



filed a claim for a schedule award. Appellant submitted copies of audiograms dated 1985 to 2004.

The Office referred appellant to Dr. Robert H. Hosea, a Board-certified otolaryngologist, for an examination. He provided an impression of neurosensory high frequency hearing loss caused by industrial noise exposure. An audiogram performed on September 13, 2005 revealed the results of testing at the frequency levels of 500, 1,000, 2,000 and 3,000 cycles per second (cps): right ear decibels of 10, 10, 15 and 55; left ear decibels of 10, 15, 20 and 60.

On September 16, 2005 an Office medical adviser reviewed the results of the audiometric testing performed on September 13, 2005 for Dr. Hosea and correctly applied the Office's standardized procedures. He totaled the decibels of 10, 10, 15 and 55 in the right ear for the frequency levels of 500, 1,000, 2,000 and 3,000 cps at 90 decibels and divided by 4 to obtain the average hearing loss of 22.5 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 impairment of the right ear. The Office medical adviser totaled the losses of 10, 15, 20 and 60 in the left ear at 105 decibels and divided by 4 to obtain the average hearing loss of 26.25 decibels. This average was then reduced by 25 decibels to equal 1.25 which was multiplied by the established factor of 1.5 to compute a 1.875 percent impairment of the left ear, rounded to 2 percent. He indicated that appellant had a two percent impairment of the left ear and a zero percent right ear impairment, according to the standardized Office procedures for determining entitlement to a schedule award.

By decision dated December 5, 2005, the Office granted appellant a schedule award for 1.04 weeks for a 2 percent loss of hearing of the left ear.

### **LEGAL PRECEDENT**

The schedule award provision of the Federal Employees' Compensation Act<sup>1</sup> and its implementing regulation<sup>2</sup> 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 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.<sup>3</sup>

The Office evaluates industrial hearing loss in accordance with the standards contained in the A.M.A., *Guides*.<sup>4</sup> Using the frequencies of 500, 1,000, 2,000 and 3,000 cps, the losses at each

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<sup>1</sup> 5 U.S.C. § 8107.

<sup>2</sup> 20 C.F.R. § 10.404.

<sup>3</sup> *Id.*

<sup>4</sup> A.M.A., *Guides* 250 (5<sup>th</sup> ed. 2001).

frequency are added up and averaged.<sup>5</sup> 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.<sup>6</sup> The remaining amount is multiplied by a factor of 1.5 to arrive at the percentage of monaural hearing loss.<sup>7</sup> 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.<sup>8</sup> The Board has concurred in the Office’s adoption of this standard for evaluating hearing loss.<sup>9</sup>

### ANALYSIS

The Office’s medical adviser reviewed the results of the audiometric testing performed on September 13, 2005 for Dr. Hosea and properly applied the Office’s standardized procedures. He totaled the decibels of 10, 10, 15 and 55 in appellant’s right ear for the frequency levels of 500, 1,000, 2,000 and 3,000 cps at 90 decibels and divided by 4 to obtain the average hearing loss of 22.5 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 impairment of the right ear. He totaled the losses of 10, 15, 20 and 60 in the left ear at 105 decibels and divided by 4 to obtain the average hearing loss of 26.25 decibels. This average was then reduced by 25 decibels to equal 1.25 decibels which was multiplied by the established factor of 1.5 to compute a 2 percent impairment of the left ear. The Board finds that the Office medical adviser correctly determined that appellant had a two percent impairment of the left ear and no ratable impairment of the right ear.

### CONCLUSION

The Board finds that appellant has no more than a two percent impairment of the left ear.

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<sup>5</sup> *Id.*

<sup>6</sup> *Id.*

<sup>7</sup> *Id.*

<sup>8</sup> *Id.*

<sup>9</sup> *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 December 5, 2005 is affirmed.

Issued: May 9, 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