



Ika-26 ng Enero 2017

Bb. ERLINDA N. ISICAN

Purok 5, Kias, Virac
Itogon, Benguet, 2604
SM-19572-0109-17

Mahal naming **Bb. Isican**:

Ito po ay may kinalalaman sa inyong kahilingang benepisyo sa ilalim ng Employees' Compensation Law (P.D. 626, as amended).

Nais po naming ipabatid sa inyo na noong ika-25 ng Enero 2017, nagkaroon po ng desisyon ang tanggapanang ito na pagbigyan ang ilang bahagi ng inyong kahilingan. Ang SSS na lamang po ang magbibigay ng inyong karampatang benepisyo.

Mangyari lang po na ipag-bigay-alam ninyo sa aming tanggapan kung natanggap na po ninyo ang inyong kaukulang benepisyo sa loob ng tatlong (30) araw matapos po ninyong tanggapin ang kopya ng desisyon.

Maraming salamat po.

Lubos na sumasainyo,


STELLA ZIPAGAN-BANAWIS
Executive Director



Republic of the Philippines
DEPARTMENT OF LABOR AND EMPLOYMENT
EMPLOYEES' COMPENSATION COMMISSION

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January 26, 2017

ELISA T. BAROQUE, M.D.
Department Manager III
Medical Operation Department
SOCIAL SECURITY SYSTEM
East Ave., Diliman, Quezon City

Dear **Dr. Baroque**:

We are transmitting herewith the entire record of the case of:

ERLINDA N. ISICAN VS. SSS
ECC CASE No. SM-19572-0109-17

The decision in the above-entitled case is a **MODIFICATION** of the decision of the System and the same is accordingly transmitted to that office for enforcement. Pursuant to Article 182 (a) of P.D. 626 as amended, all awards granted by the Commission in cases appealed from the decisions of the System shall be effected **“within fifteen (15) days from receipt of notice thereof.”**

Very truly yours,


STELLA Z. BANAWIS
Executive Director

cc:

BRENDA P. VIOLA, MD
OIC – Medical Services Division
Social Security System (SSS)
East Ave., Diliman, Quezon City

Ms. ERLINDA N. ISICAN
Purok 5, Kias, Virac
Itogon, Benguet, 2604
SM-19572-0109-17

jtv/msmp



ERLINDA N. ISICAN,
Appellant,

-versus-

ECC CASE No. SM-19572-0109-17

SOCIAL SECURITY SYSTEM (SSS),
Appellee.

x-----x

D E C I S I O N

This appeal seeks to review the decision of the Social Security System (SSS)-Medical Claims Review Committee (MedRC), dated October 19, 2016, denying appellant's claim for disability benefits, under the Employees' Compensation Law (P.D. No. 626, as amended), for her Noise-Induced Hearing Loss, Severe Right 62% Hearing Loss; Profound Left 90% Hearing Loss; Degenerative Spondylosis with minimal bilateral Foraminal Stenosis, Cervical Vertebrae; Degenerative Spondylosis, Thoracic Vertebrae; Degenerative Spondylosis, Lumbosacral Vertebrae; Degenerative Osteoarthritis, both shoulder joints; Coronary Artery Disease.

From July 9, 1985, until January 15, 2009, the appellant, Erlinda N. Isican (SSS No. 01-0636470-5), 60 years old at the time of the filing of the claim and a resident of Itogon, Benguet, was employed as Production Specialist of Texas Instruments Philippines, Inc., Baguio City.

During the period of her employment as Production Specialist, the duties and responsibilities of the appellant include:

1. Complies with all the specifications and standard operating procedures in the operation area;
2. Runs, operates, and monitors various types of equipment/machines assigned by the facilitators;
3. Checks and inspects all the necessary requirements like the materials, equipment condition,, parameters, safety gadgets and supporting documents of the materials before operating the equipment/machines;
4. Provides accurate information in the PTTS, machine performance charts, SPC forms and other pertinent documents;
5. Maintains a working environment in compliance to TPM standards;
6. Actively participates in productivity, quality, machine utilization, cycle time, yields and other related programs;

7. Undertakes proper standards endorsement procedures, i.e. handshake endorsement;
8. Attends and participates in the training necessary to update and improve her job knowledge and skills; gets herself qualified, re-qualified and updated in the areas and/or equipment being operated;
9. Complies to all company policies and procedures including all requirements on safety, security and all other company and management guidelines;
10. Performs other job related tasks as required by the Facilitator;

On May 26, 1983, the appellant underwent pre-employment medical examination and it was noted that she was physically fit for employment.

