



In an audiologic and otologic evaluation dated June 18, 2004, Dr. Russell Cecola, a specialist in otolaryngology, noted findings on audiological evaluation based on a June 18, 2004 audiogram. At the frequencies of 500, 1,000, 2,000 and 3,000 hertz, the following thresholds were reported: right ear -- 15, 10, 15 and 70 decibels; left ear -- 15, 15, 15 and 35 decibels. Based on these findings, Dr. Cecola concluded that appellant had a hearing loss of four percent in his right ear and a zero percent loss in his left ear, which amounted to a total four percent monaural impairment.

In a memorandum dated August 18, 2004, an Office medical adviser, relying on Dr. Cecola's audiogram results and calculations, determined that appellant had a four percent right-sided monaural hearing loss.

On November 10, 2004 the Office granted appellant a schedule award for a 4 percent monaural hearing loss for the right ear for the period from June 18 to July 2, 2004, for a total of 2.08 weeks of compensation.

In a letter received by the Office on June 8, 2005, appellant requested reconsideration of the November 10, 2004 schedule award.

In a report dated December 29, 2004, Dr. K.C. Gildiner, a Board-certified otolaryngologist, stated:

“You have a hearing loss in the conversational and high frequency range, which has not changed since your functional hearing tests performed in June 1988. Those tests demonstrated your ability to meet the functional hearing requirements of the job. Based on the results of future unaided (without hearing aids) audiograms, additional hearing tests may again be requested in order to reassess your functional hearing capabilities. Always wear recommended hearing protection on or off the job in noisy environments.”

By decision dated August 8, 2005, the Office denied modification of the November 10, 2004 schedule award, finding that appellant failed to submit medical evidence establishing that he had greater impairment to warrant an additional schedule award for his employment-related hearing loss.

### **LEGAL PRECEDENT**

The schedule award provisions of the Federal Employees' Compensation Act<sup>1</sup> and the implementing federal regulation<sup>2</sup> sets forth the number of weeks of compensation to be paid for permanent loss of use of specified members, functions and organs of the body listed in the schedule.<sup>3</sup> However, neither the Act nor the regulation specify the manner in which the

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<sup>1</sup> 5 U.S.C. § 8107 *et seq.*

<sup>2</sup> 20 C.F.R. § 10.304.

<sup>3</sup> See *Donald A. Larson*, 41 ECAB 947 (1990); *Danniel C. Goings*, 37 ECAB 781 (1986); *Richard Beggs*, 28 ECAB 387 (1977).

percentage loss of a member, function or organ shall be determined. The method of determining this percentage rests in the sound discretion of the Office.<sup>4</sup> To ensure consistent results and equal justice under the law to all claimants, good administrative practice requires the use of uniform standards applicable to all claimants.<sup>5</sup>

Under the American Medical Association, *Guides to the Evaluation of Permanent Impairment*, hearing loss is evaluated by determining decibel loss at the frequency levels of 500, 1,000, 2,000 and 3,000 hertz. The losses at each frequency are added up and averaged and a “fence” of 25 decibels is deduced since, as the A.M.A., *Guides* points out, losses below 25 decibels result in no impairment in the ability to hear everyday speech in everyday conditions.<sup>6</sup> Then the remaining amount is multiplied by 1.5 to arrive at the percentage loss of monaural 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 and the total is divided by six to arrive at the amount of binaural hearing loss.<sup>7</sup>

### ANALYSIS

The Board finds that appellant has no greater than a four percent monaural hearing loss in his right ear, for which he has already received an award. With regard to the right ear, Dr. Cecola’s June 18, 2004 audiogram indicated that, at the frequencies of 500, 1,000, 2,000 and 3,000 hertz, the following thresholds were reported for the right ear - 15, 10, 15 and 70 decibels. These decibels, totaled to 110 and divided by 4, obtained an average hearing loss at those cycles of 27.5 decibels. The average of 27.5 decibels, when reduced by 25 decibels (the first 25 decibels were discounted as discussed above), equals 2.5 decibels, which when multiplied by the established factor of 1.5 computes a 3.75 percent hearing loss in the right ear. This loss was rounded off for a total four percent loss in the right ear.

Testing for the left ear at the frequency levels of 500, 1,000, 2,000 and 3,000 hertz revealed decibel losses of 15, 15, 15 and 35 respectively. These decibels amounted to 80, which, when divided by 4, obtains an average hearing loss at those cycles of 20 decibels. The average of 20 decibels, reduced by 25 decibels (the first 25 decibels were discounted as discussed above), equals negative 5, which when multiplied by the established factor of 1.5 amounts to a 0 percent hearing loss in the left ear. The Office medical adviser, relying on these audiogram results and calculations, properly determined that appellant had a four percent monaural hearing loss in his right ear, for which the Office awarded him a schedule award on November 10, 2004.

The Board notes that the Office medical adviser properly applied the applicable standards of the A.M.A., *Guides* to determine that appellant was entitled to a four percent monaural award

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<sup>4</sup> *Id.*

<sup>5</sup> *Henry King*, 25 ECAB 39, 44 (1973); *August M. Buffa*, 12 ECAB 324, 325 (1961).

<sup>6</sup> A.M.A., *Guides*, page 250 (5<sup>th</sup> ed. 2001).

<sup>7</sup> *Id.* See also *Daniel C. Goings*, *supra* note 3.

for his right-sided hearing loss. The Board affirms this award, as there was no other probative evidence in the record establishing that he sustained any greater impairment.<sup>8</sup>

Following the November 10, 2004 decision, appellant requested reconsideration and submitted Dr. Gildener's December 29, 2004 report, which merely stated that his hearing loss had not changed since 1988 and did not contain any findings indicating that appellant had sustained any additional hearing loss beyond the four percent loss for the right ear, for which he had already received compensation. As there is no other probative medical evidence establishing that he sustained any additional permanent impairment, the Office properly found that appellant was not entitled to compensation for more than his four percent monaural hearing loss. The Board, therefore, affirms the November 10, 2004 and September 26, 2005 Office decisions.

### **CONCLUSION**

The Board finds that appellant has no more than a four percent monaural hearing loss of his right ear.

### **ORDER**

**IT IS HEREBY ORDERED THAT** the September 26, 2005 and November 10, 2004 decisions of the Office of Workers' Compensation Programs be affirmed.

Issued: March 2, 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

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<sup>8</sup> The record contains several audiograms obtained by the employing establishment, but none of these were certified by a physician as accurate. The Board has held that, if an audiogram is prepared by an audiologist it must be certified by a physician as being accurate before it can be used to determine the percentage of hearing loss. *Joshua A. Holmes*, 42 ECAB 231, 236 (1990).