

grounds the medical evidence, as represented by second opinion otolaryngologist Dr. George Godwin, did not establish his hearing loss as causally related to noise exposure in federal employment. By decision dated September 13, 2007, the Board affirmed the January 19, 2007 Office decision.² The history of the case is contained in the Board's prior decisions and is incorporated herein by reference.

Appellant requested reconsideration and submitted additional evidence. In an audiogram dated January 29, 2007, an audiologist reported moderate high frequency mixed hearing loss in the left ear and moderate low frequency mixed hearing loss in the right ear. Reliability of the test was reported as questionable. According to the audiologist, parts of the hearing loss were consistent with noise-induced hearing loss, but as a whole it was not consistent with noise-induced hearing loss.

In a report dated March 19, 2007, Dr. F. Allen Long, an otolaryngologist, indicated that appellant had a history of hearing loss. He opined that appellant's hearing loss "could be at least in part due to his noise exposure while working at [the employing establishment]."

By decision dated January 8, 2008, the Office reviewed the case on its merits and denied modification. It found Dr. Long's report did not constitute rationalized medical opinion evidence.

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 (A.M.A., Guides)*.³ Using the frequencies of 500, 1,000, 2,000 and 3,000 cycles per second, the levels at each frequency are added up and averaged.⁴ Then, the "fence" of 25 decibels is deducted because, as the A.M.A., *Guides* points out, levels below 25 decibels result in no impairment in the ability to hear everyday speech under everyday conditions.⁵ The remaining amount is multiplied by a factor of 1.5 to arrive at the percentage of monaural hearing loss.⁶ 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.⁷ The Board has concurred in the Office's adoption of this standard for evaluating hearing loss.⁸

² Docket No. 07-1190 (issued September 13, 2007).

³ A.M.A., *Guides* at 250 (5th ed. 2001).

⁴ *Id.*

⁵ *Id.*

⁶ *Id.*

⁷ *Id.*

⁸ *Donald E. Stockstad*, 53 ECAB 301(2002); *petition granted*, Docket No. 01-1570 (issued August 13, 2002).

Appellant has the burden of establishing by the weight of the reliable, probative and substantial evidence that his hearing loss condition was causally related to noise exposure in his federal employment.⁹ Neither the condition becoming apparent during a period of employment, nor the belief of the employee that the hearing loss was causally related to noise exposure in federal employment, is sufficient to establish causal relationship.¹⁰

ANALYSIS

As the Board found in its prior decision, Dr. Godwin, the otolaryngologist selected as a second opinion examiner, provided a rationalized medical opinion that appellant's hearing loss was not causally related to noise exposure in federal employment through August 1988. Appellant submitted a brief report dated March 19, 2007 from Dr. Long and an audiogram dated January 29, 2007. Dr. Long's opinion that appellant's hearing loss "could be" causally related to noise exposure does not constitute a rationalized medical opinion. Medical opinions that a condition "could be" causally related to employment are speculative and therefore of diminished probative value.¹¹ Dr. Long did not provide a complete factual and medical background demonstrating his understanding of the nature and extent of the employment-related noise exposure.¹² Unlike Dr. Godwin, he did not provide any medical rationale to support his opinion on causal relationship.¹³

The Board accordingly finds that the weight of the medical evidence remains with the opinion of Dr. Godwin that any hearing loss was not causally related to noise exposure in federal employment. The Office properly denied the claim for compensation based on the medical evidence of record.

CONCLUSION

The weight of the medical evidence does not establish hearing loss causally related to noise exposure in federal employment.

⁹ *Stanley K. Takahaski*, 35 ECAB 1065 (1984).

¹⁰ *See John W. Butler*, 39 ECAB 852, 858 (1988).

¹¹ *See Kathy A. Kelley*, 55 ECAB 206, 211 (2004).

¹² A physician's opinion on the issue of causal relationship must be based on a complete factual and medical background. *Steven B. Saleh*, 55 ECAB 169 (2003).

¹³ A rationalized medical opinion is expressed in terms of a reasonable degree of medical certainty and explains the nature of the relationship between the diagnosed condition and the specific employment factors. *Id.*

ORDER

IT IS HEREBY ORDERED THAT the decision of the Office of Workers' Compensation Programs dated January 8, 2008 is affirmed.

Issued: October 14, 2008
Washington, DC

David S. Gerson, Judge
Employees' Compensation Appeals Board

Colleen Duffy Kiko, Judge
Employees' Compensation Appeals Board

James A. Haynes, Alternate Judge
Employees' Compensation Appeals Board