



ELPIDIO C. ABAT,
Appellant,

-versus-

ECC CASE No. SM 19529-0824-16

SOCIAL SECURITY SYSTEM (SSS),
Appellee.

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DECISION

This appeal seeks to review the decision of the Social Security System (SSS)-Medical Claims Review Committee (MedRC), dated July 19, 2016, denying appellant's claim for EC disability benefits, under the Employees' Compensation Law (P.D. No. 626, as amended), for his Hypertension stage II; Aspiration Pneumonia; Alcoholic Liver Disease; Wernicke Korsakov Syndrome; Degenerative Cervical Spondylosis; Degenerative Lumbar Spondylosis; Noise Induced Hearing Loss; Upper Gastrointestinal bleeding secondary to Peptic Ulcer.

From January 4, 1989 until his retirement on August 1, 2015, the appellant, Elpidio C. Abat (SSS No. 01-0676033-8), 52 years old at the time of the filing of the claim and a resident of Baguio City, was employed as Maintenance Laborer at the Special Services Department, General Repairs and Construction Works Section of St. Louis University, Baguio City.

Based on the Job Description, which was signed by Dr. Felerina B. Ellamil, HRD Director, St. Louis University, the duties and responsibilities of the appellant has been described as follows:

A. Job Summary:

Performs variety of tasks involving dexterous use of hands and tools, such as cement-mixing, dismantling lumber forms from set concrete, digging and the like. Assists in carpentry works such as demolishing building, room partitions or divisions, and in cutting, laying out or assembling wood materials according to desired specifications.

B. Specific duties and Functions:

1. Daily Duties:

- a. Performs variety of manual tasks, such as, but not limited to:
 - i. Preparing lumber forms for concrete posts, staircase, pavement and the like;
 - ii. Mixing cement with gravel and sand, refining sand;

- iii. Digging, spreading, and leveling of soil for canals, pits where posts will be erected, and the like;
 - iv. Rip-rapping of walls;
 - v. Collecting scrap materials or debris from the job site for disposal or for recycling purposes;
 - vi. Cleaning work area; maintaining the proper working condition of tools, equipment and materials used; proper disposal of waste or scrap materials; and
 - vii. Lifting, carrying or transporting of materials, supplies, tools to the stockroom or job sites.
 - b. Provides assistance in carpentry related works especially those concerning general building repairs or maintenance
 - i. Demolishes building, classroom or office partitions like the wall, floor, ceiling and the like for renovation or repair, electrical or plumbing purposes;
 - ii. Measures and cuts materials according to desired dimensions or size;
 - iii. Presses stacking and tablet chairs using the machine;
 - iv. Lays out and assembles prepared materials according to desired specifications.
 - v. Rebuilds/resets the demolished partition when necessary repairs on the electrical or plumbing system have been made;
 - vi. Repaints/ re-varnishes renovated or repaired building or room partition when necessary; and
 - vii. Renders assistance in the preparation of stage designs, floats, ramps, platform and the like whenever requested
2. Regular/periodic duties
- a. Provides assistance to other personnel of the General Repairs and Construction Works Section in making rounds within the vicinity to determine areas that need repairs or renovations.
3. Occasional/irregular duties
- a. Renders assistance in ironworks and welding jobs.
4. Adheres to university policies/rules and regulations;
5. Performs good housekeeping/maintains cleanliness and orderliness of work-area;
6. Practices safety in the work-place;
7. Reports any variance from standard operating procedures;
8. Recommends/suggests improvements on areas concerned;
9. Participates in university activities whenever applicable;
10. Attends trainings/seminars whenever required;
11. Assists other staff whenever needed; and
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12. Performs such other duties and functions that are connected with, or in relation to, or arising from the performance of any of the above on his/her own initiative and does such other duties as the Director may require him/her to do from time to time.

Records reveal that sometime in November of 1988, the appellant underwent pre-employment medical examination. It was noted that he was physically fit.

Between 2009 and 2015, the appellant had a series of admissions/examination which revealed the following diagnosis:

