



MILAGROS B. MENOR,
Appellant,

-versus-

ECC CASE No. SM-19469-1109-15

SOCIAL SECURITY SYSTEM (SSS)
Appellee.

X-----X

DECISION

This appeal seeks to review the decision, dated November 4, 2015, of the Social Security System (SSS) denying appellant's claim for death benefits, under the Employees' Compensation Law (P.D. No. 626, as amended), for the death of her husband due to Cardiorespiratory Arrest. The claim was denied on the ground of no causal relationship.

From June 20, 1978 until his death on June 21, 2014, the deceased, Rolando L. Menor (SSS No. 03-5078715-4), 57 years old at the time of death and a former resident of Upper Bicutan, Taguig City, was employed as Security Guard of Tamaraw Security Service Inc., Cubao, Quezon City. He was assigned at the Republic Chemical Industries (RCI), Inc., E. Rodriguez, Sr. Blvd., Quezon City, where he was required to render his duty from 7:00 AM until 7:00 PM.

As Security Guard, the deceased was responsible for the following:

1. Security Inspection of all incoming/outgoing personnel and company vehicles;
2. Conduct of roving inspection;
3. Recording of employees, company vehicles and items/products;
4. Submission of reports and other related/incidental duties.

Based on the Certification, dated Sept. 2, 2014, which was signed by Mr. Fulgencio O. Dacara, Jr., General Manager, Tamaraw Security Service, Inc., the deceased was found physically fit to work when he started his employment with the said agency.

On April 16, 2014, the deceased underwent laboratory examinations which revealed, among others, the following pertinent results:

Testing Item	Testing Result
Blood Viscosity	Moderately abnormal
Vascular Elasticity	Mildly abnormal
Left Ventricular Ejection Impedance	Mildly abnormal
Coronary Perfusion Pressure	Mildly abnormal

On June 21, 2014 at around 9:55 AM, the deceased was rushed to the St. Luke’s Medical Center, Quezon City, when he suddenly collapsed and fell on the floor on the pantry room of RCI office. At around 11:40 PM of the said day, he died of heart attack. There is no showing that he had history of diabetes, cigarette smoking and alcoholic beverage drinking. On June 22, 2014, the remains of the deceased were subjected to Post Mortem examination which revealed “Ruptured Aortic Aneurysm.”

On January 29, 2015, the Secretariat received a letter from the appellant requesting for assistance on the alleged denial of her claim for EC death benefits at the SSS-Makati City I Branch (Branch). On January 30, 2015, the Secretariat endorsed the said letter to the SSS-Medical Operations Department (SSS-MOD) for further evaluation.

On March 16, 2015, the SSS-MOD instructed the Branch to elevate the records of the claim. On April 15, 2015, the SSS-MOD received the records of the claim.

On October 2, 2015, the SSS-Medical Operations Department (SSS-MOD) sustained the denial of the claim reasoning that:

“... There is no causal relationship between member’s job as Security Guard and his fatal illness.”

On November 4, 2015, the Secretariat received the records of the case from the SSS for review purposes.

On December 2, 2015, this case was submitted to the Technical Review Committee (Committee) for initial deliberation. The Committee instructed the Secretariat to write a letter to the employer of the deceased requesting for the submission of the pre-employment and annual medical examination results of the deceased.

On December 2, 2015, the Secretariat prepared and sent the said letter to the employer of the deceased. In the said letter, the appellant was also informed that the evaluation would resume upon receipt of the abovementioned document, if any, within a period of 20 days or as soon as possible. However, the Secretariat did not receive any written reply from the employer but the Personnel Officer of the Tamaraw Security Service, Inc. relayed, through phone call, that the security agency does not have the custody of the requested documents.

To prevent further delay of the resolution of the case, the Secretariat has evaluated the case based on the available records.

On January 13, 2016, this case was re-submitted to the Technical Review Committee (Committee). Due to deadlock in the voting, the Committee instructed the Secretariat to refer this case to a medical expert to determine the possibility of causal relationship between the cause of death of the deceased and his working conditions.

On January 21, 2016, this case was referred to Dr. Orlando W. Deduyo, Internist-Cardiologist-Peripheral Vascular Medicine, Fatima University Medical Center, to determine the possibility of causal relationship between the cause of death of the deceased and his working conditions.

On February 15, 2016, the Secretariat received the Medical Evaluation of Dr. Deduyo which states the following:

"Based on the limited information presented, it is inconclusive to identify the patient's true health condition prior to his demise. The patient was denied a standard and proper medical evaluation during his tenure as security guard since 1978 and prior to his demise.

"His company provided a 'VistaC Laboratory Exam'. I read through the 2014 results of the exam. None of the test is being used for a standard medical exam. There was no mention of the vital signs and a complete physical examination...

"He was 55 y/o, a security guard; I am presuming that he is (sic) already hypertensive. A patient who collapses and dies could either be due to a Myocardial Infarction, Cardiac Arrhythmia, a fatal cardiovascular accident (infarct of hemorrhage), a ruptured aortic aneurysm, pulmonary embolism. With the limited data and the course of the CPR from St. Luke's, I'm deducing it's already a Myocardial

Infarction. Atherosclerosis is a slow process. It will take years of plaque build-up before becoming symptomatic. If he is a smoker then the atherosclerosis will worsen. Majority of Myocardial Infarction cases occur in hypertensive patients. The patient died at work...

"A ruptured aneurysm occurs most commonly in patients more than 60 years old. The risk factors include uncontrolled hypertension, smoking, dyslipidemia, obesity, hyper hemocystenuria. The uncontrolled hypertension will lead to increase stress on the blood vessels leading to weakening of the elastin and collagen components and eventually to dilatation and stretching of the aorta. The higher the blood pressure the faster is the weakening of the aorta. An aneurysm score of >5.5 cm. will have an increased risk of rupture. With this in mind, the ruptured aortic aneurysm is secondary to uncontrolled hypertension...

