

exposed to loud noise associated with his job since 1964, including gunfire, bomb blasts, aircraft and machinery.

Appellant submitted audiograms performed by the employing establishment, bearing illegible signatures, for the period December 1, 1989 through January 30, 2004. In a letter dated May 16, 2005, the employing establishment informed appellant that a recent hearing test had demonstrated a significant hearing threshold shift, and advised him to file a claim for compensation.

The Office referred appellant to Dr. Thomas Crews, an otolaryngologist, for a second opinion evaluation, to determine the nature and extent of any hearing loss. The record contains a report of a November 16, 2007 audiogram, which was conducted by William W. Perrine, an audiologist. The report, cosigned by Dr. Crews, reflected testing at frequency levels including those of 500, 1,000, 2,000 and 3,000 cycles per second (cps) and revealed decibel losses on the left of 10, 10, 15 and 45 respectively and on the right of 10, 10, 15 and 35 respectively. Dr. Crews diagnosed bilateral mild high frequency sensorineural loss. He opined that the hearing loss was due to appellant's employment as a mechanic and equipment specialist, and that the workplace noise exposure was sufficient as to intensity and duration to have caused the loss in question.

The Office referred the medical record to the district medical adviser for review and an opinion as to whether appellant had work-related hearing loss and, if so, whether it was ratable. On December 19, 2007 the district medical adviser reviewed the otologic and audiologic testing performed on appellant and applied the Office's standardized procedures to this evaluation. The district medical adviser found that appellant sustained a bilateral sensorineural hearing loss. However, appellant did not have a ratable hearing loss under the relevant standards of the American Medical Association, *Guides to the Evaluation of Permanent Impairment* (5th ed. 2001) (A.M.A., *Guides*). Decibel losses for the left ear were totaled at 80, and divided by 4, to obtain the average hearing loss per cycle of 20. The 20 average was then reduced by the 25 decibel fence to equal 0 decibels, resulting in a 0 percent loss. Decibel losses for the right ear were totaled at 70, and divided by 4, to obtain the average hearing loss per cycle of 17.5. The 17.5 average was then reduced by the 25 decibel fence to equal 0 decibels, resulting in a 0 percent loss. The district medical adviser diagnosed noise-induced bilateral sensorineural hearing loss and recommended against the authorization of a hearing aid.

By decision dated December 19, 2007, the Office accepted appellant's claim for binaural hearing loss, due to his employment-related hearing exposure. It determined that appellant's hearing loss was not severe enough to be ratable, and found that he was not entitled to a schedule award.

LEGAL PRECEDENT

Section 8107 of the Federal Employees' Compensation Act sets forth the number of weeks of compensation to be paid for the permanent loss of use of specified members, functions

and organs of the body.¹ The Act, however, does not specify the manner by which the percentage loss of a member, function or organ shall be determined. To ensure consistent results and equal justice under the law, good administrative practice requires the use of uniform standards applicable to all claimants. The implementing regulations have adopted the American Medical Association, *Guides to the Evaluation of Permanent Impairment* as the appropriate standard for evaluating schedule losses.² Effective February 1, 2001, schedule awards are determined in accordance with the A.M.A., *Guides* (5th ed. 2001).³

Using the frequencies of 500, 1,000, 2,000 and 3,000 cps, the losses at each frequency are added up and averaged.⁴ 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.⁵ The remaining amount is multiplied by a factor of 1.5 to arrive at the percentage of monaural hearing loss.⁶ 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, and then added to the greater loss and the total is divided by six to arrive at the amount of the binaural hearing loss.⁷

ANALYSIS

In support of his claim for an employment-related hearing loss, appellant submitted audiograms bearing illegible signatures, for the period December 1, 1989 through January 30, 2004. He also submitted a letter dated May 16, 2005 from the employing establishment, indicating that a recent hearing test had demonstrated a significant hearing threshold shift. This evidence did not meet the Office’s criteria to establish an employment-related loss of hearing. As signatures on the audiograms were illegible, these reports do not constitute probative medical evidence, in that they lack proper identification.⁸ The Office is not required to review every uncertified audiogram, which has not been prepared in connection with an examination by a medical specialist.⁹

¹ The Act provides that, for complete, or 100 percent loss of hearing in one ear, an employee shall receive 52 weeks’ compensation. For complete loss of hearing of both ears, an employee shall receive 200 weeks’ compensation. 5 U.S.C. § 8107(c)(13) (2000).

² 20 C.F.R. § 10.404 (2006).

³ Federal (FECA) Procedure Manual, Part 3 -- Medical, *Schedule Awards*, Chapter 3.700.2 (June 2003).

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

⁵ *Id.*

⁶ *Id.*

⁷ *Id.*

⁸ *See Merton J. Sills*, 39 ECAB 572, 575 (1988).

⁹ *Robert E. Cullison*, 55 ECAB 570 (2004).

The Office referred appellant for a second opinion examination by Dr. Crews, a Board-certified otolaryngologist. After reviewing the audiogram and Dr. Crews' report, the district medical adviser correctly applied the Office's standardized procedures to the November 16, 2007 audiogram. Testing for the right ear at frequency levels of 500, 1,000, 2,000 and 3,000 cps revealed decibel losses of 10, 10, 15 and 35 respectively. These decibel losses were totaled at 70, and divided by 4, to obtain the average hearing loss per cycle of 17.5. The 17.5 average was then reduced by the 25 decibel fence to equal 0 decibels. The 0 was multiplied by 1.5, resulting in a 0 percent loss for the right ear. Testing for the left ear at frequency levels of 500, 1,000, 2,000 and 3,000 cps revealed decibel losses on the left of 10, 10, 15 and 45 respectively. These decibel losses were totaled at 80 and divided by 4 to obtain the average hearing loss per cycle of 20. The average of 20 was then reduced by the 25 decibel fence to equal 0 decibels. The 0 was multiplied by 1.5, resulting in a 0 percent loss for the left ear. The district medical adviser properly found that appellant did not have a ratable hearing loss in either ear under the A.M.A., *Guides*. The Board finds that the district medical adviser applied the proper standards to the November 16, 2007 audiogram. The result is a nonratable bilateral hearing loss.¹⁰

CONCLUSION

The Board finds that appellant has failed to establish that he sustained a ratable hearing loss entitling him to a schedule award.

ORDER

IT IS HEREBY ORDERED THAT the December 19, 2007 decision of the Office of Workers' Compensation Programs is affirmed.

Issued: August 4, 2008
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

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.