Date and Place of Admission/Examination	Diagnosis
October 1, 2009-St. Louis University	Acute Erosive Gastritis; Small Gastric Ulcer Antrum; Acute Duodenitis; Anemia secondary to Upper Gastrointestinal Bleeding (Diclofenac-Induced); Cholelithiasis; Alcohol Liver Disease
November 25, 2009-St. Louis University	Myofacial Pain Syndrome; Hypertension, stage II; Chronic Alcohol Liver Disease; Alcohol Withdrawal Syndrome
December 23, 2010- St. Louis University	Upper Gastrointestinal bleeding secondary to Erosive Gastritis, Drug-Induced (Diclofenac and Alcohol)
November 26, 2012- St. Louis University	Upper Gastrointestinal Bleeding secondary to NSAID- Induced Gastropathy and Hyperactive Airway Disease; Sinus Bradycardia secondary, Hepatopathy
September 24, 2014-St. Louis University	Hypertensive Emergency, Seizure Disorder secondary; Aspiration Pneumonia; Liver Disorder
April 28, 2015- Audiometry examination-Ear Technologies Philippines, Inc.	Right ear: Moderate to Severe Mixed Hearing Loss, monaural impairment 49%; Left ear: Moderate Sensorineural Hearing Loss, monaural impairment 32%, hearing handicap 35% (4000 Hz)
May 2, 2015- Assumption Diagnostic Medical Center-Radiological examinations-Cervical Complete and Lumbosacral APL	Degenerative Spondylosis with left C3-C4 foraminal stenosis; Degenerative Spondylosis, Anterior longitudinal ligament ossification

Date and Place of Admission/Examination	Diagnosis
August 11, 2015- Baguio Gen. Hospital and Medical Center	Upper Gastrointestinal Bleeding secondary to Bleeding Peptic Ulcer, Mallory-Weiss Tear, Anemia secondary; Alcohol Withdrawal, Alcohol Dependence; Alcohol Liver Disease; HPN, stage II

Personal and social history shows that the appellant has chronic history of alcoholic beverage drinking and cigarette smoking. It was also noted that he has family history of Hypertension. Medical records further reveal that the appellant has been suffering from Dyslipidemia and Diabetes Mellitus.

Records reveal that from April 2008 until September 2015, the appellant was granted with SSS sickness benefits due to Arthritis, Influenza, Dyslipidemia, Gastroenteritis, Diabetes Mellitus, Gastritis, Alcoholic Liver Disease, Low-Back Pain, Gastrointestinal Bleed, Spinal Instability, Arthritis, Injury, right foot, Peptic Ulcer, and Hypertension.

On January 26, 2016, the appellant filed a claim for additional EC disability benefits before the SSS Baguio City Branch (Branch) due to Hypertension stage II; Aspiration Pneumonia; Alcoholic Liver Disease; Wernicke Korsakov Syndrome; Degenerative Cervical Spondylosis; Degenerative Lumbar Spondylosis; Noise Induced Hearing Loss; Upper Gastrointestinal bleeding secondary to Peptic Ulcer.

On May 30, 2016, the Branch denied the claim on the ground of no causal relationship.

On July 19, 2016, the SSS-Medical Claims Review Committee (MedRC) sustained the denial in this manner, to wit:

“... The claimant’s records revealed that there were several risk factors for the development of his illnesses such as male gender, old age, smoking, alcoholic beverage drinking and family history of Hypertension.

“Physical and Neurologic examination done at SSS Baguio PE Center revealed essentially normal findings.

“The EC disability claim was eventually denied by the Branch since there was no causal relationship between his illnesses and his job as Maintenance Laborer, and there are no documents from the employer to substantiate that illnesses being claimed are work-connected and there was no proof to show that the risk of contracting the disease /illness is increased by his working conditions.

“Also, physical examination findings and supporting medical documents do not show permanent disabling manifestations and his lifestyle, medical and family history has increased his risk of contracting his illnesses.”

On August 16, 2016, the Secretariat received the records of the case from the SSS for review purposes.

On September 7, 2016, this case was submitted to the Technical Review Committee (Committee) for initial deliberation. The Committee decided to elevate this case to the Commission with the following recommendations:

I. For Denial

Claimed Ailments	Reason for Denial
Hypertension, stage II; Aspiration Pneumonia; Alcoholic Liver Disease; Wernicke Korsakov Syndrome; Upper Gastrointestinal Bleeding secondary to Peptic Ulcer	No causal relationship; Non-satisfaction of conditions for compensability;

II. For Award

Claimed Ailments	Basis for Award
Noise-Induced Hearing Loss	Frequent exposure to high-intensity noise; satisfaction of condition for compensability of Hearing Loss (4000 Hz)
Cervical and Lumbar Spondylosis	The appellant’s working conditions, particularly the repetitive faulty posture, use of vibratory tools, and lifting and carrying of heavy objects, increased the risk of contracting Musculoskeletal Disorder

The appeal is partly meritorious.

Article 167 (l) of Presidential Decree (P.D.) No. 626, as amended, defines sickness as "any illness definitely accepted as an occupational disease listed by the Commission, or any illness caused by employment subject to proof that the risk of contracting the same is increased by working conditions." Section 1 (b), Rule III, of the Rules Implementing P.D. No. 626, as amended, provides that “for the sickness and the resulting disability or death to be compensable, the sickness must be the result of an occupational disease included under Annex “A” of these Rules (Amended Rules on Employees’ Compensation) with the conditions set therein satisfied; otherwise, proof must be shown that the risk of contracting the disease is increased by the working conditions.”

