

powered washers. Appellant further indicated that he first became aware of his hearing loss and that his hearing loss was work related on April 2, 1998. He submitted numerous documents, most of which were of an administrative nature. These documents included several audiograms which were contained by the employing establishment audiologists. Appellant was last exposed on September 23, 2000 as he was separated from the employing establishment that day due to a reduction-in-forces.

By letter dated October 24, 2000, the Office advised appellant that the evidence submitted was insufficient to establish his claim. The Office requested that he submit additional factual and medical evidence supportive of his claim. By letter of the same date, the Office advised the employing establishment to submit factual evidence regarding appellant's claim.

In response, appellant submitted additional information regarding his alleged exposure and hearing loss, including an undated statement in which he noted that a technician for the employing establishment told him he had a hearing loss. The employing establishment also submitted information pertaining to appellant's claim including a written description of his position and a noise exposure summary.

After reviewing the medical evidence of record, the Office advised appellant, by letter dated March 5, 2001, that a second opinion medical examination was necessary. The Office referred appellant along with medical records, a statement of accepted facts and a list of specific questions to Dr. Alan Dinesman, a Board-certified otolaryngologist, for a second opinion examination.

Dr. Dinesman submitted a March 27, 2001 report, in which he reported the results of audiometric testing obtained that day and indicated that appellant had normal hearing. He diagnosed tinnitus and noted appellant did not have any sensorineural hearing loss related to noise exposure at the employing establishment.

In an April 10, 2003 decision, the Office accepted that the claimed event occurred. However, the Office found the evidence of record insufficient to establish that appellant had a ratable hearing loss due to factors of his employment. The Office also noted that there was no basis for paying a schedule award for a condition such as tinnitus in this case, as the medical evidence failed to establish that the condition caused or contributed to a ratable permanent hearing loss.

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*.¹ Using the frequencies of 500, 1,000, 2,000 and 3,000 cycles per second, the losses at each frequency are added up and averaged.² 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

¹ A.M.A., *Guides* at 250 (5th ed. 2001). See 20 C.F.R. § 10.404.

² *Id.*

everyday speech under everyday conditions.³ The remaining amount is multiplied by a factor of 1.5 to arrive at the percentage of monaural hearing loss.⁴ 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.⁵ The Board has concurred in the Office's adoption of this standard for evaluating hearing loss.⁶

ANALYSIS

The audiometric testing performed on March 27, 2001 by Dr. Dinesman, a Board-certified otolaryngologist, who served as an Office referral physician, yielded the following results: Testing for the left ear at the frequency levels of 500, 1,000, 2,000 and 3,000 cycles per second revealed decibel losses of 10, 10, 15 and 15 respectively. These decibel losses were totaled at 50 decibels and were divided by 4 to obtain the average hearing loss of 12.5 decibels. This average loss was then reduced by 25 decibels, (25 decibels being discounted as discussed above) to equal 0, which was multiplied by the established factor of 1.5 to compute a 0 percent hearing loss in the left ear. Testing for the right ear at the frequency levels of 500, 1,000, 2,000 and 3,000 cycles per second revealed decibel losses of 10, 10, 20 and 20 respectively. These decibel losses were totaled at 60 decibels and were divided by 4 to obtain the average hearing loss of 15 decibels. This average was then reduced by 25 decibels, (25 decibels being discounted as discussed above) to equal 0, which was multiplied by the established factor of 1.5 to compute a 0 percent hearing loss in the right ear. As appellant had no ratable hearing loss in either ear, there was no basis to find that he had a binaural hearing loss.

The Board finds that the March 27, 2001 audiometric test performed by Dr. Dinesman, upon which the Office relied, was a proper basis for computation of appellant's hearing loss and the Office properly denied compensation on the grounds that appellant's loss of hearing was not ratable. Appellant submitted several audiograms which were obtained by audiologists from the employing establishment. However, the audiograms were not certified by a physician as being accurate and, therefore, cannot be used to determine the percentage of hearing loss.⁷ The Office also properly determined that appellant was not entitled to an impairment rating related to tinnitus. This determination was proper as appellant has not shown that he has employment-related

³ *Id.*

⁴ *Id.*

⁵ *Id.*

⁶ *Donald E. Stockstad*, 53 ECAB ____ (Docket No. 01-1570, issued January 23, 2002); *petition for recon. granted (modifying prior decision)*, Docket No. 01-1570 (issued August 13, 2002).

⁷ *Joshua A. Holmes*, 42 ECAB 231, 236 (1990). Appellant also submitted an undated statement in which he noted that a technician for the employing establishment told him he had a hearing loss, but such a nonmedical document cannot be used to determine his hearing loss.)

tinnitus, which caused or contributed to a permanent and ratable hearing loss⁸ or that employment-related tinnitus caused him to incur medical expenses or to experience a loss in wage-earning capacity.⁹ Dr. Dinesman diagnosed tinnitus but he did not provide any indication that it was employment related.

CONCLUSION

The Board finds that appellant does not have a ratable loss of hearing causally related to factors of his federal employment.

ORDER

IT IS HEREBY ORDERED THAT the April 10, 2003 decision of the Office of Workers' Compensation Programs is affirmed.

Issued: January 9, 2004
Washington, DC

David S. Gerson
Alternate Member

Willie T.C. Thomas
Alternate Member

A. Peter Kanjorski
Alternate Member

⁸ According to the A.M.A., *Guides*, tinnitus in the presence of unilateral or bilateral hearing impairment may impair speech discrimination. Therefore, an impairment percentage 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. See A.M.A., *Guides* 246 (5th ed. 2001).

⁹ See *Donald A. Larson*, 947, 953-55 (1990); *Charles H. Potter*, 39 ECAB 645, 648-49 (1988).