



training biannually; participated in tactical training where multiple agents fired various weapons simultaneously; secured courthouse mechanical rooms emitting loud noises; and listened to loud radio transmissions and audio recordings emitting directly through the use of a headset or earpiece.<sup>2</sup> Appellant noted that he first became aware of his condition and realized its relation to his federal employment on September 11, 2024.

In an accompanying narrative statement, appellant further described his employment duties, which he asserted regularly exposed him to high decibel noise environments and contributed to his hearing loss. He reported that he did not experience exposure to loud noises outside of work and his hearing loss was a direct result of factors of his federal employment.

In support of his claim, appellant submitted a February 10, 2025 form report, requesting work-related clearance for audiogram summary reports to be provided to the employing establishment. An undated and unsigned federal occupational health audiogram summary report was attached and documented the results of biennial audiograms performed from December 17, 2009 to July 16, 2024. The December 17, 2009 baseline audiogram provided findings which demonstrated losses of 10, 10, 0, and 10 decibels (dBs) in the right ear, and 10, 10, 5, and 15 dBs in the left ear, at frequency levels of 500, 1,000, 2,000, and 3,000 Hertz (Hz), respectively. The July 16, 2024 audiogram demonstrated losses of 5, 5, 5, and 15 dBs for the right ear, and 5, 0, 20, and 10 dBs for the left ear, at frequency levels of 500, 1,000, 2,000, and 3,000 Hz, respectively.

In a March 11, 2025 development letter, OWCP informed appellant of the deficiencies of his claim. It advised him of the type of factual and medical evidence needed to establish his claim and provided a questionnaire for his completion. OWCP afforded appellant 60 days to submit the necessary evidence. In a separate development letter of even date, it requested that the employing establishment provide comments from a knowledgeable supervisor regarding the accuracy of appellant's allegations, including information about his noise exposure and the type of hearing protection provided. OWCP specifically requested that the employing establishment provide detailed information, including all medical examinations pertaining to hearing or ear problems, including preemployment examination and all audiograms. It afforded the employing establishment 30 days to submit the requested evidence.

In a March 18, 2025 response, appellant provided additional details regarding his employment history, job duties, and bilateral hearing loss.

In an April 14, 2025 memorandum, OWCP noted that the response time had passed since sending the employing establishment the initial March 11, 2025 development letter.

On August 26, 2025 OWCP referred appellant, along with the medical record, a statement of accepted facts (SOAF), and a series of questions, to Dr. Sadruddin B. Hemani, a Board-certified otolaryngologist, for a second opinion evaluation to determine the nature and extent of appellant's hearing loss and employment-related condition. Dr. Hemani was asked to address whether appellant had sensorineural hearing loss in excess of what would be normally predicted on the

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<sup>2</sup> The claim form indicated that appellant underwent two hearing tests as part of the employing establishment's periodic medical examination, and his test results showed a permanent standard threshold shift indicating hearing loss in both ears, and that he was only exposed to loud noises while at work for the employing establishment.

basis of presbycusis, and whether appellant's workplace exposure was sufficient as to intensity and duration to have caused hearing loss. He was also asked whether appellant sustained tinnitus due to noise exposure encountered in his federal employment.

In a report dated September 9, 2025, Dr. Hemani noted his review of the SOAF and the audiological evaluation conducted that day. He related appellant's history of injury, including that the employing establishment provided hearing tests every two years and in 2004 appellant was notified that his hearing had deteriorated. Dr. Hemani complained of work-related hearing loss and tinnitus which was worse in the left ear, particularly when he slept. He provided physical examination findings and diagnosed bilateral high-frequency hearing loss and tinnitus due to presbycusis. Audiometric testing obtained on September 9, 2025 at the frequencies of 500, 1,000, 2,000, and 3,000 Hz revealed losses at 10, 5, 5, and 15 dBs for the right ear, respectively; and 15, 10, 10, and 15 dBs for the left ear, respectively. Dr. Hemani reviewed the audiometric testing which revealed normal speech range on both sides with thresholds of five dBs bilaterally, normal speech discrimination scores bilaterally with 92 percent on the right and 88 percent on the left, and impedance bilaterally suggesting normal and mobile tympanic membranes. When discussing appellant's September 9, 2025 audiogram testing, he noted that no previous test results were provided for comparison.

