

VA Notes

Source:	VA
Last Updated:	02 Jul 2015 @ 0741
Sorted By:	Date/Time (Descending)
VA Notes from January 1, 2013 forward are available 3 calendar days after they have been completed and signed by all required members of your VA health care team. If you have any questions about your information please visit the FAQs or contact your VA health care team.	

Date/Time:	29 Jun 2015 @ 1430
Note Title:	COMPENSATION & PENSION NOTE
Location:	JAMES A.HALEY VETERANS' HOSPITAL
Signed By:	BABEU,LORRAINE A
Co-signed By:	BABEU,LORRAINE A
Date/Time Signed:	29 Jun 2015 @ 1459

Note

LOCAL TITLE: COMPENSATION & PENSION NOTE
 STANDARD TITLE: C & P EXAMINATION NOTE
 DATE OF NOTE: JUN 29, 2015@14:30 ENTRY DATE: JUN 29, 2015@14:59:41
 AUTHOR: BABEU,LORRAINE A EXP COSIGNER:
 URGENCY: STATUS: COMPLETED

Hearing Loss and Tinnitus
 Disability Benefits Questionnaire

Name of patient/Veteran:

Indicate method used to obtain medical information to complete this document:

In-person examination

Evidence review

Was the Veteran's VA claims file reviewed: Yes

If yes, list any records that were reviewed but were not included in the
 Veteran's VA claims file: none

This exam is for: Hearing loss and/or tinnitus (audiologist, performing current exam)

SECTION 1: HEARING LOSS (HL)

1. Objective Findings

a. Puretone thresholds in decibels (air conduction):

RIGHT EAR

A	B	C	D	E	F	G	
500	1000	2000	3000	4000	6000	8000	Avg Hz
Hz*	Hz	Hz	Hz	Hz	Hz	Hz	(B-E)**
10	15	10	10	10	15	15	11

LEFT EAR

A	B	C	D	E	F	G	
500	1000	2000	3000	4000	6000	8000	Avg Hz
Hz*	Hz	Hz	Hz	Hz	Hz	Hz	(B-E)**
10	15	10	5	5	5	-5	9

* The puretone threshold at 500 Hz is not used in determining the evaluation but is used in determining whether or not a ratable hearing loss exists.

** The average of B, C, D, and E.

*** CNT - Could Not Test

b. Were there one or more frequency(ies) that could not be tested: No

c. Validity of puretone test results: Test results are valid for rating purposes.

d. Speech Discrimination Score (Maryland CNC word list):

RIGHT EAR	96%
LEFT EAR	96%

e. Appropriateness of Use of Word Recognition Score (Maryland CNC word list):

Right Ear:

Is Word Discrimination Score available? Yes

Word Discrimination Score appropriateness:

Use of word recognition score is appropriate for this Veteran.

Left Ear:

Is Word Discrimination Score available? Yes

Word Discrimination Score appropriateness:

Use of word recognition score is appropriate for this Veteran.

f. Audiologic Findings

Summary of Immittance (Tympanometry) Findings:

	RIGHT EAR	LEFT EAR
Acoustic immittance	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal
Ipsilateral		
Acoustic Reflexes	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal
Contralateral		
Acoustic Reflexes	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal
Unable to interpret		
reflexes due to	<input type="checkbox"/>	<input type="checkbox"/>
artifact		
Unable to obtain/		
maintain seal	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

2. Diagnosis

RIGHT EAR

☒ Normal hearing

☐ Conductive hearing loss ICD code:

MEDICAL CONFIDENTIAL

- ☐ Mixed hearing loss ICD code:
- ☐ Sensorineural hearing loss (in the frequency range of 500-4000 Hz)*
ICD code:
- ☐ Sensorineural hearing loss (in the frequency range of 6000 Hz or
higher frequencies)** ICD code:
- ☐ Significant changes in hearing thresholds in service***

LEFT EAR

- ☒ Normal hearing
- ☐ Conductive hearing loss ICD code:
- ☐ Mixed hearing loss ICD code:
- ☐ Sensorineural hearing loss (in the frequency range of 500-4000 Hz)*
ICD code:
- ☐ Sensorineural hearing loss (in the frequency range of 6000 Hz or
higher frequencies)** ICD code:
- ☐ Significant changes in hearing thresholds in service***

NOTES:

- * The Veteran may have hearing loss at a level that is not considered to be a disability for VA purposes. This can occur when the auditory thresholds are greater than 25 dB at one or more frequencies in the 500-4000 Hz range.
- ** The Veteran may have impaired hearing, but it does not meet the criteria to be considered a disability for VA purposes. For VA purposes, the diagnosis of hearing impairment is based upon testing at frequency ranges of 500, 1000, 2000, 3000, and 4000 Hz. If there is no HL in the 500-4000 Hz range, but there is HL above 4000 Hz, check this box.
- *** The Veteran may have a significant change in hearing threshold in service, but it does not meet the criteria to be considered a disability for VA purposes. (A significant change in hearing threshold may indicate noise exposure or acoustic trauma.)

