

2003, and noise exposure information that included results of a noise survey and a statement from his supervisor.

On March 12, 2004 the Office referred appellant, his medical records and a statement of accepted facts, to Dr. Alan Dinesman, a Board-certified otolaryngologist, for an evaluation of his hearing loss and its relation to his employment. In an April 14, 2004 report, Dr. Dinesman concluded that appellant had a sensorineural hearing loss that was due to his exposure to noise in his employment, and indicated that hearing aids were not recommended. This report was accompanied by an April 13, 2004 audiogram that was rated good for reliability, stated that appellant had not been exposed to noise for over 16 hours, showed that the audiometer was calibrated on February 10, 2004 and contained a tympanogram and results of air and bone testing, speech reception thresholds and auditory discrimination scores.

On May 27, 2004 an Office medical adviser applied the Office's standards for evaluating hearing loss to the decibel losses shown by Dr. Dinesman's audiogram and concluded that appellant had a 13 percent monaural (left ear) hearing loss and a 0 percent monaural (right ear) hearing loss. On June 16, 2004 the Office advised appellant that it had accepted that he sustained a sensorineural hearing loss of the left ear, but that hearing aids were not authorized. On August 26, 2004 the Office issued a schedule award for a 13 percent monaural (left ear) hearing loss.

Appellant requested a review of the written record, contending that he had a binaural hearing loss and that he needed hearing aids. By decision dated March 4, 2005 an Office hearing representative found that the Office properly applied its standards to the results of Dr. Dinesman's hearing evaluation, and that appellant had no greater than a 13 percent monaural (left ear) hearing loss.

By letter dated March 31, 2005, appellant requested reconsideration. He submitted results of audiograms done at the employing establishment on September 24, 2004 and at South Texas Ear, Nose and Throat Consultants on April 26, 2005, and a request at a military health facility for an evaluation for a hearing aid. By decision dated May 10, 2005, the Office found that the new audiograms did not show dates of calibration of the audiometers used and did not contain a recognizable signature, and that this evidence was insufficient to warrant modification of its prior decisions.

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 (cps), 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 everyday

¹ A.M.A., *Guides* at 250 (5th ed. 2001).

² *Id.*

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

In order to establish an employment-related hearing loss, the Board requires that the employee undergo both audiometric and otologic examination; that the audiometric testing precede the otologic examination; that the audiometric testing be performed by an appropriately certified audiologist; that the otologic examination be performed by an otolaryngologist certified or eligible for certification by the American Academy of Otolaryngology; that the audiometric and otologic examination be performed by different individuals as a method of evaluating the reliability of the findings; that all audiological equipment authorized for testing meet the calibration protocol contained in the accreditation manual of the American Speech and Hearing Association; that the audiometric test results included both bone conduction and pure tone air conduction thresholds, speech reception thresholds and monaural discrimination scores; and that the otolaryngologist report must include: date and hour of examination, date and hour of the employee's last exposure to loud noise; a rationalized medical opinion regarding the relation of the hearing loss to the employment-related noise exposure; and a statement of the reliability of the tests.⁷ Section 8103 of the Federal Employees' Compensation Act⁸ requires that the Office provide all medical care necessary on account of an employment injury and that this care shall be furnished by or on the order of physicians designated or approved by the Office.⁹

ANALYSIS

An Office medical adviser properly applied the Office's standardized procedures to the April 13, 2004 audiogram from Dr. Dinesman. Testing for the right ear at the frequency levels of 500, 1,000, 2,000 and 3,000 cps revealed decibel losses of 30, 15, 10 and 45 respectively. These decibels were totaled at 100 decibels and were divided by 4 to obtain the average hearing loss at those cycles of 25 decibels. The average of 25 decibels was then reduced by 25 decibels (the first 25 decibels 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 cps revealed decibel losses of 30, 15, 25

³ *Id.*

⁴ *Id.*

⁵ *Id.*

⁶ *Donald E. Stockstad*, 53 ECAB 301 (2002).

⁷ *Luis M. Villanueva*, 54 ECAB ____ (Docket No. 03-977, issued July 1, 2003). These standards are contained at Federal (FECA) Procedure Manual, Part 3 -- Medical, *Requirements for Medical Reports*, Chapter 3.600.8(a) (September 1994).

⁸ 5 U.S.C. § 8103.

⁹ *Luis V. Romero*, 42 ECAB 146 (1990).

and 65 respectively. These decibels were totaled at 135 decibels and were divided by 4 to obtain the average hearing loss at those cycles of 33.75 decibels. The average of 33.75 decibels was then reduced by 25 decibels (the first 25 decibels were discounted as discussed above) to equal 8.75 which was multiplied by the established factor of 1.5 to compute a 13.125 percent loss of hearing for the left ear.

The Board finds that the Office medical adviser correctly applied the Office's standards to Dr. Dinesman's April 13, 2004 audiogram in determining that appellant had a 13 percent binaural loss of hearing. Dr. Dinesman's medical report and accompanying audiogram is the only evidence complying with the Office's standards as set forth above. It was proper to use this report to evaluate the extent of appellant's hearing loss. The Office also properly denied appellant's request for hearing aids at its expense, as there is no recommendation from any physician that such medical supplies be provided.

CONCLUSION

The Board finds that appellant has no greater than a 13 percent monaural (left ear) hearing loss, and that he has not established that he is entitled to hearing aids at the Office's expense.

ORDER

IT IS HEREBY ORDERED THAT the May 10 and March 4, 2005 and the August 26, 2004 decisions of the Office of Workers' Compensation Programs are affirmed.

Issued: September 15, 2005
Washington, DC

Colleen Duffy Kiko, Judge
Employees' Compensation Appeals Board

David S. Gerson, Judge
Employees' Compensation Appeals Board

Michael E. Groom, Alternate Judge
Employees' Compensation Appeals Board