Dr. Hemani also reported that appellant's canals and drums, drum motility, and basic fork tests were normal and that there was no indication of an underlying medical condition such as an acoustic neuroma or Meniere's disease. He further explained that appellant sustained no limitations in activity due to his mild tinnitus. Dr. Hemani opined that appellant had normal hearing in a speech range, his high-frequency hearing loss was due to presbycusis, there was no evidence of noise-induced hearing loss, his tinnitus was mild and not related to employment-related noise exposure, and he did not require hearing aids. He noted two percent permanent impairment due to tinnitus, calculated a monaural loss of zero percent in each ear, and found a binaural hearing loss of zero percent. Dr. Hemani concluded that appellant's bilateral high-frequency hearing loss and tinnitus was not due to workplace noise exposure, but was more consistent with presbycusis which would continue to worsen with age.

By decision dated September 12, 2025, OWCP denied appellant's occupational disease claim, finding that the medical evidence of record was insufficient to establish causal relationship between his bilateral hearing loss and tinnitus and the accepted factors of his federal employment. Therefore, it concluded that the requirements had not been met to establish an employment-related injury or condition.

On October 7, 2025 appellant requested reconsideration. He asserted that OWCP failed to provide a complete occupational history to OWCP's referral physician.

By decision dated October 23, 2025, OWCP denied modification of the September 12, 2025 decision.

## LEGAL PRECEDENT

An employee seeking benefits under FECA<sup>3</sup> has the burden of proof to establish the essential elements of his or her claim, including that the individual is an employee of the United States within the meaning of FECA, that the claim was timely filed within the applicable time limitation of FECA,<sup>4</sup> that an injury was sustained in the performance of duty as alleged, and that any disability or medical condition for which compensation is claimed is causally related to the employment injury.<sup>5</sup> These are the essential elements of each and every compensation claim, regardless of whether the claim is predicated upon a traumatic injury or an occupational disease.<sup>6</sup>

To establish that an injury was sustained in the performance of duty in an occupational disease claim, an employee must submit the following: (1) a factual statement identifying employment factors alleged to have caused or contributed to the presence or occurrence of the disease or condition; (2) medical evidence establishing the presence or existence of the disease or condition for which compensation is claimed; and (3) medical evidence establishing that the diagnosed condition is causally related to the employment factors identified by the employee.<sup>7</sup>

Causal relationship is a medical question that requires rationalized medical opinion evidence to resolve the issue.<sup>8</sup> A physician's opinion on whether there is causal relationship between the diagnosed condition and the implicated employment factor(s) must be based on a complete factual and medical background.<sup>9</sup> Additionally, the physician's opinion must be expressed in terms of a reasonable degree of medical certainty, and must be supported by medical rationale explaining the nature of the relationship between the diagnosed condition and appellant's specific employment factor(s).<sup>10</sup>

## ANALYSIS

The Board finds that this case is not in posture for decision.

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<sup>3</sup> *Supra* note 1.

<sup>4</sup> *E.K.*, Docket No. 22-1130 (issued December 30, 2022); *F.H.*, Docket No. 18-0869 (issued January 29, 2020); *J.P.*, Docket No. 19-0129 (issued April 26, 2019); *Joe D. Cameron*, 41 ECAB 153 (1989).

<sup>5</sup> *S.H.*, Docket No. 22-0391 (issued June 29, 2022); *L.C.*, Docket No. 19-1301 (issued January 29, 2020); *J.H.*, Docket No. 18-1637 (issued January 29, 2020); *James E. Chadden, Sr.*, 40 ECAB 312 (1988).

<sup>6</sup> *E.H.*, Docket No. 22-0401 (issued June 29, 2022); *P.A.*, Docket No. 18-0559 (issued January 29, 2020); *K.M.*, Docket No. 15-1660 (issued September 16, 2016); *Delores C. Ellyett*, 41 ECAB 992 (1990).