3. Etiology

Right Ear

Was there a permanent positive threshold shift (worse than reference threshold) greater than normal measurement variability at any frequency between 500 and 6000 Hz for the right ear? No

Opinion provided for the right ear: Yes

If present, is the Veteran's right ear hearing loss at least as likely as

not (50% probability or greater) caused by or a result of an event in military service? No

Rationale (Provide rationale for either a yes, no answer or speculation reason): Requested exams currently on file: Marine Corps

EOD:

RAD:

DBQ AUDIO Hearing Loss and Tinnitus:

The Veteran has important information in his or her electronic claims folder in VBMS and Virtual VA. Please review both folders and state that they were reviewed in your report.

The Veteran is claiming that his or her tinnitus is related to exposure to hazardous noise. Please fill out the Direct medical opinion template in the DBQ and review the following tabbed evidence. Your review is not limited to the evidence identified on this request form, or tabbed in the claims folder. If an examination or additional testing is required, obtain them prior to rendering your opinion.

POTENTIALLY RELEVANT EVIDENCE:

NOTE: Your (examiner) review of the record is NOT restricted to the evidence listed below. This list is provided in an effort to assist the examiner in locating potentially relevant evidence.

Tab Certificate of Release or Discharge From Active Duty (DD Form 214 in

VBMS): MOS: Motor Vehicle Operator dated 06/06/2015

Tab STR-Medical Photocopy (STRs in VBMS): See pgs 7, 26, 44, 67, 80 - active problems - subjective tinnitus dated 06/07/2015

Additional remarks for the examiner:

Veteran's MOS is Motor Vehicle Operator

Noise Exposure Listing shows moderate noise exposure

OPINION RATIONALE:

Claim File reviewed today and revealed the following:

There were no STRs in the VBMS or VVA or physical C-File available for review.

Medical Note: 28 May 13: ophthalmology surgery: c/o tinnitus

CPRS reviewed:

Audio evaluations covering the period of 2007-08 indicated that Veteran has normal hearing sensitivity AU with excellent word recognition

scores

for AU.

Statement of Credentials:

Credentials of Examining Audiologist: Ph.D. CCC-A with current and active Florida state licensure.

Pertinent Evidence of Opinion Includes: REFERENCES: September 22, 2005 Institute of Medicine Report Noise and Military Service: Implications for Hearing Loss and Tinnitus, Consensus Statement on Noise and Hearing Loss, Educational Resource Guide: Noise-induced Hearing Loss, National Institute on Deafness and Other Communication Disorders, 2000.Noise-induced Hearing Loss, National Institute on Deafness and Other Communication Disorders, 1999.

Review of the Record:

There were no STRs in the VBMS or VVA or physical C-File available for review.

Findings/Opinion

There were no STRs in the C-File so examiner unable to assess

Veteran's

hearing status while he was on active duty to determine if there was a pre-existing hearing loss or if there were any significant threshold shifts at time of separation. Audio evaluation conducted in 2007 indicated that Veteran had hearing WNLs AU (with very sensitive thresholds) almost 20 years post active service.

Today's evaluation, Veteran had normal hearing sensitivity AU.

The

claimed condition/symptom hearing loss and tinnitus is less likely as not (less than 50/50 probability) caused by or a result of noise exposure in the military for AU.

Rationale for Opinion Given: There is insufficient evidence from longitudinal studies in laboratory animals or humans to determine whether permanent noise-induced hearing loss can develop much later in one's lifetime, long after the cessation of that noise exposure.

Although the definitive studies to address this issue have not been performed, based on the anatomical and physiological data available on the recovery process following noise exposure, it is unlikely that such

delayed effects occur". Reference: 22 Sep 2005 Institute of Medicine's landmark study: Noise & Military Service: Implications for Hearing loss and Tinnitus.

In the absence of an objectively verifiable noise injury, the association between claimed tinnitus and noise exposure cannot be assumed to exist. Tinnitus may occur following a single exposure to high-intensity impulse noise, long-term exposure to repetitive impulses, long-term exposure to continuous noise, or exposure to a combination of impulses and continuous noise. However, you would have to accept the scientifically unsubstantiated theory that tinnitus occurred as a result of some latent, undiagnosed noise injury. IOM never stated that tinnitus could result from undiagnosed noise injuries. In most cases, tinnitus is accompanied by measurable hearing loss. We recognize that the audiogram is an imperfect measurement. Nevertheless, it is accepted as the objective basis for determining noise injuries.