Medical records reveal that between May 1984 and May 2008, the appellant had a series of medical consultations due to chest pain, cough, Acute Gastroenteritis, Tonsillitis, Gastroesophageal Reflux Disorder, Arthritis of the left foot, Upper Respiratory Tract Infection, Acute Tonsillopharyngitis, Foreign Body in the Left-Eye, Severe Musculoskeletal Strain, Cervic muscular Strain, Hypertension, Acute Bronchitis, and Cervic muscular Strain. Medical records further reveal that between January 2006 and April 2008, she sought medical consultations due to Musculoskeletal and Cervico-musculoskeletal strain. However, there is no showing that the appellant has experienced symptoms of musculoskeletal disorder on her shoulder joints during the time of her employment. Neither there is showing that she sustained trauma on her shoulders while she was performing her duties.

On February 11, 2016, the appellant underwent blood examination and it was noted that she has elevated level of sugar in her blood. On February 13, 2016, she was subjected to Audiogram examination which revealed findings of "Mixed Hearing Loss, Severe for the Right Ear (62%) and Profound for the Left Ear (90%)".

On March 7, 2016, the appellant sought medical consultation at the Notre Dame de Chartres Hospital, Baguio City, due to multiple joint pains, hearing loss, and chest pain. She was diagnosed to be suffering from Noise-Induced Hearing Loss, Severe Right 62% Hearing Loss; Profound Left 90% Hearing Loss; Degenerative Spondylosis with minimal bilateral Foraminal Stenosis, Cervical Vertebrae; Degenerative Spondylosis, Thoracic Vertebrae; Degenerative Spondylosis, Lumbosacral Vertebrae; Degenerative Osteoarthritis, both shoulder joints; Coronary Artery Disease.

On April 6, 2016, the appellant filed a claim for EC disability benefits before the SSS Baguio City Branch (Branch) due to the abovementioned ailments. The Branch denied the claim on the ground of no causal relationship.

On October 19, 2016, the SSS-Medical Claims Review Committee (MedCRC) sustained the denial through Resolution No. 2016-E 0241 in this manner, to wit:

“...there was no causal relationship between the illnesses claimed and her job as Production Specialist. Also, there are no documents from the employer that would substantiate that illnesses claimed are work-connected.”

On January 5, 2017, the Secretariat received the records of the case from the SSS for review purposes. On January 17, 2017, 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:

1. For Award

Claimed Illness	Basis for Award
Degenerative Spondylosis with minimal bilateral Foraminal Stenosis, Cervical Vertebrae; Degenerative Spondylosis, Thoracic Vertebrae; Degenerative Spondylosis, Lumbosacral Vertebrae	Satisfaction of condition for compensability of Musculoskeletal Disorders; working conditions of the appellant in the product manufacturing process entail repetitive joint use

2. For Denial

Claimed Illness	Reasons for Denial
Coronary Artery Disease	Non-satisfaction of any of the conditions for compensability of Cardiovascular Disease; there is no substantial evidence showing that the appellant had a cardiovascular event which was precipitated by unusual strain at work
Degenerative Osteoarthritis, shoulder joints both	Non-satisfaction of condition for compensability of Musculoskeletal Disorder; there is no showing that the appellant has experienced the symptoms of the said illness during the period of her employment; There is no showing that the appellant has experienced symptoms of musculoskeletal disorder on her shoulder joints during the time of her employment Neither there is showing that she sustained trauma on her shoulders while she was performing her duties; no employer-employee relationship

Claimed Illness	Reasons for Denial
Noise-Induced Hearing Loss, Severe 62% Hearing Loss; Profound Left 90% Hearing Loss	Non-satisfaction of condition for compensability of Hearing Loss; audiometric findings are inconsistent with occupational noise-induced hearing loss; neither there is showing that the appellant has suffered from acoustic trauma while she was performing her duties

The appeal is partly meritorious.

