

factors of his federal employment including exposure to hazardous noise while inspecting mines. He noted that he first became aware of his condition and realized its relationship to his federal employment on May 13, 2021.² Appellant did not stop work.

In an accompanying narrative statement, appellant described his history of noise exposure performing work for the employing establishment from September 2006 through the present. He noted that he was exposed to work hazards while performing mine inspections, “anywhere between 6 to 14 [hours] a day, or more, for 4 and 5 days a week or until the inspection is over.”

On August 2, 2021, appellant filed a claim for compensation (Form CA-7) for a schedule award.

In support of his claim, appellant submitted employing establishment audiograms performed as part of a hearing conservation program.

On October 26, 2021, OWCP referred appellant, together with the case record, a statement of accepted facts (SOAF), and a series of questions to Dr. A. Karim Katrib, a Board-certified otolaryngologist, for an audiogram and second opinion evaluation.

In a report dated December 2, 2021, Dr. Katrib reviewed an audiogram obtained that day, which revealed, at 500, 1,000, 2,000, and 3,000 Hertz (Hz), losses of 10, 25, 90, and 105 decibels (dBs) for the right ear, and 5, 65, 80, and 90 dBs for the left ear. He completed a tinnitus handicap inventory (THI) worksheet with a score of 0. Dr. Katrib diagnosed binaural sensorineural hearing loss. He opined that appellant’s binaural sensorineural hearing loss was due to noise exposure in the course of his federal employment. In a December 2, 2021 worksheet, Dr. Katrib applied OWCP’s standard for evaluating hearing loss to the December 2, 2021 audiogram and determined that appellant had a 48.75 percent monaural hearing impairment on the right, a 52.50 percent monaural hearing impairment on the left, and a 49.375 percent binaural hearing impairment. He concluded that appellant reached maximum medical improvement (MMI) on December 2, 2021. Hearing aids were recommended.

On March 10, 2022, OWCP accepted the claim for binaural sensorineural hearing loss.

On March 22, 2022, OWCP referred the medical record and SOAF to Dr. Jeffrey M. Israel, a Board-certified otolaryngologist, serving as an OWCP district medical adviser (DMA), to determine the extent of appellant’s hearing loss and permanent impairment causally related to his employment-related noise exposure.

In a report dated March 24, 2022, Dr. Israel reviewed Dr. Katrib’s December 2, 2021 report and audiogram. He noted that testing at the frequency levels of 500, 1,000, 2,000, and 3,000 Hz revealed dB losses of 10, 25, 90, and 105 for the right ear, and 5, 65, 80, and 90, for the left

² OWCP assigned the present claim OWCP File No. xxxxxx404. Appellant also has prior claims under OWCP File Nos. xxxxxx104 and xxxxxx658, accepted for bilateral hearing loss. Under OWCP File No. xxxxxx104, on January 28, 2010, OWCP granted appellant a schedule for nine percent binaural hearing loss. Under OWCP File No. xxxxxx658, on July 17, 2018, OWCP granted appellant an additional schedule award for 10 percent binaural hearing loss, for a total of 19 percent binaural hearing loss. His claims under OWCP File Nos. xxxxxx404, xxxxxx658, and xxxxxx104 have been administratively combined by OWCP, with the latter serving as the master file.

ear, respectively. Dr. Israel opined that the pattern of appellant's hearing loss was suggestive of sensorineural hearing loss "due at least in part to noise-induced work-related acoustic trauma." He applied OWCP's procedures to his evaluation. Referencing the sixth edition of the American Medical Association, *Guides to the Evaluation of Permanent Impairment* (A.M.A., *Guides*),³ Dr. Israel totaled the losses for the right ear at 230 dBs and then divided by 4 to obtain the average hearing loss of 57.50 dBs. After subtracting the 25 dB fence, he multiplied the balance of 32.5 percent by 1.5 to equal 48.75 percent right ear monaural hearing loss. For the left ear, Dr. Israel totaled the losses at 240 dBs and then divided by 4 to obtain the average hearing loss of 60 dBs. After subtracting the 25 dB fence, he multiplied the balance of 35 percent by 1.5 to equal 52.50 percent left ear monaural hearing loss. Dr. Israel then multiplied the 48.75 right ear lessor loss by 5, added the 52.5 left ear greater loss, and divided by 6, to find 49.4 percent binaural loss. Next, he subtracted the 19 percent binaural hearing loss previously awarded, resulting in entitlement to an additional 30.4 percent binaural hearing loss. Dr. Israel opined that appellant had reached MMI on December 2, 2021. He recommended authorization for hearing aids.