Did hearing loss exist prior to service? No

Left Ear

Was there a permanent positive threshold shift (worse than reference threshold) greater than normal measurement variability at any frequency between 500 and 6000 Hz for the left ear? No

Opinion provided for the left ear: Yes

If present, is the Veteran's left ear hearing loss at least as likely as not (50% probability or greater) caused by or a result of an event in military service? No

Rationale (Provide rationale for either a yes, no answer or speculation reason): Requested exams currently on file:

Marine Corps

EOD:

RAD:

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The Veteran has important information in his or her electronic claims folder in VBMS and Virtual VA. Please review both folders and state that they were reviewed in your report.

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hazardous noise. Please fill out the Direct medical opinion template in the DBQ and review the following tabbed evidence. Your review is not limited to the evidence identified on this request form, or tabbed in the claims folder. If an examination or additional testing is required, obtain them prior to rendering your opinion.

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result

of some latent, undiagnosed noise injury. IOM never stated that

tinnitus

could result from undiagnosed noise injuries. In most cases, tinnitus

is

accompanied by measurable hearing loss. We recognize that the audiogram is an imperfect measurement. Nevertheless, it is accepted as the objective basis for determining noise injuries.

Did hearing loss exist prior to service? No

4. Functional impact of hearing loss

Does the Veteran's hearing loss impact ordinary conditions of daily life,
including ability to work: No

5. Remarks, if any, pertaining to hearing loss:

HISTORY:

Active Service Period: Marine Corps EOD: RAD:
(1984-92) (combat)

Military specialty: Motor Vehicle Operator

NOISE EXPOSURE HISTORY:

Military Noise Exposure Hx: ship board noises, heavy trucks, explosions,
and small arms fire: sometimes protected

Occupational Noise Exposure Hx: computers (no loud noise) semi-truck
driver noises

Recreational Noise Exposure Hx: carpentry (unprotected)

CASE HISTORY:

Veteran complains of decreased hearing AU has to lip read to understand conversation. Veteran also complains of constant non-disabling tinnitus AU worse AD with onset of late 1980s. He does not recall a specific incident that preceded the onset of tinnitus.

Veteran denies oto surgery, ear infections, familial H/O hearing loss and cancer history. Acute dizziness: occasional dizziness, no medical treatment sought. Head injury: MVA 1988, hit head, treated and released. Medical history includes: cholesterol, pain (nerve and joints).

AUDIOMETRIC RESULTS:

Tympanometry showed normal middle ear pressure and static compliance AU.

Ipsilateral reflexes present at .5-4 kHz AU

Good inter-test reliability.

Could not test Stenger: no significant asymmetry noted .5-4 kHz.

Otoscopy-EACs clear, TMs visualized bilaterally.

Pure Tone Test- Normal hearing sensitivity AU.

Speech Recognition: Excellent (AU)

SECTION 2: TINNITUS

1. Medical history

Does the Veteran report recurrent tinnitus: Yes

Date and circumstances of onset of tinnitus: Veteran complains of

decreased hearing AU has to lip read to understand conversation. Veteran also complains of constant non-disabling tinnitus AU worse AD with onset of late 1980s. He does not recall a specific incident that preceded the onset of tinnitus.

2. Etiology of tinnitus

Less likely than not (less than 50% probability) caused by or a result of military noise exposure.

Rationale: Requested exams currently on file:
Marine Corps

EOD:

RAD:

DBQ AUDIO Hearing Loss and Tinnitus:

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theory that tinnitus occurred as a result of some latent, undiagnosed noise

injury. IOM never stated that tinnitus could result from undiagnosed noise injuries. In most cases, tinnitus is accompanied by measurable hearing loss. We recognize that the audiogram is an imperfect measurement. Nevertheless, it is accepted as the objective basis for determining noise injuries.

3. Functional impact of tinnitus

Does the Veteran's tinnitus impact ordinary conditions of daily life, including ability to work: No

4. Remarks, if any, pertaining to tinnitus::

No response provided

NOTE: VA may request additional medical information, including additional examinations if necessary to complete VA's review of the Veteran's application.

/es/ Lorraine A. Babeu, PhD, CCC-A

PhD

Signed: 06/29/2015 14:59

Date/Time:	
Note Title:	PRIMARY CARE SECURE MESSAGING
Location:	JAMES A. HALEY VETERANS' HOSPITAL
Signed By:	
Co-signed By:	
Date/Time Signed:	
Note	