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specified prior to hearing, all reports previously filed may, in the discretion of the department, be excluded as evidence.

(5) Reports shall be filed with the application for adjustment of claim or as soon thereafter as possible. Reports not filed with the department 15 days prior to the date of hearing shall not be acceptable as evidence except upon good cause for failure so to file, established to the satisfaction of the department.

(6) Upon receipt of report the department shall promptly serve copy upon the employer or carrier.

History: 1-2-56; am. (intro. par.), (2) and (4), Register, October, 1965, No. 118, eff. 11-1-65; r. (7), am. Register, April, 1975, No. 232, eff. 5-1-75.

Ind 80.23 Common insurance of employer and third party. In all cases where compensation becomes payable and the insurance carrier of an employer and of a third party shall be the same, or if there is common control of the insurer of each, the insurance carrier of the employer shall promptly notify the parties in interest and the department of that fact.

History: 1-2-56; am. Register, April, 1975, No. 232, eff. 5-1-75.

Ind 80.24 Statement of employe. When an employe gives a statement signed by him, which in any way concerns his claim, a copy of such statement must be given to the employe. When such statement is taken by a recording device and is not immediately reduced to writing, a copy of the entire statement must be given to the employe or to his attorney within a reasonable time after application for hearing is filed, and the actual recording must be available as an exhibit if formal hearing is held. Failure on the part of the employer or insurance carrier to comply with the above will preclude the use of such statement in any manner in connection with that claim.

History: Cr. Register, March, 1956, No. 3, eff. April 1, 1956; am. Register, October, 1965, No, 118, eff. 11-1-65.

Ind 80.25 Loss of hearing; determined. The report of the medical committee which has revised and updated the report of 1954 is adopted. Such report is as follows:

(1) HARMFUL NOISE. Hearing loss resulting from hazardous noise exposure depends upon several factors, namely, the overall intensity (sound pressure level), the daily exposure, the frequency characteristic of the noise spectrum and the total lifetime exposure. Noise exposure level of 90 decibels or more as measured on the A scale of a sound level meter for eight hours a day is considered to be harmful to workers.

(2) MEASUREMENT OF NOISE. Noise shall be measure by sound level meter according to the ANSI standard S1.4—1961 and shall be on the "A" weighted network for "slow response." Noise levels reaching maxima at intervals of of one second or less shall be classified as being continuous. The measurement of noise is primarily the function of acoustical engineers and properly trained personnel. Noise should be scientifically measured by properly trained individuals using approved calibrated instruments which at the present time include sound level meters, octave hand analyzers and oscilloscopes, the latter particularly ...e:o):e.--

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for impact-type noises. See Wis. Adm. Code sections Ind. 11.03-11.06 inclusive. Register, July 1971, No. 187.

(3) MEASURE OF HEARING ACUITY. The use of pure tone air conduction audiometry performed under proper testing conditions is recommended for establishing the hearing acuity of workers. The audiometer should be one which meets the specifications of ANSI standard 53.6—1969 (4). The audiometer should be periodically calibrated. Pre-employment records should include a satisfactory personal and occupational history as they may pertain to hearing status. Otological examination should be made where indicated. See Wis. Adm. Code sections Ind 11.10-11.12, inclusive. Register, July 1971, No. 187.

(4) FORMULA FOR MEASURING HEARING IMPAIRMENT. For the purpose of determining the hearing impairment, pure tone air conduction audiometry should be used, measuring all frequencies between 500 and 6,000 Hz. The American Medical Association formula\* should be used for determining the percentage of hearing impairment. This formula uses the average of the 3 speech frequencies of 500, 1000 and 2000 Hz. Audiometric impairment for these 3 frequencies averaging 25 decibels or less on the ANSI calibration, or 15 decibels or less on the ASA calibration do not constitute any practical hearing impairment. A table for evaluating hearing impairment based upon the average readings of these 3 frequencies follows below. The zero reference line of the audiometer which is used, whether ANSI 1969 or ASA 1951, must be identified.

(5) PRESEVUSIS. Hearing loss which some individuals experience with advancing age is known as presbycusis. The average loss at the 3 speech frequencies of 500, 1000, and 2000 Hz. resulting from presbycusis is less than the 25 decibel ANSI level at which the impairment on the AMA table begins. Therefore, it is the opinion of this committee that no deduction or allowance should be made for presbycusis.

(6) DIAGNOSIS AND EVALUATION. The diagnosis of occupational hearing loss is based upon the occupational and medical history, the results of the otological and audiometric examinations, and their evaluation.

(7) TREATMENT. There is no known medical or surgical treatment for improving or restoring hearing loss due to hazardous noise exposure.

\*Guides to the Evaluation of Permanent Impairment, 1971. Published by the American Medical Association, 535 North Dearborn, Chicago, Illinois 60610.