By decision dated April 8, 2022, OWCP granted appellant an additional 30 percent binaural hearing loss, for a total permanent impairment of 49 percent. The period of the award ran for 60 weeks from December 2, 2021 through January 25, 2023.

On April 24, 2025, appellant filed a claim for compensation (Form CA-7) for an additional schedule award.

The record contains an unsigned and undated audiometric summary record noting audiogram results for July 9, 2019, December 14, 2021, and April 2, 2025.

In an April 30, 2025 development letter, OWCP informed appellant of the deficiencies of his additional schedule award claim. It advised him of the type of medical evidence necessary to establish his claim and afforded 30 days to submit the necessary evidence.

OWCP received an audiometric summary record dated April 7, 2025 from Dr. Teddi Eisen, Board-certified in preventative and occupational medicine, indicating appellant's hearing loss at 500 Hz, 1,000 Hz, and 2,000 Hz.

By decision dated November 13, 2025, OWCP denied appellant's claim for an additional schedule award.

LEGAL PRECEDENT

The schedule award provisions of FECA⁴ and its implementing federal regulation,⁵ 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. FECA, however, does not specify the way the percentage loss of a member shall be determined. The

³ A.M.A., *Guides* (6th ed. 2009).

⁴ *Supra* note 1.

⁵ 20 C.F.R. § 10.404.

method used in making such a determination is a matter which rests in the discretion of OWCP. For consistent results and to ensure equal justice, the Board has authorized the use of a single set of tables so that there may be uniform standards applicable to all claimants. OWCP evaluates the degree of permanent impairment according to the standards set forth in the specified edition of the A.M.A., *Guides*, published in 2009.⁶ The Board has approved the use by OWCP of the A.M.A., *Guides* for the purpose of determining the percentage loss of use of a member of the body for schedule award purposes.⁷

OWCP evaluates industrial hearing loss in accordance with the standards contained in the A.M.A., *Guides*. Using the frequencies of 500, 1,000, 2,000, and 3,000 Hz, the losses at each frequency are added up and averaged.⁸ Then, the fence of 25 dBs 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.⁹ The remaining amount is multiplied by a factor of 1.5 to arrive at the percentage of monaural hearing loss.¹⁰ 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.¹¹ The Board has concurred in OWCP's adoption of this standard for evaluating hearing loss.¹²

ANALYSIS

The Board finds that appellant has not met his burden of proof to establish greater than 49 percent binaural hearing loss, for which he previously received schedule award compensation.

OWCP referred appellant to Dr. Katrib for a second opinion examination to evaluate his hearing loss. In a December 2, 2021 report, Dr. Katrib determined that appellant had 48.75 percent monaural hearing impairment on the right and 52.50 percent monaural hearing impairment on the left, which converted to 49.375 percent binaural hearing impairment.

On March 24, 2022, Dr. Israel, serving as the DMA, reviewed Dr. Katrib's December 2, 2021 report. Dr. Israel noted that testing at the frequency levels of 500, 1,000, 2,000, and 3,000 Hz revealed dB losses of 10, 25, 90, and 105 for the right ear, and 5, 65, 80, and 90, for the left

⁶ For decisions issued after May 1, 2009, the sixth edition of the A.M.A., *Guides* is used. A.M.A., *Guides*, (6th ed. 2009); Federal (FECA) Procedure Manual, Part 2 -- Claims, *Schedule Awards and Permanent Disability Claims*, Chapter 2.808.5a (March 2017); *see also* Part 3 -- Medical, *Schedule Awards*, Chapter 3.700, Exhibit 1 (January 2010).

