

The record contains a description of appellant's noise exposure at the employing establishment from 1979 to the present and audiograms obtained there dated January 25, 1985 to February 3, 2003.

The Office referred appellant, together with a statement of accepted facts, to Dr. Gerald G. Randolph, a Board-certified otolaryngologist, for an evaluation to determine whether he had an employment-related loss of hearing. On April 20, 2004 Dr. Randolph evaluated appellant and obtained an audiogram. He noted that appellant had hearing loss predating his work for the employing establishment. Dr. Randolph found that his exposure to noise in the course of employment aggravated his hearing loss and that he was a "borderline candidate for a hearing aid evaluation." He reviewed the audiogram and found that it showed no ratable impairment.

The Office informed appellant on June 1, 2004 that it had accepted his claim for binaural hearing loss and noted that he could request authorization for hearing aids.

An Office medical adviser reviewed Dr. Randolph's report and audiogram and determined that appellant had no ratable impairment to either ear.

By decision dated August 17, 2004, the Office denied appellant's claim for a schedule award on the grounds that he had no ratable impairment due to hearing loss. The Office described its method of evaluating hearing loss and noted that the Office medical adviser had determined that he had no hearing impairment based on the application of the American Medical Association, *Guides to the Evaluation of Permanent Impairment* (5th ed. 2001) (A.M.A., *Guides*). The Office indicated that it was including a copy of the medical report with its decision.

LEGAL PRECEDENT

The schedule award provision of the Federal Employees' Compensation Act¹ 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 a determination is a matter which results in the sound discretion of the Office. For consistent results and to insure 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 A.M.A., *Guides*, has been adopted by the Office for evaluating schedule losses and the Board has concurred in such adoption.²

The Office evaluates industrial hearing loss in accordance with the standards contained in the A.M.A., *Guides*.³ 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.⁴ The remaining amount is multiplied by a

¹ 5 U.S.C. §§ 8101-8193.

² See 20 C.F.R. § 10.404; *Bernard A. Babcock, Jr.*, 52 ECAB 143 (2000).

³ A.M.A., *Guides* 250.

⁴ *Id.*

factor of 1.5 to arrive at the percentage of monaural hearing loss.⁵ 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.⁶ The Board has concurred in the Office's adoption of this standard for evaluating hearing loss.⁷

ANALYSIS

The Office medical adviser properly applied the Office's standardized procedures to the April 20, 2004 audiogram by Dr. Randolph.⁸ Testing for the left ear at the frequencies of 500, 1,000, 2,000 and 3,000 cycles per second revealed decibel losses of 15, 10, 15 and 35, respectively. These decibel losses were totaled at 75 and divided by 4 to obtain the average hearing loss per cycle of 18.75. The average of 18.75 was then reduced by the 25 decibel fence to equal 0 decibels for the left ear.⁹ The 0 was multiplied by 1.5 resulting in a 0 percent loss for the left ear. Testing for the right ear at the frequencies of 500, 1,000, 2,000 and 3,000 cycles per second revealed decibel losses of 15, 15, 20 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 right ear. The 0 was multiplied by 1.5 resulting in a 0 percent loss for the right ear.

The Board finds that the Office medical adviser applied the proper standards to the findings in Dr. Randolph's April 20, 2004 report and accompanying audiogram performed on his behalf. The evidence establishes that appellant has no ratable hearing loss in either ear.¹⁰ The Board further finds that the Office medical adviser properly relied upon the April 20, 2004 audiogram as it was part of Dr. Randolph's evaluation and met all the Office's standards.¹¹

On appeal, appellant argues that the Office did not explain the basis for its denial of his schedule award claim. The Office, however, properly described its method of evaluating the

⁵ *Id.*

⁶ *Id.*

⁷ *Reynaldo R. Lichtenberger*, 52 ECAB 462 (2001).

⁸ While the record contains prior audiograms taken by the employing establishment, there is insufficient information accompanying the audiograms to demonstrate that they meet the Office's standards for audiograms used in the evaluation of permanent hearing impairments. *See Yolanda Librera (Michael Librera)*, 37 ECAB 388 (1986); Federal (FECA) Procedure Manual, Part 3 -- Medical, *Requirement for Medical Reports*, Chapter 3.600.8(a)(2) (September 1994).

⁹ The decibel "fence" is subtracted as it has been shown that the ability to hear everyday sounds under everyday listening conditions is not impaired when the average of the designated hearing levels is 25 decibels or less. *See A.M.A., Guides* at 250.

¹⁰ To determine the binaural hearing loss, the lesser loss is multiplied by five and added to the greater loss and divided by six. Appellant has a zero percent binaural hearing loss.

¹¹ *See* Federal (FECA) Procedure Manual, Part 3 -- Medical, *Requirement for Medical Reports*, Chapter 3.600.8(a)(2) (September 1994).

extent of hearing loss in its decision and informed him that the Office medical adviser determined that he did not have an impairment pursuant to the A.M.A., *Guides*.

Appellant also argued that the Office should provide him with a copy of the second opinion examination and the report of the Office medical adviser. The Office indicated in its cover letter to the August 17, 2004 decision that it was enclosing a medical report with its decision. Additionally, appellant can request a copy of the case record from the Office.

CONCLUSION

The Board finds that appellant has no ratable hearing loss entitling him to a schedule award.

ORDER

IT IS HEREBY ORDERED THAT the decision of the Office of Workers' Compensation Programs dated August 17, 2004 is affirmed.

Issued: March 13, 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