Medical findings provide the etiology of Hypertension, Aspiration Pneumonia; Alcoholic Liver Disease; Wernicke Korsakov Syndrome and Peptic Ulcer in this manner, to wit:

Claimed Illness	Etiology/Conditions for Compensability under Annex “A” of the Amended Rules on Employees’ Compensation	Reason for Denial of the Claim
Hypertension	<ul style="list-style-type: none">• Hereditary and environmental factors;• Essential or Primary Hypertension has no single identifiable cause. The persons most likely to develop essential hypertension are those with family history of hypertension.• Cigarette smoking, less physical activity, stress, excessively heavy weight, high salt intake, high caffeine intake, and use of oral contraceptive pill also contribute to the development of essential hypertension. The release of certain enzymes from the kidneys and diabetes mellitus may lead to high blood pressure.• Both genetic and hemodynamic factors contribute to left ventricular hypertrophy.• Individuals with left ventricular hypertrophy are at increased risk for Cardiovascular Heart Disease, Stroke, Chronic Heart Failure, and sudden death. <p><i>References:</i> <i>Robbins Pathologic Basis of Disease, 6th edition, pp. 510-514;</i> <i>Seventh Report of the Joint National Committee on Prevention, Detection, Evaluation and treatment of High Blood Pressure (JNC 7); Harrison's Principles of Internal Medicine.17th Edition Chapter 241. Hypertensive Vascular Disease</i></p>	<p>Although Hypertension has been included in the List of occupational Diseases, its compensability requires compliance with the conditions provided under Annex “A” of the Amended Rules on Employees’ Compensation.</p> <p>The appellant should have provided evidence of a reasonable connection between his working conditions and his Hypertension or that the progression of the same was brought about largely by the conditions in his previous occupation.</p> <p>On the contrary, medical records reveal that he has history of chronic cigarette smoking, alcoholic beverage drinking and findings of Dyslipidemia and Diabetes Mellitus. The said non-work related risk factors may have greatly contributed to the manifestation of his Hypertension.</p>

Claimed Illness	Etiology/Conditions for Compensability under Annex "A" of the Amended Rules on Employees' Compensation	Reason for Denial of the Claim
	<p>Conditions for Compensability:</p> <p>"29. Essential Hypertension</p> <p>Hypertension classified as primary or essential is considered compensable if it causes impairment of function of body organs like kidneys, heart, eyes, and brain, resulting in any kind of disability subject to the submission of any of the following:</p> <ul style="list-style-type: none"> (a) "Chest X-ray report; (b) "ECG report; (c) "blood chemistry report; (d) "fundoscopy report; (e) "Ophthalmological evaluation; (f) "CT scan; (g) "MRI; (h) "MRA; (i) "2D-echo; (j) "Kidney ultrasound; and (k) "BP monitoring report." 	
Aspiration Pneumonia	<ul style="list-style-type: none"> • Aspiration of bacteria from oral and pharyngeal areas causes aspiration pneumonia. Aspiration of oil (e.g., mineral oil or vegetable oil) causes exogenous lipoid pneumonia, an unusual form of pneumonia. Aspiration of a foreign body may cause an acute respiratory emergency and, in some cases, may predispose the patient to bacterial pneumonia. • Aspiration pneumonia is caused by bacteria that normally reside in the oral and nasal pharynx. 	<p>Although Pneumonia has been included in the List of occupational Diseases, its compensability requires compliance with the conditions provided under Annex "A" of the Amended Rules on Employees' Compensation.</p> <p>In this case, medical records reveal that the appellant has history of chronic alcoholic beverage drinking. The said risk factor may have caused or contributed to the manifestation of his Pneumonia.</p>

Claimed Illness	Etiology/Conditions for Compensability under Annex "A" of the Amended Rules on Employees' Compensation	Reason for Denial of the Claim
	<ul style="list-style-type: none"> • Many common community-acquired and hospital-acquired pneumonias result from the aspiration of pathogens from the oral cavity or <i>nasopharynx</i>. • Conditions associated with altered or reduced consciousness including any condition that reduces a patient's gag reflex, ability to maintain an airway, or both, increase the risk of aspiration pneumonia or pneumonitis. Such conditions are as follows: Alcoholism, drug overdose, Seizures, Stroke, head trauma, general anesthesia, and Intracranial mass lesion. <p><i>Reference:</i> <i>Aspiration Pneumonitis and Pneumonia; Swaminathan, A. MD, MPH; 07/01/2016 http://emedicine.medscape.com/article/296198-overview</i></p> <p>Conditions for Compensability:</p> <p>"21. Pneumonia- clinically diagnosed and consistent with the history, signs and symptoms of Pneumonia supported by diagnostic proof such as chest X-ray, CBC, and/or microbiologic studies (e.g. blood cultures) is compensable in any of the following conditions:</p> <p>a. "there must be a direct connection between the offending agent or event and the worker based on epidemiologic criteria and occupational risk (e.g. health care workers exposed</p>	<p>Medical findings have already established that Aspiration Pneumonia may be caused by conditions associated with altered or reduced consciousness including any condition that reduces a patient's gag reflex such as alcoholism.</p>

