

January 27, 2002. Appellant submitted medical records, including copies of audiograms, dated 1975 to 2001.

The Office referred appellant to Dr. Warren L. Brandes, an otolaryngologist, for an examination on December 9, 2004. He provided an impression of bilateral high and low frequency sensorineural hearing loss caused by industrial noise exposure. An audiogram performed on December 9, 2004 revealed the results of testing at the frequency levels of 500, 1,000, 2,000 and 3,000 cycles per second: right ear decibels of 25, 25, 15 and 20; left ear decibels of 20, 20, 10 and 20.

On February 2, 2005 an Office medical adviser reviewed the results of the audiometric testing performed on December 9, 2004 for Dr. Brandes and correctly applied the Office's standardized procedures. She totaled the decibels of 25, 25, 15 and 20 in the right ear for the frequency levels of 500, 1,000, 2,000 and 3,000 cycles per second at 85 decibels and divided by 4 to obtain the average hearing loss of 21.25 decibels. This average was then reduced by 25 decibels to equal 0 decibels which was multiplied by the established factor of 1.5 to compute a 0 percent hearing loss in the right ear. She totaled the losses of 20, 20, 10 and 20 in the left ear at 70 decibels and divided by 4 to obtain the average hearing loss of 17.25 decibels. This average was then reduced by 25 decibels to equal 0 which was multiplied by the established factor of 1.5 to compute a 0 percent hearing loss in the left ear. She indicated that appellant had a zero percent binaural hearing loss, according to the standardized Office procedures for determining entitlement to a schedule award.

By decision dated September 6, 2005, the Office denied appellant's claim on the grounds that the extent of his hearing loss was not sufficient to entitle him to a schedule award.

LEGAL PRECEDENT

The schedule award provisions of the Federal Employees' Compensation Act¹ and its implementing regulation² sets forth the number of weeks of compensation payable to employees sustaining permanent impairment from loss or loss of use of scheduled members or functions of the body. However, the Act does not specify the manner in which the percentage of loss shall be determined. For consistent results and to ensure equal justice under the law to all claimants, good administrative practice necessitates 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 Permanent Impairment* (A.M.A., *Guides*) has been adopted by the implementing regulation as the appropriate standard for evaluating losses.³

The Office evaluates industrial hearing loss in accordance with the standards contained in the A.M.A, *Guides*.⁴ Using the frequencies of 500, 1,000, 2,000 and 3,000 cycles per second, the

¹ 5 U.S.C. § 8107.

² 20 C.F.R. § 10.404.

³ *Id.*

⁴ A.M.A., *Guides* 250 (5th ed. 2001).

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 and the total is divided 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

The Office medical adviser reviewed the results of the audiometric testing performed on December 9, 2004 for Dr. Brandes and correctly applied the Office’s standardized procedures. She totaled the decibels of 25, 25, 15 and 20 in appellant’s right ear for the frequency levels of 500, 1,000, 2,000 and 3,000 cycles per second at 85 decibels and divided by 4 to obtain the average hearing loss of 21.25 decibels. This average was then reduced by 25 decibels to equal 0 decibels which was multiplied by the established factor of 1.5 to compute a 0 percent hearing loss in the right ear. She totaled the losses of 25, 25, 15 and 20 in the left ear at 70 decibels and divided by 4 to obtain the average hearing loss of 17.5 decibels. This average was then reduced by 25 decibels to equal 0 decibels which was multiplied by the established factor of 1.5 to compute a 0 percent hearing loss in the left ear. The Board finds that the Office medical adviser correctly determined that appellant had no ratable hearing loss.

On appeal, appellant contends that Dr. Brandes told him that he had a 20 percent hearing loss. However, in his December 9, 2004 report, Dr. Brandes did not indicate any percentage of impairment. He provided the results of audiometric testing which, when applied to the Office’s standardized procedures for determining entitlement to a schedule award, revealed that appellant does not have a ratable hearing loss.

CONCLUSION

The Board finds that appellant is not entitled to a schedule award for his hearing loss.

⁵ *Id.*

⁶ *Id.*

⁷ *Id.*

⁸ *Id.*

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

ORDER

IT IS HEREBY ORDERED THAT the decision of the Office of Workers' Compensation Programs dated September 6, 2005 is affirmed.

Issued: April 12, 2006
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