

U. S. DEPARTMENT OF LABOR

Employees' Compensation Appeals Board

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In the Matter of JOHNNIE McMANUS and DEPARTMENT OF THE AIR FORCE,  
CHARLESTON AIR FORCE BASE, Charleston, SC

*Docket No. 98-1528; Submitted on the Record;  
Issued December 20, 1999*

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DECISION and ORDER

Before MICHAEL J. WALSH, WILLIE T.C. THOMAS,  
BRADLEY T. KNOTT

The issue is whether appellant has sustained a compensable hearing loss causally related to factors of his federal employment.

On September 4, 1997 appellant, then a 54-year-old jet aircraft mechanic, filed an occupational disease claim (Form CA-2)<sup>1</sup> alleging that he sustained hearing loss in both ears due to exposure to noise in the course of his federal employment. He also stated that he first became aware that he had a hearing loss problem and related it to his employment in 1978. On the reverse side of the form the employing establishment indicated that September 24, 1997 was the last day appellant was exposed to the conditions alleged to have caused his illness.

Accompanying the claim, the employing establishment submitted various documents, including personnel papers, a statement by appellant, a statement by appellant's supervisor, noise exposure data, employing establishment health records covering the period December 1983 through August 1984 and audiograms performed for the employing establishment covering the period March 10, 1961 through April 16, 1997.

On October 31, 1997 the record was supplemented to include a noise survey report from the employing establishment.

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<sup>1</sup> On September 4, 1997 appellant also filed a Form CA-7 for a schedule award.

The Office of Workers' Compensation Programs referred appellant to Dr. Peter C. Weber, a Board-certified otolaryngologist, for an examination and evaluation of medical records. In a report dated November 10, 1997, Dr. Weber reported the findings of his examination of appellant that day and stated:

“In looking at his audiogram from 1965, he had normal hearing in his right and left ear. Right ear demonstrated 5dB at 2,000 Hz; 10 dB at 3,000 Hz; 25 dB at 4,000; 25 dB at 6,000. In the left ear, he was at 0 dB at 2,000 Hz; 0 dB at 3,000 Hz; 5 dB at 4,000 Hz; and 10 dB at 6,000 Hz. 8,000 was not tested in either ear.”

Dr. Weber further stated:

“Today’s audiogram demonstrates essentially symmetrical hearing loss in each ear such that at 2,000 Hz he is at approximately 20 dB; at 3,000 Hz is at 45 dB; at 4,000 Hz he is at 65 dB; at 6,000 Hz he is at 60 dB; at 8,000 Hz he is at 50 dB. I do believe that this is in excess of what would be normally predicted on presbycusis. Also, he has a very classical noise-induced sensorineural hearing loss pattern.”

Dr. Weber diagnosed noise-induced sensorineural hearing loss and bilateral subjective tinnitus. He also stated that “In 1965, [appellant] did not have any significant signs of noise-induced hearing loss. Over time, there is documentation of the hearing loss going down in the high frequencies in a noise-induced hearing loss pattern, which he has today. Dr. Weber went on to recommend that appellant continue on medication for tinnitus and that appellant should have yearly audiograms performed as at some point he may require amplification.

Dr. Weber found that testing at the frequency levels of 500, 1,000, 2,000 and 3,000 hertz: in the right ear decibel levels of 5, 0, 15 and 60, respectively; and in the left ear, decibel levels of 10, 5, 20 and 45, respectively.

On December 31, 1997 a district medical adviser applied the standards of the American Medical Association, *Guides to the Evaluation of Permanent Impairment* to the findings of Dr. Weber to determine that appellant had a nonratable hearing loss bilaterally. The district medical adviser indicated the date of maximum medical improvement was November 10, 1997.

By decision dated January 14, 1998, the Office accepted appellant’s claim for a hearing loss due to his employment-related noise exposure. The Office determined, however, that appellant’s hearing loss was nonratable under the standards of the A.M.A., *Guides* and that, therefore, he was not entitled to a schedule award under the Federal Employees’ Compensation Act. The Office also found that appellant was not entitled to medical benefits.

The Board finds that appellant does not have a compensable hearing loss.

The schedule award provisions of the Act set forth the number of weeks of compensation to be paid for permanent loss of use of the members of the body that are listed in the schedule.<sup>2</sup>

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<sup>2</sup> 5 U.S.C. § 8107.

The Act, however, does not specify the manner in which the percentage loss of a member shall be determined. The method used in making such a determination is a matter which rests in the sound discretion of the Office.<sup>3</sup> However, as a matter of administrative practice the Board has stated “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.”<sup>4</sup>

Under the A.M.A., *Guides*, hearing loss is evaluated by determining decibels (dBs) loss at the frequency levels of 500, 1,000, 2,000 and 3,000 Hz. The losses at each frequency are added up and averaged and a “fence” of 25 dBs is deducted since, as the A.M.A., *Guides* points out, losses below 25 dBs result in no impairment in the ability to hear everyday speech in everyday conditions.<sup>5</sup> The remaining amount is multiplied by 1.5 to arrive at the percentage of monaural hearing loss. 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.<sup>6</sup>

The Office medical adviser applied the Office’s standardized procedures to the November 10, 1997, audiogram performed for Dr. Weber. Testing for the right ear at the frequency levels of 500, 1,000, 2,000 and 3,000 Hz revealed dBs levels of 5, 0, 15 and 60 respectively. These dBs were totaled at 80 and were divided by 4 to obtain the average hearing loss at those cycles of 20 dBs. The average of 20 dBs was then reduced by 25 dBs (the first 25 dBs 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 Hz revealed dBs levels of 10, 5, 20 and 45, respectively. These dBs were totaled at 80 and were divided by 4 to obtain the average hearing loss at those cycles of 20 dBs. The average of 20 was then reduced by 25 dBs (the first 25 dBs were discounted as discussed above) to equal a negative number, which was multiplied by the established factor of 1.5 to compute a 0 percent loss of hearing for the left ear. Accordingly, pursuant to the Office’s standardized procedures, the Office medical adviser determined that appellant had a nonratable hearing loss in both ears.

The Board finds that the Office medical adviser properly applied the appropriate standards to the findings provided in Dr. Weber’s report dated November 10, 1997 and the accompanying audiogram. This resulted in a calculation of a nonratable hearing loss as set forth above.

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<sup>3</sup> *Daniel C. Goings*, 37 ECAB 781 (1986); *Richard Beggs*, 28 ECAB 387 (1977).

<sup>4</sup> *Henry L. King*, 25 ECAB 39, 44 (1973); *August M. Buffa*, 12 ECAB 324-25 (1961).

<sup>5</sup> A.M.A., *Guides* at 224.

<sup>6</sup> *Id.*; see also *Daniel C. Goings*, *supra* note 3 at 784.

The January 14, 1998 decision of the Office of Workers' Compensation Programs is affirmed.

Dated, Washington, D.C.  
December 20, 1999

Michael J. Walsh  
Chairman

Willie T.C. Thomas  
Alternate Member

Bradley T. Knott  
Alternate Member