Claimed Illness	Etiology/Conditions for Compensability under Annex "A" of the Amended Rules on Employees' Compensation	Reason for Denial of the Claim
	<p>to outbreaks such as SARs, bird handlers exposed to Cryptococcus);</p> <p>b. "Pneumonia as a complication of a primary work-connected illness or injury (e.g. as a complication of injury to the chest wall with or without rib fracture that was sustained at work);</p> <p>c. "Pneumonia as a complication of chemical inhalational exposure such as among welders exposed to iron fumes."</p>	
Alcoholic Liver Disease	<ul style="list-style-type: none"> Alcohol abuse or alcohol dependence, genetic, diet high in unsaturated fat, obesity <p><i>Reference:</i> <i>Alcoholic Liver Disease; Nicholas T. Orfanidis, M.D.</i></p>	Risk factors are not related in any way to the nature of working conditions of the appellant; the very medical terminology of the diagnosis, Alcoholic Liver Disease, emphasizes that complication.
Wernicke Korsakoff Syndrome	<ul style="list-style-type: none"> Caused by lack of thiamine (B complex vitamin group necessary for normal processing and for the health of the heart and nervous systems) and linked to long-term alcoholism. <p><i>Reference:</i> <i>Signet/Mosby Medical Encyclopedia</i></p>	Risk factors are not related in any way to the nature of working conditions of the appellant.
Peptic Ulcer	<ul style="list-style-type: none"> Helicobacter pylori infection due to consumption of contaminated food and/or water; Too much alcohol consumption; 	Although Peptic Ulcer has been included in the List of occupational Diseases, its compensability requires compliance with the conditions provided under Annex "A" of the Amended Rules on Employees' Compensation

Claimed Illness	Etiology/Conditions for Compensability under Annex "A" of the Amended Rules on Employees' Compensation	Reason for Denial of the Claim
	<ul style="list-style-type: none"> • Smoking cigarettes or chewing of tobacco; • Being very ill such as being on a breathing machine; • Having radiation treatments; • Unknown reasons <p><i>References:</i></p> <ol style="list-style-type: none"> 1. <i>Robbins Pathologic Basis of Disease, 6th Edition, pp. 793-796;</i> 2. <i>Peptic Ulcer; Subodh K. Lal, MD; 01/28/2016 https://medlineplus.gov/ency/article/000206.htm</i> <p><i>Conditions for Compensability:</i></p> <p>"26. Peptic Ulcer. Any occupation involving prolonged emotional or physical stress, as among professional people, transport workers and the like."</p>	<p>In this case, the etiology of the appellant's Peptic Ulcer points only to history of chronic alcoholic beverage drinking and cigarette smoking which are not related to any type of employment.</p>

Having failed to find substantial evidence that will establish causal connection between the abovementioned ailments of the appellant and his working conditions, this Commission sustains the decision of the SSS denying appellant's claims insofar as his Hypertension, Aspiration Pneumonia; Alcoholic Liver Disease; Wernicke Korsakov Syndrome and Peptic Ulcer are concerned.

Incidental Findings: Hearing Loss and Musculoskeletal Disorders; exposure to high-frequency noise (4000 Hz); work entails frequent repetitive movements, vibration, and maintaining an awkward postures in carrying out various tasks related to construction

Records reveal that in April and May of 2015, the appellant was diagnosed to be suffering from Hearing Loss and Musculoskeletal Disorders. On the basis of Board Resolution (BR) No. 10-05-65 (“Policy on Evaluation of Incidental Findings,” dated April 28, 2010), which provides that “when the disease or injury being claimed has been declared to be not work-connected but findings are also made that the employee has suffered or is suffering from other work-connected diseases such incidental findings shall also be evaluated,” this Commission now proceeds to rule on the compensability of the appellant’s Hearing Loss and Musculoskeletal Disorder.

