



On August 27, 2004 the Office referred appellant and a statement of accepted facts to Dr. J. Douglas Green, a Board-certified otolaryngologist, for an audiologic and otologic evaluation of appellant.

The audiologist performing the September 14, 2004 audiogram for Dr. Green noted findings on audiological evaluation. At the frequencies of 500, 1,000, 2,000 and 3,000 hertz (Hz), the following thresholds were reported: right ear -- 10, 10, 10 and 45 decibels; left ear -- 10, 10, 10 and 45 decibels.

On September 24, 2004 an Office medical adviser, relying on Dr. Green's audiogram results and calculations, determined that appellant had a zero percent binaural hearing loss.

In a decision dated October 5, 2004, the Office found that appellant had not sustained a ratable hearing loss causally related to factors of his federal employment.

### **LEGAL PRECEDENT**

The schedule award provision of the Federal Employees' Compensation Act<sup>1</sup> and the implementing federal regulations<sup>2</sup> sets forth the number of weeks of compensation to be paid for permanent loss of use of specified members, functions and organs of the body listed in the schedule.<sup>3</sup> However, neither the Act nor the regulations specify the manner in which the percentage loss of a member, function or organ shall be determined. The method of determining this percentage rests in the sound discretion of the Office.<sup>4</sup> To ensure consistent results and equal justice under the law to all claimants, good administrative practice requires the use of uniform standards applicable to all claimants.<sup>5</sup>

Under the American Medical Association, *Guides to the Evaluation of Permanent Impairment*, hearing loss is evaluated by determining decibel 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 decibels is deducted since, as the A.M.A., *Guides* point out, losses below 25 decibels result in no impairment in the ability to hear everyday speech in everyday conditions.<sup>6</sup> Then the remaining amount is multiplied by 1.5 to arrive at the percentage loss of monaural loss. The binaural loss is determined by calculating the loss in each ear using the formula for

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<sup>1</sup> 5 U.S.C. § 8107 *et seq.*

<sup>2</sup> 20 C.F.R. § 10.304.

<sup>3</sup> See *Donald A. Larson*, 41 ECAB 947 (1990); *Danniel C. Goings*, 37 ECAB 781 (1986); *Richard Beggs*, 28 ECAB 387 (1977).

<sup>4</sup> *Id.*

<sup>5</sup> *Henry King*, 25 ECAB 39, 44 (1973); *August M. Buffa*, 12 ECAB 324, 325 (1961).

<sup>6</sup> A.M.A., *Guides*, page 250 (5<sup>th</sup> ed. 2001).

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 binaural hearing loss.<sup>7</sup>

### ANALYSIS

An Office medical adviser applied the Office's standardized procedures to the September 14, 2004 audiogram obtained by Dr. Green, a Board-certified otolaryngologist.<sup>8</sup> According to the Office's standardized procedures, testing at frequency levels of 500, 1,000, 2,000 and 3,000 Hz revealed hearing losses in the right ear of 10, 10, 10 and 45 decibels respectively. These totaled to 25 decibels which, when divided by 4, obtains an average hearing loss of 18.75 decibels. The average of 18.75 decibels, when reduced by 25 decibels (the first 25 decibels are discounted as discussed above), equals 0 decibels, which, when multiplied by the established factor of 1.5 totals a 0 percent hearing loss in the right ear. Testing for the left ear at the frequency levels of 500, 1,000, 2,000 and 3,000 Hz revealed decibel losses of 10, 10, 10 and 45 respectively. These totaled 75, which, when divided by 4, obtains an average hearing loss of 18.75 decibels. The average of 18.25 decibels, reduced by 25 decibels (the first 25 decibels were discounted as discussed above), equals 0 decibels, which, when multiplied by the established factor of 1.5 totals a 0 percent hearing loss in the left ear. The Office medical adviser therefore determined that appellant did not have a ratable hearing loss causally related to factors of his federal employment.

The Board notes that the Office medical adviser properly applied the applicable standards of the A.M.A., *Guides*, to determine that appellant had a nonratable hearing loss. The Board will affirm the October 5, 2004 Office decision finding that appellant did not sustain a ratable hearing loss causally related to factors of his federal employment.<sup>9</sup>

### CONCLUSION

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

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<sup>7</sup> *Id.* See also *Daniel C. Goings*, *supra* note 2.

<sup>8</sup> The record contains several audiograms obtained by the employing establishment, but none of these were certified by a physician as accurate. The Board has held that, if an audiogram is prepared by an audiologist, it must be certified by a physician as being accurate before it can be used to determine the percentage of hearing loss. *Joshua A. Holmes*, 42 ECAB 231, 236 (1990).

<sup>9</sup> In his appeal to the Board, appellant stated that he felt he would "benefit greatly" from hearing aids and asserted that Dr. Green told him he was "borderline for hearing aids"; however, Dr. Green did not recommend or mention hearing aids in his report. Appellant did not request hearing aids prior to the Office's October 5, 2004 decision. Appellant may submit additional evidence and legal contentions supporting this issue to hearing aids to the Office.

**ORDER**

**IT IS HEREBY ORDERED THAT** the October 5, 2004 decision of the Office of Workers' Compensation Programs be affirmed.

Issued: July 8, 2005  
Washington, DC

Alec J. Koromilas  
Chairman

David S. Gerson  
Alternate Member

Michael E. Groom  
Alternate Member