<sup>7</sup> *R.G.*, Docket No. 19-0233 (issued July 16, 2019); *see also Roy L. Humphrey*, 57 ECAB 238, 241 (2005); *Ruby I. Fish*, 46 ECAB 276, 279 (1994); *Victor J. Woodhams*, 41 ECAB 345 (1989).

<sup>8</sup> *S.M.*, Docket No. 22-0075 (issued May 6, 2022); *S.S.*, Docket No. 19-0688 (issued January 24, 2020); *A.M.*, Docket No. 18-1748 (issued April 24, 2019); *Robert G. Morris*, 48 ECAB 238 (1996).

<sup>9</sup> *M.V.*, Docket No. 18-0884 (issued December 28, 2018).

<sup>10</sup> *J.D.*, Docket No. 22-0935 (issued December 16, 2022); *T.L.*, Docket No. 18-0778 (issued January 22, 2020); *Y.S.*, Docket No. 18-0366 (issued January 22, 2020); *Victor J. Woodhams*, *supra* note 7.

In a development letter dated March 11, 2025, OWCP requested that the employing establishment address the accuracy of appellant's allegations and describe his workplace exposure to hazardous noise. It specifically requested that the employing establishment provide detailed information, including all medical examinations pertaining to hearing or ear problems, including preemployment examination and all audiograms. The employing establishment did not respond.

On August 26, 2025 OWCP referred appellant, along with the case record and a SOAF, to Dr. Hemani for a second opinion evaluation. In his report dated September 9, 2025, Dr. Hemani attributed appellant's hearing loss to presbycusis and not to his workplace noise exposure. However, when discussing appellant's September 9, 2025 audiogram completed that day, he noted that no previous test results were provided for comparison.

Dr. Hemani provided no response to the question of whether appellant's workplace exposure was sufficient as to intensity and duration to have caused the hearing loss in question. He further noted that appellant's canals and drums, drum motility, and basic fork tests were normal and that there was no indication of an underlying medical condition such as an acoustic neuroma or Meniere's disease. However, Dr. Hemani also reported that appellant's present audiometric findings showed that his hearing was normal in speech range and there was no evidence of noise-induced hearing loss. Therefore, his opinion is unclear as to whether appellant has hearing loss causally related to the accepted employment exposure, further indicated by the fact that he reported that he did not receive appellant's prior test results for comparison.

It is well established that, proceedings under FECA are not adversarial in nature, and while appellant has the burden to establish entitlement to compensation, OWCP shares responsibility in the development of the evidence, particularly when such evidence is of the character normally obtained from the employing establishment or other government source.<sup>11</sup> OWCP has an obligation to see that justice is done.<sup>12</sup>

The case shall, therefore, be remanded for further development. On remand, OWCP shall obtain all relevant records from the employing establishment. After this and other such further development as deemed necessary, OWCP shall issue a *de novo* decision.

### **CONCLUSION**

The Board finds that this case is not in posture for decision.

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<sup>11</sup> See *D.O.*, Docket No. 20-0006 (issued September 9, 2020); *R.A.*, Docket No. 17-1030 (issued April 16, 2018); *Walter A. Fundinger, Jr.*, 37 ECAB 200, 204 (1985); *Michael Gallo*, 29 ECAB 159, 161 (1978); *William N. Saathoff*, 8 ECAB 769, 770-71; *Dorothy L. Sidwell*, 36 ECAB 699, 707 (1985).

<sup>12</sup> See *A.J.*, Docket No. 18-0905 (issued December 10, 2018); *William J. Cantrell*, 34 ECAB 1233, 1237 (1983); *Gertrude E. Evans*, 26 ECAB 195 (1974).

**ORDER**

**IT IS HEREBY ORDERED THAT** the September 12 and October 23, 2025 decisions of the Office of Workers' Compensation Programs are set aside, and the case is remanded for further proceedings consistent with this decision of the Board.

Issued: May 11, 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