

dated 1975 to 2001 conducted as part of annual examinations for the employing establishment. He submitted a noise exposure data evaluation for the course of his federal employment from 1975 until 2001.

On January 22, 2003 the Office referred appellant, together with the case record and a statement of accepted facts, to Dr. Gerald Randolph, a Board-certified otolaryngologist, for an evaluation to determine whether he had an employment-related hearing loss. He evaluated appellant on February 5, 2003 and obtained an audiogram. The audiogram reflected testing at frequency levels including those of 500, 1,000, 2,000 and 3,000 cycles per second (cps) and revealed decibel losses on the left of 10, 10, 30 and 45, respectively and on the right of 10, 10, 10 and 40, respectively. Dr. Randolph diagnosed bilateral high frequency sensorineural hearing loss due to appellant's federal employment and noted that there were no other aggravating factors contributing to his hearing loss. He determined that appellant was a candidate for bilateral hearing aids. The Office audiologist concluded, after applying the Office's standardized procedures for computing hearing loss, that appellant had a nonratable loss of hearing. He also indicated that hearing aids were recommended/authorized.

By decision dated December 22, 2005, the Office accepted that appellant sustained an employment-related hearing loss but denied his claim for a schedule award on the grounds that the extent of hearing loss was not ratable. With regards to any hearing aids, the Office advised appellant to see an audiologist for an additional evaluation.

LEGAL PRECEDENT

The schedule award provision of the Federal Employees' Compensation Act² provides for compensation to employees sustaining permanent loss, or loss of use, of specified members of the body. 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. 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 Permanent Impairment*, (5th ed.) (A.M.A., *Guides*), has been adopted by the Office for evaluating schedule losses and the Board has concurred in such adoption.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 cps the losses at each frequency are added up and averaged.⁵ The remaining amount is multiplied by a factor of 1.5 to arrive at the percentage of monaural hearing loss.⁶ The binaural loss is determined by

² 5 U.S.C. §§ 8101-8193.

³ See 20 C.F.R. § 10.404; *Bernard A. Babcock, Jr.*, 52 ECAB 143 (2000).

⁴ A.M.A., *Guides* 250.

⁵ *Id.*

⁶ *Id.*

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.⁷ The Board has concurred in the Office's adoption of this standard for evaluating hearing loss.⁸

ANALYSIS

The Office referred appellant to Dr. Randolph, a Board-certified otolaryngologist, who examined appellant and provided a report dated February 5, 2003. He diagnosed bilateral high frequency sensorineural hearing loss due to appellant's federal employment. Dr. Randolph noted that appellant was a candidate for bilateral hearing aids.

The Office audiologist properly applied the Office's standardized procedures to the February 5, 2003 audiogram performed for Dr. Randolph. Testing for the right ear at frequency levels of 500, 1,000, 2,000 and 3,000 cps revealed decibel losses of 10, 10, 10 and 40, respectively. These decibel losses were totaled at 70 and divided by 4 to obtain the average hearing loss per cycle of 17.5. The average of 17.5 was then reduced by the 25 decibel fence (the first 25 decibels are discounted as discussed above) to equal 0 decibels for the right ear. The 0 was multiplied by 1.5 resulting in a 0 percent loss for the right ear. Testing for the left ear at frequency levels of 500, 1,000, 2,000 and 3,000 cps revealed decibel losses of 10, 10, 30 and 45, respectively. These decibel losses were totaled at 95 and divided by 4 to obtain the average hearing loss per cycle of 23.75. The average of 23.75 was then reduced by the 25 decibel fence to equal 0 decibels for the left ear. The 0 was multiplied by 1.5 resulting in a 0 percent loss for the left ear. The Office audiologist thus properly found that appellant did not have a ratable hearing loss in either ear under the A.M.A., *Guides*.

The Board finds that the Office audiologist applied the proper standards to the February 5, 2003 audiogram prepared for Dr. Randolph. The result is a nonratable hearing loss bilaterally. The Board further finds that the Office audiologist properly relied upon the February 5, 2003 audiogram as it was part of Dr. Randolph's evaluation and met all the Office's standards.⁹

CONCLUSION

The Board finds that as appellant has not established a ratable loss of hearing he is not entitled to a schedule award.

⁷ *Id.*

⁸ *Reynaldo R. Lichtenberger*, 52 ECAB 462 (2001).

⁹ See Federal (FECA) Procedure Manual, Part 3 -- Medical, *Requirement for Medical Reports*, Chapter 3.600.8(a)(2) (September 1994); see also *Joseph L. Bellor*, Docket No. 05-1299 (issued October 24, 2005).

ORDER

IT IS HEREBY ORDERED THAT the decision of the Office of Workers' Compensation Programs dated December 22, 2005 is affirmed.

Issued: July 24, 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