"... the patient's work and lack of proper medical evaluation prior to his demise contributed to his eventual death in June 29, 2014." (emphasis supplied)

On February 26, 2016, this case was submitted to the Committee for third deliberation. Majority of the members of the Committee concur with the evaluation of the medical expert that the working conditions of the deceased as a security guard contributed to the development of his fatal illness.

The appeal is meritorious.

Article 167 (I) 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."

Under Annex "A" of the Amended Rules on Employees' Compensation, the Cardiovascular (or heart) Disease of the covered member must have occurred under any of the following conditions to be considered as compensable:

- a. "If the heart disease was known to have been present during employment, there must be proof that an acute exacerbation was clearly precipitated by the unusual strain by reasons of the nature of his work;
- b. The strain of work that brings about an acute attack must be of sufficient severity and must be followed within 24 hours by the clinical signs of a cardiac insult to constitute causal relationship;
- c. "If a person who was apparently asymptomatic before being subjected to strain at work showed signs and symptoms of cardiac impairment during the performance of relationship subject to the following conditions:
 1. "If a person is a known hypertensive, it must be proven that his hypertension was controlled and that he was compliant with treatment;
 2. "If a person is not known to be hypertensive during his employment, his previous health examination must show normal results in all of the following, but not limited to: blood pressure, chest x-ray, electrocardiogram (ECG)/treadmill exam, CBC and urinalysis.
- d. "A history of substance abuse must be ruled out."
(ECC Resolution No. 432, dated July 20, 1977, as amended by ECC Resolution No. 11-05-13, dated May 26, 2011)

After a thorough medical evaluation of the case, this Commission believes that the condition of the deceased falls under the abovementioned second condition which provides:

- b. "The strain of work that brings about an acute attack must be of sufficient severity and must be followed within 24 hours by the clinical signs of a cardiac insult to constitute causal relationship;"

In the case of Violeta P. Ignacio vs. SSS (SM-19323-0925-14, dated October 8, 2014), this Commission held that:

"...the main reason for compensability of the fatal heart ailment of the deceased in this case is that the deceased was under a severe strain of work sufficient to have caused the heart attack since he was required to render his duty for twelve hours every day or every night depending on his shift."

In this case, in the absence of any evidence showing that lifestyle risk-factors, such as history of cigarette smoking and alcoholic beverage drinking, caused the death of the deceased, this Commission believes that the fatigue and unusual strain at work manifested when the deceased suddenly collapsed and fell on the pavement while he was at his assigned post. The medical expert, Dr. Deduyo, states in his medical evaluation that the absence of proper medical attention and working conditions of the deceased contributed to the manifestation of his fatal illness. This Commission has no reason to doubt the findings of Dr. Deduyo who is an expert in his field of work.

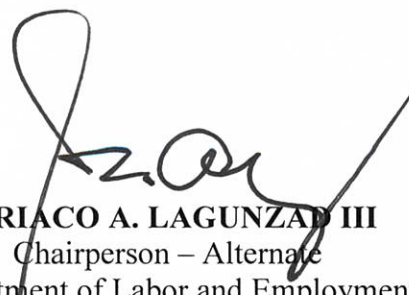
To prevent the possibility of occurrence of similar fatal incident among the security officers of Tamaraw Security Service, Inc., Cubao, Quezon City, this Commission deems it proper to refer this case to the DOLE-NCR, Quezon City Field Office for assessment purposes in accordance with the DOLE-Labor Laws Compliance System (LLCS).

WHEREFORE, the appealed decision is hereby **REVERSED** and the SSS is ordered to grant death with funeral benefits to the qualified beneficiaries of the deceased in accordance with Art. 194 (a) of P.D. No. 626, as amended, and its Implementing Rules and Regulations.


Let this case be referred to DOLE-NCR, Quezon City Field Office for assessment purposes of Tamaraw Security Service, Inc., Cubao, Quezon City, in accordance with the DOLE-Labor Laws Compliance System (LLCS).

SO ORDERED.

**CITY OF MAKATI,
February 29, 2016**



CIRIACO A. LAGUNZA III
Chairperson – Alternate
Department of Labor and Employment



BRENDA P. VIOLA
Member-Designate
Social Security System



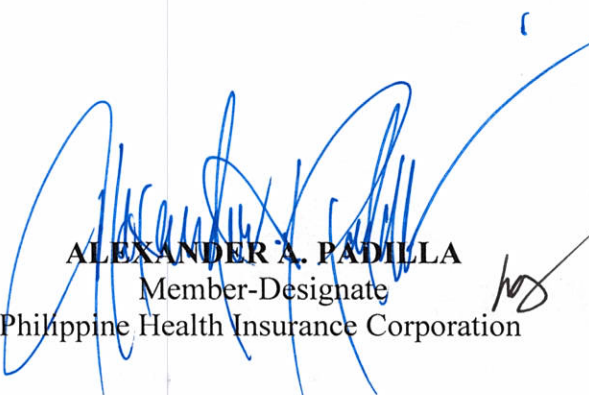
DIONISIO C. EBDANE, JR.
Member-Designate
Government Service Insurance System



CARLITO P. ROBLE
Member
Employees' Sector

Absent

MIGUEL B. VARELA
Member
Employer's Sector



ALEXANDER A. PADILLA
Member-Designate
Philippine Health Insurance Corporation

Absent

ROBERT S. MARTINEZ
Member-Designate
Civil Service Commission



STELLA ZIPAGAN-BANAWIS
Member
Employees' Compensation Commission
Secretariat