



hearing loss and he indicated that he was diagnosed with tinnitus on that date. The employing establishment submitted audiograms from 1987, 1993 and 1996.

The Office referred appellant, along with medical records and a statement of accepted facts, to Dr. Arif Shaikh, an otolaryngologist. In a report dated January 26, 2006, Dr. Shaikh provided a history and results on examination. He noted that current symptoms included ringing in both ears. Dr. Shaikh diagnosed bilateral sensorineural hearing loss due to noise exposure in federal employment. An accompanying audiogram reported the following results: for the right ear at frequencies of 500, 1,000, 2,000 and 3,000 hertz (Hz), the hearing levels were 25, 20, 35 and 70 decibels; for the left ear 25, 20, 25 and 40 decibels at the same frequencies.

In a report dated March 12, 2006, an Office medical adviser reviewed the evidence. He calculated that appellant had a 6.9 percent binaural hearing loss based on the January 26, 2006 audiogram. The date of maximum medical improvement was reported as January 26, 2006.

By decision dated May 30, 2006, the Office issued a schedule award for a seven percent binaural hearing loss. The period of the award was 14 weeks from January 26, 2006.

Appellant requested reconsideration by letter dated October 10, 2006. He stated that he suffered from tinnitus causally related to his federal employment. The Office sent appellant a tinnitus worksheet form with respect to his condition. Appellant indicated that activities of daily living impacted by his tinnitus included communication, sensory function, travel and sleep.

In a report dated February 8, 2007, an Office medical adviser opined that appellant was entitled to an additional five percent permanent impairment for tinnitus based on information provided in the worksheet. By decision dated February 12, 2007, the Office awarded appellant an additional five percent permanent impairment. The Office indicated that the period of the award was 24 weeks from January 26 to July 12, 2006, with reduction for the amount already paid pursuant to the prior award.

### **LEGAL PRECEDENT**

The Office evaluates industrial hearing loss in accordance with the standards contained in the American Medical Association, *Guides to the Evaluation of Permanent Impairment*.<sup>1</sup> Using the frequencies of 500, 1,000, 2,000 and 3,000 Hz, the levels at each frequency are added up and averaged.<sup>2</sup> Then, the “fence” of 25 decibels is deducted because, as the A.M.A., *Guides* points out, levels below 25 decibels result in no impairment in the ability to hear everyday speech under everyday conditions.<sup>3</sup> The remaining amount is multiplied by a factor of 1.5 to arrive at the percentage of monaural hearing loss.<sup>4</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

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<sup>1</sup> A.M.A., *Guides* 250 (5<sup>th</sup> ed. 2001).

<sup>2</sup> *Id.*

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

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

the greater loss and the total is divided by six to arrive at the amount of the binaural hearing loss.<sup>5</sup> The Board has concurred in the Office's adoption of this standard for evaluating hearing loss.<sup>6</sup>

### ANALYSIS

Appellant was referred to Dr. Shaikh for a second opinion examination with regard to hearing loss. In conjunction with his examination, audiometric testing was performed on January 26, 2006. The audiologist verified the validity of the test results and indicated that the equipment was calibrated on March 18, 2005.<sup>7</sup>

As noted, the formula for determining binaural hearing loss is based on hearing levels at the frequencies of 500, 1,000, 2,000 and 3,000 Hz. The hearing levels at these frequencies are added up and averaged. The levels for the right ear were 30, 25, 35 and 70, for a total of 160, which results in an average of 40; for the left ear, 25, 20, 25 and 40 results in a total of 110, for an average of 27.50. The fence of 25 is then deducted from the average, resulting in 15 for the right ear and 2.5 for the left ear. Monaural loss in the right ear is 15 multiplied by 1.5, equaling 22.5, and for the left ear 2.5 multiplied by 1.5 equals 3.75. According to the above formula, 3.75 is multiplied by 5 (18.75), added to 22.5 (41.25), and then divided by 6 for a 6.875 binaural hearing loss. In accord with Office procedures, the 6.875 is rounded up to 7 percent.<sup>8</sup>

With respect to tinnitus, the A.M.A., *Guides* provides that an additional impairment due to hearing loss of up to five percent may be added "for tinnitus in the presence of measurable hearing loss if the tinnitus impacts the ability to perform activities of daily living."<sup>9</sup> The Office medical adviser indicated that appellant's tinnitus did impact his ability to perform daily activities and found that appellant was entitled to the maximum additional impairment for tinnitus.

The Board finds that the evidence of record establishes that appellant has a 12 percent permanent impairment for loss of hearing in both ears. The January 26, 2006 results of audiometric testing show a seven percent binaural hearing loss under the A.M.A., *Guides*. An additional five percent was properly added for tinnitus. There is no probative evidence of a greater impairment in this case.

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

<sup>6</sup> *Donald E. Stockstad*, 53 ECAB 301 (2002); *petition for recon. granted (modifying prior decision)*, Docket No. 01-1570 (issued August 13, 2002).

<sup>7</sup> The Office requirements for audiological testing are set forth in the Federal (FECA) Procedure Manual, Part 3 -- Medical, *Requirement for Medical Reports*, Chapter 3.600.8(a) (September 1994).

<sup>8</sup> *See Laura Heyen*, 57 ECAB \_\_\_ (Docket No. 05-1766, issued February 15, 2006); *Johnnie B. Causey*, 57 ECAB \_\_\_ (Docket No. 06-49, issued February 7, 2006). As the Office's procedure manual explains with respect to hearing loss, the number is rounded up from .50 and down from .49. Federal (FECA) Procedure Manual, Part 3 -- Medical, *Schedule Awards*, Chapter 3.700.4(b)(2) (September 1994).

<sup>9</sup> *Supra* note 1 at 246.

On appeal, appellant contended that he was not adequately compensated for his hearing loss. The number of weeks of compensation for a schedule award, however, is determined by the compensation schedule at 5 U.S.C. § 8107(c). For complete binaural hearing loss, the maximum number of weeks of compensation is 200 weeks. Since appellant's binaural hearing loss was 12 percent, he is entitled to 12 percent of 200 weeks, or 24 weeks of compensation.<sup>10</sup> It is well established that the period covered by a schedule award commences on the date that the employee reaches maximum medical improvement from residuals of the employment injury.<sup>11</sup> In this case, the Office medical adviser properly concluded that the date of maximum medical improvement was the date of examination by Dr. Shaikh. The award therefore properly runs for 24 weeks commencing on January 26, 2006.

### **CONCLUSION**

The evidence does not establish that appellant has more than a 12 percent permanent impairment for binaural hearing loss, for which he received a schedule award.

### **ORDER**

**IT IS HEREBY ORDERED THAT** the decisions of the Office of Workers' Compensation Programs dated February 12, 2007 and May 30, 2006 are affirmed.

Issued: October 15, 2007  
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>10</sup> The Board notes that the maximum for monaural hearing loss is 52 weeks. With a 22.50 monaural loss in the right ear and 3.75 in the left, the total number of weeks of compensation for monaural loss would be 13.65. Since the binaural loss results in a greater number of weeks, the Office properly based the award on binaural hearing loss.

<sup>11</sup> *Albert Valverde*, 36 ECAB 233, 237 (1984).