Article 173 (formerly Art. 167) paragraph (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."

This Commission now proceeds to discuss the etiology, conditions for compensability and the reason for denial of the claim for EC disability benefits of the appellant due to Coronary Artery Disease; Degenerative Osteoarthritis, both shoulder joints; and Noise-Induced Hearing Loss of the appellant.

Claimed Illness	Etiology/Conditions for Compensability under Annex "A" of the Amended Rules on Employees' Compensation	Reason for Denial of the Claim
Coronary Artery Disease (CAD)	<ul style="list-style-type: none"> • Atherosclerosis Major Risk Factors: <ol style="list-style-type: none"> 1. Increasing age; 2. Male gender; 3. Cigarette smoking; 4. Lipid Disorder due to accumulation of too much fats in the body; 5. HPN; 6. Insulin Resistance due to DM; 7. Family history 	Although CAD 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. There is no substantial evidence showing that unusual strain at work caused the manifestation of the appellant's heart ailment. On the contrary, she was already retired

Claimed Illness	Etiology/Conditions for Compensability under Annex "A" of the Amended Rules on Employees' Compensation	Reason for Denial of the Claim
	<p>Minor Risk Factors:</p> <ol style="list-style-type: none"> 1. Obesity; 2. Physical Inactivity; 3. Stress; 4. Postmenopausal estrogen deficiency; 5. High Carbohydrate intake; 6. Alcohol <p><i>References:</i></p> <ol style="list-style-type: none"> 1. <i>Harrison's Principles of Internal Medicine</i>, pp. 1309; 1409, Volume I, 15th Edition; 2. <i>Robbins' Pathologic Basis of Disease</i>, pp. 504; 550; 564, 6th Edition <p>Conditions for Compensability:</p> <ol style="list-style-type: none"> 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/her 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 his work and such symptoms and signs persisted, it is reasonable to claim a causal relationship subject to the following conditions: <ol style="list-style-type: none"> 1. If a person is known hypertensive, it must be proven that his hypertension was controlled and that he was compliant with treatment; 	<p>from her employment when she was diagnosed to be suffering from CAD.</p>

Claimed Illness	Etiology/Conditions for Compensability under Annex "A" of the Amended Rules on Employees' Compensation	Reason for Denial of the Claim
	<p>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</p> <p><i>(BR No. 432, dated July 20, 1977, as amended by BR No. 11-05-13, series of 2011, dated May 26, 2011)</i></p>	
Hearing Loss	<ul style="list-style-type: none"> • Middle-ear infections, viruses (mumps, chickenpox, measles, influenza, herpes zoster and adenoviruses), Meningitis, and Syphilis. • 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 page 1062;</i> 2. <i>Boie's Fundamentals of Otolaryngology 6th Edition pp. 46-47, 86-87, 90-91, 94-95, 123-124, 131-132</i> <p>Conditions for Compensability</p> <p>"4. Occupational Hearing Loss</p> <p>(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</p>	<p>Although Hearing Loss 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>There is no showing that during the time of her employment, the appellant's working conditions as Production Specialist entailed exposure to harmful noise levels in the higher frequencies.</p>

Claimed Illness	Etiology/Conditions for Compensability under Annex "A" of the Amended Rules on Employees' Compensation	Reason for Denial of the Claim
	<p>“Exposure in the workplace to harmful noise levels in the higher frequencies</p> <p>“Contingencies wherein direct damage to the eardrum or inner ear are caused by the working activity.</p> <p>(b) “Acoustic trauma results in a conductive or mixed type of hearing loss.</p> <p>“Exposure in the workplace due to sudden burst of sound such as explosive blast.</p> <p>(c) “Physical trauma can present as mixed type of hearing loss</p> <p>”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.”</p>	
<p>Musculoskeletal Disorders (Degenerative Osteoarthritis, both shoulder joints)</p>	<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: Board Resolution No. 13-11-36 dated November 29, 2013</i></p>	<p>Although Musculoskeletal Disorders have been included in the List of occupational Diseases, their compensability requires compliance with the conditions provided under Annex “A” of the Amended Rules on Employees’ Compensation.</p> <p>There is no showing that the appellant has experienced symptoms of musculoskeletal disorder on her shoulder joints during the time of her employment Neither there is showing that she sustained trauma on her shoulders while she was performing her duties</p>