Medical findings describe the etiology of the said ailments in this manner, to wit:

Claimed Illness	Etiology
Hearing Loss	<ul style="list-style-type: none"> • Middle-ear infections, viruses (mumps, chickenpox, measles, influenza, herpes zoster and adenoviruses), Meningitis, and Syphilis. • Exposure in the workplace to harmful noise levels in the higher frequencies (3000 to 6000 Hz level); • Acoustic or physical traumatic working conditions which include excessive noise such as explosive blast, lacerations, motor vehicle accidents, blunt head trauma, falls, burns from caustic chemicals, open flames or welder’s slag that enter the ear canal, frostbite, hematoma, and barotrauma due to diving and flying. <p><i>References:</i></p> <ol style="list-style-type: none"> 1. <i>Harrison’s Principles of Internal Medicine, 14th Edition Companion Handbook</i>, page 1062; 2. <i>Boie’s Fundamentals of Otolaryngology, 6th Edition</i>, pp. 46-47, 86-87, 90-91, 94-95, 123-124, 131-132; 3. <i>Board Resolution No. 14-10-32, series of 2014, Oct. 8, 2014</i>
Musculoskeletal Disorders	<ul style="list-style-type: none"> • Refers to traumatic and non-traumatic inflammatory, degenerative and acquired conditions affecting muscle, tendons, ligaments, joints, peripheral nerves and blood vessels arising in the performance of assigned task; • Exposure to high levels of whole body vibration, repetitive motions, lifting, performing work in flexed or hyperextended posture or performing other manual handling tasks such as pushing or pulling; • Age related or degenerative changes <p><i>Reference:</i></p> <p><i>Board Resolution No. 13-11-36 dated November 29, 2013</i></p>

Satisfaction of conditions for compensability of Hearing Loss and Musculoskeletal Disorders; exposure to high-frequency noise (4000 Hz); work entails frequent repetitive movements, awkward postures and lifting of heavy materials and equipment

The classification of Hearing Loss and Musculoskeletal Disorder as occupational diseases puts at rest as to any doubt on the compensability of the said ailment subject to the satisfaction of conditions for its compensability.

Under Annex "A" of the Amended Rules on Employees' Compensation, the following are the conditions for compensability of Occupational Hearing Loss:

"4. Occupational Hearing Loss

- (a) "Noise Induced Hearing Loss (NIHL) is characterized as progressive sensorineural hearing loss that is usually bilateral, permanent/irreversible and affecting the 3000 to 6000 Hz level but commonly affects and is worst at the 4000 Hz level

"Exposure in the workplace to harmful noise levels in the higher frequencies

"Contingencies wherein direct damage to the eardrum or inner ear are caused by the working activity.

- (b) "Acoustic trauma results in a conductive or mixed type of hearing loss.

"Exposure in the workplace due to sudden burst of sound such as explosive blast.

- (c) "Physical trauma can present as mixed type of hearing loss

"Physical trauma sustained at work such as but not limited to motor vehicle accidents, blunt head trauma, falls, explosions, burns from caustic chemicals, open flames or welder's slag that enter the ear canal."

With respect to Musculoskeletal Disorders, the following are the conditions for its compensability:

"24. Musculoskeletal Disorders.

"Refers to traumatic and non-traumatic inflammatory, degenerative, and acquired conditions affecting muscle, tendons, ligaments, joints, peripheral nerves and blood vessels arising in the performance of assigned tasks.

- (a) "Dorsopathies or disorder of the spine (involving the cervical, thoracic, lumbosacral, pelvis hip) acquired and secondary to injuries/accidents causing Spine Pain in conditions such as Herniated Nucleus Pulposus; Osteoarthritis; Spondylosis; Spondylitis; Spondylolisthesis; Muscle Strain and Sprain; Fracture/Dislocations and Radiculopathy among but not limited to workers who are exposed to high levels of whole body vibration, repetitive motions, lifting, performing work in flexed or hyper-extended posture or performing other manual handling tasks (such as pushing, pulling);
- (b) "Disorder of the shoulder acquired or secondary to injuries/accidents causing Crushing, Avulsions; Amputations; Rotator Cuff Tendinitis; Rotator Cuff Tear; Strain and Sprain; Shoulder Impingement Syndrome; Adhesive Capsulitis or Frozen Shoulder ; Bicipital Tendinitis; Ruptured Bicipital Tendon and Shoulder Joint Dislocation among but not limited to workers who perform repeated above shoulder activities and/or repeated flexion, external rotation and abduction.
- (c) "Disorders of the elbow acquired or secondary to injuries/accidents causing Crushing, Avulsions, Amputations, Lateral and Medial Epicondylitis, Bursitis, Nerve Impingements, Tenosynovitis and peritendonitis among but not limited to workers exposed to trauma, forceful and repetitive work/stress involving wrist dorsiflexion, forearm supination and/or pronation.
- (d) "Disorders of wrist and hand acquired or secondary to injuries/accidents causing Crushing, Avulsions, Amputations, Trigger/Mallet Finger, Strain and Sprain, Fracture, Dislocation, de Quervain Tenosynovitis, Dupuytren' Contracture and Carpal Tunnel Syndrome among, but not limited to, workers using hand/vibratory tools for activities involving frequently flexed or extended wrist, combination of repetition, force and posture, overuse of the thumb as in repetitive grasping/pinching (lateral pinch between the thumb and index finger), repetitive and forceful gripping and sustained awkward postures of the wrist.
- (e) "Disorders of the knee acquired or secondary to injuries/accidents causing Crushing, Avulsions, Amputations, Knee Osteoarthritis, Bursitis, Meniscal Tear, Patellar Tendinitis, Strain and Sprain, Fracture of the patella, tibia, femur, and fibula, Synovitis, and Dislocation among but not limited to workers whose work entails exposure to prolonged external friction, pressure and repetitive motion about the knee.
- (f) "Disorders of the ankle and foot acquired or secondary to injuries/accidents causing Crushing, Avulsions, Amputations, Strain and Sprain, Fracture of the Ankle and foot, Achilles tendon tear and tendinitis, Bursitis, Synovitis, and Dislocation, among but not limited to workers exposed to repetitive stress and trauma of the ankle and foot.