⁷ *R.I.*, Docket No. 25-0834 (issued November 26, 2025); *J.M.*, Docket No. 24-0833 (issued March 20, 2024); *P.R.*, Docket No. 19-0022 (issued April 9, 2018); *Isidoro Rivera*, 12 ECAB 348 (1961).

⁸ *See* Section 11.2, Hearing and Tinnitus, A.M.A., *Guides* 248-51 (6th ed. 2009).

⁹ *Id.* at 250.

¹⁰ *Id.* at 250-51.

¹¹ *Id.* at 251.

¹² *See R.I.*, *supra* note 7; *D.R.*, Docket No. 20-1570 (issued April 14, 2021); *B.E.*, Docket No. 18-1785 (issued April 1, 2019).

ear, respectively. The losses for the right ear were totaled at 230 dBs and then divided by 4 to obtain the average hearing loss of 57.50 dBs. After subtracting the 25 dB fence, Dr. Israel multiplied the balance of 32.5 percent by 1.5 to equal 48.75 percent right ear monaural hearing loss. The losses for the left ear were totaled at 240 dBs and then divided by 4 to obtain the average hearing loss of 60 dBs. After subtracting the 25 dB fence, Dr. Israel multiplied the balance of 35 by 1.5 to equal 52.50 percent left ear monaural hearing loss. He then applied the binaural loss formula and multiplied the 48.75 right ear lesser loss by 5, added the 52.5 left ear greater loss, and divided by 6, to determine a 49.4 percent binaural loss.

The Board finds that Dr. Katrib's December 2, 2021 report and audiogram accurately summarized the relevant medical evidence, provided detailed findings on examination, and reached conclusions which comported with his findings and the appropriate provisions of the A.M.A., *Guides*.¹³ Utilizing this report, Dr. Israel properly applied the standards for rating hearing loss under the A.M.A., *Guides* to the December 2, 2021 audiogram and found that appellant had a total of 49 percent binaural hearing loss. The medical reports of Drs. Katrib and Israel constitute the weight of the medical evidence and establish that appellant was entitled to an additional 30 percent binaural hearing loss for a total of 49 percent.

The record contains an unsigned and undated audiometric summary record noting audiogram results. It also contains an audiometric summary record dated April 7, 2025 from Dr. Eisen, indicating appellant's hearing loss at 500 Hz, 1,000 Hz, and 2,000 Hz. However, Dr. Eisen did not provide a rating in accordance with the sixth edition of the A.M.A., *Guides*.¹⁴ Therefore, this evidence is insufficient to establish appellant's claim.

As the medical evidence of record is insufficient to establish greater than the 49 percent binaural hearing loss previously awarded, the Board finds that appellant has not met his burden of proof.

Appellant may request a schedule award or increased schedule award at any time based on evidence of a new exposure or medical evidence showing progression of an employment-related condition resulting in permanent impairment or increased permanent impairment.

CONCLUSION

The Board finds that appellant has not met his burden of proof to establish greater than 49 percent binaural hearing loss, for which he previously received schedule award compensation.

¹³ See *R.L.*, Docket No. 25-0834 (issued November 26, 2025); *R.B.*, Docket No. 25-0532 (issued June 6, 2025); *J.M.*, Docket No. 18-1387 (issued February 1, 2019)

¹⁴ See *R.K.*, Docket No. 25-0873 (issued December 1, 2025).

ORDER

IT IS HEREBY ORDERED THAT the November 13, 2025 decision of the Office of Workers' Compensation Programs is affirmed.

Issued: March 10, 2026
Washington, DC

Patricia H. Fitzgerald, Deputy Chief Judge
Employees' Compensation Appeals Board

Janice B. Askin, Judge
Employees' Compensation Appeals Board

Valerie D. Evans-Harrell, Alternate Judge
Employees' Compensation Appeals Board