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# (8) HEARING IMPAIRMENT TABLE.

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	Per Cent		Per Cent				
of			of				
	Compen-			Compen-			
•	sable		and a state of	sable			
Average	Hearing	Average	Average	Hearing	Average		
	Impair-	Decidel	Decidei	Impair-	Decidei		
Loss ASA	ment	Loss ANSI	Loss ASA	ment	Loss ANSI		
$15 \dots$	0	25	49	51	<b>59</b>		
$16 \dots$	$1.5 \dots$	26	50	52.5	60		
17	3	27	51	54	ega 61		
18	$4.5 \dots$	28	52	55.5	62		
19	6	2 <del>9</del>	53	57	63		
$20 \dots \dots$	$7.5 \dots$	30	54	58.5	64		
$21 \dots$	9	31	55	60	65		
22	10.5	32	56	61.5	66		
23	12	33	57	63	67		
24	13.5	34	58	64.5	68		
25	15	35	59	66	69		
$26 \dots$	16.5	36	60	67.5	70		
27	18	37	61	69	71		
28	19.5	38	62	70.5	<b>72</b>		
29	21	39	63	72	73		
30	22.5	40	64	73.5	74		
31	24	41	65	75	75		
32	25.5	42	66	76.5	76		
33	27	43	67	78	77		
34	28.5	44	68	79.5	78		
35	30	45	69	81	79		
36	31.5	46	70	82.5	80		
37	33	47	71	84	81		
38	$34.5 \dots$	48	72	85.5	82		
39	36	49	73	87	83		
40	37.5	50	74	88.5	84		
41	39	51	75	90	85		
42	40.5	52	76	91.5	86		
43	42	53	77	93	87		
44	43.5	54	78	94.5	88		
45	45	55	79	96	89		
46	46.5	56	80	97.5	90		
47	48	57	81	99	91		
48	49.5	58	82	100	92		
		1.1.1					

(a) Obtain the average of the hearing level for each ear at the three frequencies, 500, 1000 and 2000 Hz.

(b) See table for percentage of hearing impairment in each ear.

(c) To determine the percentage of impairement for both ears, multiply the lesser loss by 5, add the greater loss and divide by 6.

Example: Hearing levels in dbs (ANSI reference level):

Frequencies	250	500	1000	2000	4000	6000
Right Ear	20	25	40	55	60	60
Left Ear	30	40	50	60	65	65

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Right Ear-

Ear 500 25 Left Ear 500 40 1000 40 1000 50 2000 55 2000 60 Total 120 Total 150  $\div$  3 = 50 db 40 db 22½% impairment, right ear 50 db = 37½% impairment, left ear

To determine bilateral percentage of impairment:

Multiply lesser loss, 22%%, by 5=112%% Add greater loss 37%%

#### 150

Divide 150 by 6

### = 25% bilateral impairment

(9) These criteria are based upon over 20 years experience in the industrial environment and the most recent scientific information available, including the recently adopted Wis. Adm. Code chapter Ind 11, Register, July 1971, No. 187. The definitions in that chapter have been used in these recommendations.

History: 1-2-56; am. Register, January, 1960, No. 49, eff. 2-1-60; am. Register, October, 1965, No. 118, eff. 11-1-65; r. and recr. Register, September, 1972, No. 201, eff. 10-1-72.

Ind 80.26 Loss of vision; determination. The following rules for determining loss of visual efficiency shall be applicable to all cases settled after December 1, 1941, irrespective of the date of injury, except that, in the examples for computations of compensation payable and of the percentage of permanent total disability, the computation of the percentage of visual impairment must be applied to the provisions of the workmen's compensation act as they existed at the date of the injury.

(1) MAXIMUM AND MINIMUM LIMITS OF THE PRIMARY COORDINATE FACTORS OF VISION. In order to determine the various degrees of visual efficiency, (a) normal or maximum, and (b) minimum, limits for each coordinate function must be established; i.e., the 100% point and the 0% point.

(a) Maximum limits. The maximum efficiency for each of these is established by existing and accepted standards.

1. Central Visual Acuity. The ability to recognize letters or characters which subtend an angle of 5 minutes, each unit part of which subtends a 1 minute angle at the distance viewed is accepted as standard. Therefore a 20/20 Snellen or A.M.A. and a 14/14 A.M.A. are employed as the maximum acuity of central vision, or 100% acuity for distance vision and near vision respectively.

2. Field Vision. A visual field having an area which extends from the point of fixation outward 65 degrees, down and out 65 degrees, down 55 degrees, down and in 45 degrees, inward 45 degrees, in and up 45 degrees, upward 45 degrees, and up and out 55 degrees is accepted as 100 % industrial visual field efficiency.

3. Binocular Vision. Maximum binocular vision is present if there is absence of diplopia in all parts of the field of binocular fixation, and if the 2 eyes give useful binocular vision.

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