Reference:

Board Resolution No. 13-11-36 ("Prescribing the Revised Conditions for the Compensability of Osteoarthritis Classified under Musculoskeletal Disorders, Amending for this Purpose Item No. 24 of Annex "A" of the Amended Rules on Employees' Compensation, dated November 29, 2013)

From 1989 until 2015 or for twenty-six (26) years, the appellant as Maintenance Laborer assigned at the General Repairs and Construction Works Section of the Special Services Dept. of St. Louis University, Baguio City, was tasked to perform manual labor such as, among others, cement-mixing, dismantling of lumber forms from set concrete, digging, of soil, demolition of buildings, classrooms, office partitions for renovation, repair, electrical or plumbing purposes, lifting and carrying of construction materials, tools, instruments, and equipment and other related carpentry/construction jobs.

The working conditions in construction industry in relation to the conditions for compensability of Hearing Loss and Musculoskeletal Disorders may be illustrated in this manner, to wit:

Health and Safety Hazards in the Construction Industry	Conditions for Compensability
<p>Physical Hazards</p> <p>“Physical hazards are present in every construction project. These hazards include noise, heat, and cold, radiation, vibration and barometric pressure.</p> <p>“The machines that have transformed construction into an increasingly mechanized activity have also made it increasingly noisy. The sources of noise are engines of all kinds, power saws, sanders, routers, planers, explosives, and many more. Noise is present on demolition projects by the very activity of demolition. It affects not only the person operating a noise-making machine but all those close-by and not only cause noise-induced hearing loss but also mask other sounds that are important for communication and safety. (emphasis supplied)</p> <p><i>Reference:</i> <i>ILO Encyclopedia of Occupational Health and Safety Vol. III, 4th Edition, p. 93.3</i></p>	<p>Occupational Hearing Loss</p> <p>“Exposure in the workplace to harmful noise levels in the higher frequencies.”</p>
<p>Physical hazards</p> <p>“Pneumatic hammers, many hand tools and earth-moving and other large mobile machines also subject workers to segmental and whole-body vibration.</p>	<p>Musculoskeletal disorders</p> <p>Exposure to high levels of whole body vibration, repetitive motions, lifting, performing work in flexed or hyperextended posture or performing other manual handling tasks such as pushing or pulling;</p>

Health and Safety Hazards in the Construction Industry	Conditions for Compensability
<p>“Strains and sprains are among the most common injuries among construction workers. These and many chronically disabling musculoskeletal disorders (such as tendinitis, carpal tunnel syndrome, and low-back pain) occur as a result of traumatic injury, repetitive forceful movements, awkward postures or over-exertion. Falls due to unstable footing, unguarded holes and slips off scaffolding and ladders are very common.” (emphasis supplied)</p> <p><i>Reference:</i> <i>ILO Encyclopedia of Occupational Health and Safety Vol. III, 4th Edition, p. 93.3</i></p>	

This Commission recognizes that construction workers, such as the appellant, are exposed to a wide variety of occupational hazards; physical hazards in particular. Aside from possible lung and skin work-related diseases, construction workers are also prone to work-place injuries and musculoskeletal disorders. Further, the appellant’s work in the construction site entailed that he be stationed in the area whose quietness and stillness is suspect. The continuous operations of various construction tools and equipment have made it increasingly noisy.

In the granting of EC disability benefits to the appellant, this Commission believes that he has satisfied the abovementioned conditions for compensability of Occupational Hearing Loss and Musculoskeletal Disorders.

WHEREFORE, the appealed decision is hereby **MODIFIED** and the SSS is ordered to **grant EC disability benefits** to herein appellant plus reimbursement of medical expenses for his succeeding consultations due to **Musculoskeletal Disorders and Hearing Loss** subject to the limitations prescribed by the Commission. However, this Commission sustains the decision of the SSS **denying appellant’s claims** insofar as his **Hypertension, Aspiration Pneumonia; Alcoholic Liver Disease; Wernicke Korsakov Syndrome and Peptic Ulcer** are concerned on the ground of no causal relationship.

