 1.5 to arrive at the percentage of monaural hearing loss.⁷ 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, the total is then divided

¹ 5 U.S.C. §§ 8101-8193.

² 5 U.S.C. § 8107.

³ *Renee M. Straubinger*, 51 ECAB 667 (2000).

⁴ 20 C.F.R. § 10.404 (1999)

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

⁶ *Id.*

⁷ *Id.*

by six to arrive at the amount of the binaural hearing loss.⁸ The Board has concurred in the Office's adoption of this standard for evaluating hearing loss.⁹

ANALYSIS

An Office medical adviser applied the Office's standardized procedures to the January 22, 2004 audiogram performed for Dr. Copeland. Testing at the frequency levels of 500, 1,000, 2,000 and 3,000 cycles per second revealed decibel losses in the right ear of 15, 10, 15 and 60, respectively, for a total of 100 decibels. This amount, when divided by 4, results in an average hearing loss of 25 decibels. The average of 25 decibels was then reduced by 25 decibels resulting 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 losses of 15, 10, 15 and 60 decibels, respectively, for a total loss of 100 decibels. This loss of 100 decibels when divided by 4 results in an average 25 decibels and, when reduced by the 25 decibel fence, results in a 0 percent monaural hearing loss of the left ear. Under the Office's standardized procedures, the Office's medical adviser determined that appellant had a nonratable hearing loss in both ears.

The Board finds that the Office medical adviser applied the proper standards to the findings by Dr. Copeland and the accompanying January 22, 2004 audiogram. This resulted in a calculation of a nonratable hearing loss, as set forth above. While appellant has a hearing loss that is due to his employment, the extent of the loss is not ratable for schedule award purposes. There is no other medical evidence, which conforms to the A.M.A., *Guides*, that indicates any greater hearing loss. The Board will affirm the March 8, 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 the Office properly denied appellant's claim for a schedule award.

⁸ *Id.*

⁹ *Donald E. Stockstad*, 53 ECAB 301 (2002), *petition granted (modifying prior decision)*, Docket No. 01-1570 (issued August 13, 2002).

ORDER

IT IS HEREBY ORDERED THAT the March 8, 2004 decision of the Office of Workers' Compensation Programs is affirmed.

Issued: September 2, 2005
Washington, DC

Alec J. Koromilas, Chief Judge
Employees' Compensation Appeals Board

David S. Gerson, Judge
Employees' Compensation Appeals Board

Michael E. Groom, Alternate Judge
Employees' Compensation Appeals Board