

he wanted to wait until he retired on October 3, 2005. His supervisor subsequently indicated that appellant was last exposed to hazardous workplace noise on October 3, 2005.

By letter dated October 5, 2005, the Office requested additional evidence from appellant and the employing establishment.

The employing establishment submitted records from its hearing conservation program. It advised that appellant was a participant in this program starting on June 29, 1989. In employing establishment medical records dated June 12 and 13, 1994 and January 25, 1996, appellant was advised that the audiograms performed in conjunction with the hearing conservation program revealed a significant threshold shift. The employing establishment also submitted copies of audiograms obtained from November 13, 1984 to April 8, 2005 which revealed progressive bilateral high frequency hearing loss.

In a statement of accepted facts dated February 2, 2006, the Office noted that appellant was a pipefitter who was exposed to loud noises from blowers at 87 decibels, ridged piper threaders at 90 decibels, steam lines at 110 decibels, bench grinders at 80 decibels, gas powered pumps at 95 decibels and boom trucks at 89 decibels. The noise exposure was two hours per day, two days per week and appellant was provided with earplugs and earmuffs.

By letter dated February 7, 2006, the Office referred appellant to Dr. Michael Jacobson, a Board-certified otolaryngologist, for otologic examination and audiological evaluation. The Office provided Dr. Jacobson with a statement of accepted facts, available exposure information, and copies of all medical reports and audiograms.

Dr. Jacobson performed an otologic evaluation of appellant on February 23, 2006 and audiometric testing was conducted on the same date. Testing at the frequency levels of 500, 1,000, 2,000 and 3,000 revealed the following: right ear 5, 10, 10 and 10 decibels; left ear 10, 15, 10 and 10 decibels. Dr. Jacobson determined that appellant sustained noise-induced high frequency sensorineural hearing loss and tinnitus. He indicated that the sensorineural hearing loss was due to decades of noise exposure encountered in appellant's employment above the accepted level which caused temporary and permanent threshold changes. Dr. Jacobson advised that these threshold changes were well documented in the employing establishment's hearing conservation program records. He noted that appellant was not currently a hearing aid candidate.

In a decision dated March 20, 2006, the Office accepted appellant's claim for bilateral noise-induced high frequency sensorineural hearing loss and tinnitus.

On March 27, 2006 an Office medical adviser reviewed Dr. Jacobson's report and the audiometric test of February 23, 2006 to determine if appellant's hearing loss was ratable for schedule award purposes. The Office medical adviser concluded that, in accordance with the American Medical Association, *Guides to the Evaluation of Permanent Impairment*, (5th ed. 2001) (A.M.A., *Guides*), appellant had no permanent impairment due to his accepted hearing loss. The medical adviser determined that appellant's hearing loss was not severe enough to be ratable for schedule award purposes after applying the Office's current standards for evaluating hearing loss to the results of the February 23, 2006 audiogram. He noted that the evidence did not support authorization for hearing aids.

On April 7, 2006 appellant filed a claim for a schedule award.

By decision dated October 24, 2006, the Office determined that appellant's hearing loss was employment related but not severe enough to be considered ratable for purposes of a schedule award.

LEGAL PRECEDENT

The schedule award provision of the Federal Employees' Compensation Act¹ and its implementing regulation² set 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 A.M.A., *Guides* has been adopted by the implementing regulation as the appropriate standard for evaluating schedule 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 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

¹ 5 U.S.C. § 8107.

² 20 C.F.R. § 10.404 (1999).

³ *Id.*

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

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).

ANALYSIS

An Office medical adviser applied the Office's standardized procedures to the February 23, 2006 audiogram performed for Dr. Jacobson. Testing for the right ear at the frequency levels of 500, 1,000, 2,000 and 3,000 cycles per second revealed decibels losses of 5, 10, 10 and 10 respectively. These decibels were totaled at 35 and were divided by 4 to obtain an average hearing loss at those cycles of 8.75 decibels. The average of 8.75 decibels was then reduced by 25 decibels (the first 25 decibels were discounted as discussed above) to equal 0, which was multiplied by the established factor of 1.5 to compute a 0 percent loss of hearing for the right ear. Testing for the left ear at the frequency levels of 500, 1,000, 2,000 and 3,000 hertz revealed decibels losses of 10, 15, 10, and 10 respectively. These decibels were totaled at 45 and were divided by 4 to obtain the average hearing loss at those cycles of 11.25 decibels. The average of 11.25 decibels was then reduced by 25 decibels (the first 25 decibels were discounted as discussed above) to equal 0 which was multiplied by the established factor of 1.5 to compute a 0 percent hearing loss for the left ear.

The Board finds that the Office medical adviser applied the proper standards to the February 23, 2006 audiogram. The medical evidence reflects that appellant's hearing loss is not ratable. While appellant has an employment-related hearing loss, it is not ratable for schedule award purposes under the standards that the Office applies to all schedule award claims for hearing loss.

CONCLUSION

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

ORDER

IT IS HEREBY ORDERED THAT the October 24, 2006 decision of the Office of Workers' Compensation Programs is affirmed.

Issued: July 12, 2007
Washington, DC

Alec J. Koromilas, Chief Judge
Employees' Compensation Appeals Board

Michael E. Groom, Alternate Judge
Employees' Compensation Appeals Board

James A. Haynes, Alternate Judge
Employees' Compensation Appeals Board