SO ORDERED.

CITY OF MAKATI
September 19, 2016.



BOARD RESOLUTION NO. 16-09-36

Approving the Recommendations of the Technical Review Committee (TRC) on Two (2) EC Appealed Cases from the GSIS and Three (3) EC Appealed Cases from the SSS

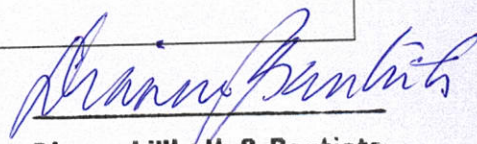
WHEREAS, Article 180 of P.D. No. 626, as amended, partly provides:

"ART. 180. Settlement of Claims.- The System shall have original and exclusive jurisdiction to settle any dispute arising from this Title with respect to coverage, entitlement to benefits, collection and payment of contributions and penalties thereon, or any other matter related thereto, subject to appeal to the Commission..." (emphasis supplied)

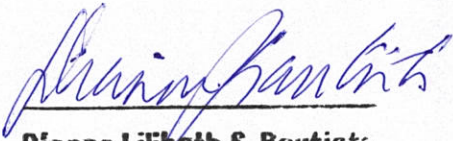
WHEREAS, on Sept. 7 and 14, 2016, the Technical Review Committee (TRC) has deliberated on the following EC appealed cases from the GSIS and the SSS. The recommendations of the TRC are as follows:

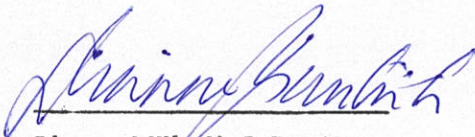
I. GSIS

<i>Title of the Case/Nature of Appeal</i>	<i>TRC Recommendation</i>
I.1. Marvin C. Guadiana vs. GSIS (GM-19531-0905-16) Nature of Claim: <i>EC disability benefits due to Glioma</i> Occupation: <i>Soldier (Pfc.-Phil. Army)</i>	For Denial Reason for Denial: <i>No causal relationship</i>
I.2. Mamerta T. Ursolino vs. GSIS (GM-19523-0726-16) Nature of Claim: <i>EC disability benefits due to Acute CVA, thrombosis of cerebral artery, LMCA; HPN; DM, type 2</i> Occupation of the Covered Member: <i>Municipal Budget Officer, Municipal Government of Alabat, Quezon</i>	For Denial Reason for Denial: <i>No causal relationship</i> CERTIFIED TRUE COPY


Dianne Lilibeth S. Bautista
Board Secretary III

II. SSS

<i>Title of the Case/Nature of Appeal</i>	<i>TRC Recommendation</i>
<p>II.1. Florencio A. Lipawen, Sr. vs. SSS (SM-19528-0824-16)</p> <p>Nature of Claim: <i>EC disability benefits due to Hypertension with left ventricular hypertrophy; Noise-Induced Hearing Loss, profound, right, severe to profound, left; Old compression deformity, Cervical spine and Degenerative Spondylosis C5 and C6 with Foraminal Stenosis C4-C5 and C6-C7; Degenerative Osteoarthritis of the right shoulder</i></p> <p>Occupation/Position: <i>Mine Bullgang; Mine Helper; Mechanic 1/C, Philex Mining Corp.</i></p> <p>CERTIFIED TRUE COPY</p> <p> Dianne Lilipeth S. Bautista Board Secretary III</p>	<p>For Modification</p> <p>For Award:</p> <p><i>Old compression deformity, Cervical spine and Degenerative Spondylosis C5 and C6 with Foraminal Stenosis C4-C5 and C6-C7; Degenerative Osteoarthritis of the right shoulder</i></p> <p>Basis for Award:</p> <p>The appellant's working conditions, particularly the repetitive faulty posture, use of vibratory tools, and lifting and carrying of heavy objects, increased the risk of contracting Musculoskeletal Disorder.</p> <p>For Denial:</p> <p><i>Hypertension with left ventricular hypertrophy; Noise-Induced Hearing Loss, profound, right, severe to profound, left</i></p> <p>Reasons for Denial:</p> <p>a. Hypertension- no causal relationship; non-satisfaction of conditions for compensability;</p> <p>b. Hearing loss- no substantial evidence showing progression of hearing loss</p>

Title of the Case/Nature of Appeal	TRC Recommendation
<p data-bbox="289 311 646 379">II. 2. Elpidio C. Abat vs. SSS (SM-19529-0824-16)</p> <p data-bbox="289 413 943 655">Nature of Claim: <i>EC disability benefits due to Hypertension, stage II; Aspiration Pneumonia; Alcoholic Liver Disease; Wernicke Korsakov Syndrome; Degenerative Cervical Spondylosis; Degenerative Lumbar Spondylosis; Noise-Induced Hearing Loss; Upper Gastrointestinal bleeding secondary to Peptic Ulcer</i></p> <p data-bbox="289 725 878 825">Occupation/Position: <i>Maintenance Laborer –Special Services Dept., St. Louis University, Baguio City</i></p> <p data-bbox="461 1663 794 1698">CERTIFIED TRUE COPY</p> <div data-bbox="418 1731 889 1927"> Dianne Lilibeth S. Bautista Board Secretary III</div>	<p data-bbox="1052 311 1271 346">For Modification</p> <p data-bbox="974 381 1321 513">For Award: <i>Noise-Induced Hearing Loss; Cervical and Lumbar Spondylosis</i></p> <p data-bbox="1019 548 1349 959">Basis for Award: a. Noise-Induced Hearing Loss- Frequent exposure to high-intensity noise; satisfaction of condition for compensability of Hearing Loss b. Cervical and Lumbar Spondylosis-</p> <p data-bbox="974 994 1349 1263">The appellant’s working conditions, particularly the repetitive faulty posture, use of vibratory tools, and lifting and carrying of heavy objects, increased the risk of contracting Musculoskeletal Disorder.</p> <p data-bbox="974 1298 1349 1567">For Denial: <i>Hypertension, stage II; Aspiration Pneumonia; Alcoholic Liver Disease; Wernicke Korsakov Syndrome; Upper Gastrointestinal Bleeding secondary to Peptic Ulcer</i></p> <p data-bbox="1019 1602 1305 1809">Reasons for Denial: No causal relationship; non-satisfaction of conditions for compensability;</p>

<i>Title of the Case/Nature of Appeal</i>	<i>TRC Recommendation</i>
<p>II.3. Genaro D. Gapuz vs. SSS (SM-19530-0824-16)</p> <p>Nature of Claim: <i>EC disability benefits due to Sensorineural Hearing Loss, bilateral, mild; Hypertension with left ventricular hypertrophy; Coronary Artery Disease; Atrophic Gastritis, Erythematous Gastritis, Esophagitis, H. Pylori Positive; Multiple Gastric Polyp Sessile Type; Degenerative Spondylosis; Inguinal Hernia</i></p> <p>Occupation of the Covered Member: <i>Carpenter; Fixed Asset in-Charge</i></p>	<p>For Denial</p> <p>Reason for Denial:</p> <p><i>No causal relationship; No employer-employee relationship</i></p>

WHEREAS, considering that this Commission is mandated to resolved EC appealed cases within the period of 20 working days, the abovementioned EC appealed cases are deemed resolved on the date of start of routing, or on September 19, 2016, by the Secretariat of this Resolution to the other members of the Commission for purposes of compliance with the prescribed 20 working day PCT;

ON THE BASIS OF THE CONCURRENCE OF THE MEMBERS OF THE COMMISSION

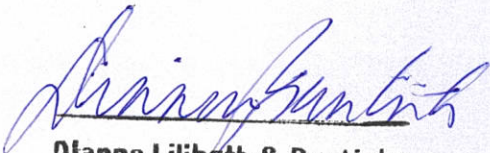
This Commission **RESOLVES AS IT HEREBY RESOLVED** that the recommendations of the TRC in the abovementioned cases be approved:

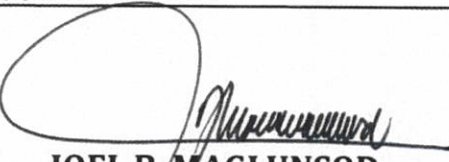
RESOLVED FURTHER, that the entire original records of the cases of **Florencio A. Lipawen, Sr. vs. SSS** (SM-19528-0824-16) and **Elpidio C. Abat vs. SSS** (SM-19529-0824-16) be transmitted to the SSS for enforcement of Decisions of this Commission granting EC benefits to the concerned claimants within 15 days upon receipt of Notices of Decisions

RESOLVED FINALLY, that copy of this Resolution and Decisions on the abovementioned cases be duly furnished to the GSIS and to the SSS for guidance and/or compliance.


APPROVED, in Makati City, 19 September 2016.

CERTIFIED TRUE COPY



Dianne Lilibeth S. Bautista
Board Secretary III




JOEL B. MAGLUNSOD
Chairperson-Designate
Department of Labor and Employment



BRENDA P. VIOLA
Member-Designate
Social Security System



DIONISIO C. EBDANE, JR.
Member-Designate
Government Service Insurance System



CARLITO P. ROBLE
Member
Employees' Sector

ABSENT

PAULYN JEAN ROSELL UBIAL
Member
Philippine Health Insurance Corporation



STELLA ZIPAGAN-BANAWIS
Member
Employees' Compensation Commission - Secretariat

CERTIFIED TRUE COPY



Dianne Lilibeth S. Bautista
Board Secretary III