Claimed Illness	Etiology/Conditions for Compensability under Annex "A" of the Amended Rules on Employees' Compensation	Reason for Denial of the Claim
	<p>“24. Musculoskeletal Disorders.</p> <p>“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.</p> <p>(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);</p> <p>(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.</p>	<p>In this case, the etiology of the claimed ailment points only to degeneration which is not related to any type of employment. The diagnosis of Degenerative Osteoarthritis emphasizes that complication.</p>

Claimed Illness	Etiology/Conditions for Compensability under Annex "A" of the Amended Rules on Employees' Compensation	Reason for Denial of the Claim
	<p>(c) "Disorders of the elbow acquired or secondary to injuries/accidents causing Crushing, Avulsions, Amputations, Lateral and Medical 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.</p> <p>(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.</p> <p>(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 are repetitive motion about the knee</p>	

Claimed Illness	Etiology/Conditions for Compensability under Annex "A" of the Amended Rules on Employees' Compensation	Reason for Denial of the Claim
	(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.	

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 her Coronary Artery Disease, Degenerative Osteoarthritis, both shoulder joints and Noise-Induced Hearing Loss are concerned.

Musculoskeletal Disorders (Degenerative Spondylosis with minimal bilateral Foraminal Stenosis; Cervical Vertebrae; Degenerative Spondylosis, Thoracic Vertebrae; Degenerative Spondylosis, Lumbosacral Vertebrae); work entails repetitive joint movements in carrying out various tasks in a semiconductor company

From July 9, 1985, until January 15, 2009, the appellant has occupied the position of Production Specialist. Medical records further reveal that between January 2006 and April 2008, the appellant has experienced the symptoms of her musculoskeletal disorders when she sought medical consultations due to musculoskeletal and cervico-musculoskeletal strain.

In the similar case of Josephine S. Wegiyon vs. SSS (SM-19283-0523-14, dated June 6, 2014), this Commission states that:

"The working conditions of the appellant as Production Specialist involved repetitive strenuous activities which caused strain on the lumbar spine. Thus, it is reasonable to conclude that the same may have caused the manifestation of the appellant's work-related musculoskeletal disorders.

"Medical findings have established that the risk for Osteoarthritis is associated with degeneration of the joint cartilages due to trauma. As stated in the following findings:

"Normally, a joint is supported by a smooth elastic material called cartilage. The cartilage supports the adjoining bones to avoid friction among the bones. Factors contributing to the development of osteoarthritis are obesity or excessively heavy weight, previous joint injuries, strenuous activities and accidents resulting in repeated joint injuries. Old age and trauma can cause thinning of the cartilages.

“Thinning of the cartilages can cause friction between the adjoining bones which leads to chipping off of the bones. Osteoarthritis is usually seen at the hands and the weight bearing joints like the spinal column, hips and the knees.”

References:

1. *Pathologic Basis of Disease by Cotran, 6th Edition, pp. 1246-48;*
2. *Shands Handbook of Orthopedic Surgery, 9th Edition, p. 155*

In the succeeding case of Angela G. Ananayo (SM-19316-0902-14, dated October 8, 2014), this Commission ruled that:

“The appellant’s working conditions entailed the operation and monitoring of various types of equipment/machines assigned by the facilitators. The same reveals 29 years (1984-2013) of repetitive work. The appellant’s job entailed her to perform the same repetitive motion which caused the trauma to the muscle and tendon. Thus, there is a reasonable probability that the repetitive movement and strenuous exertion of the appellant’s muscle has increased her risk of developing her Cervical Osteoarthritis.

“As stated in the following medical findings:

“There is evidence for a causal relationship between highly repetitive work and neck and neck/shoulder MSDs. Most of the epidemiologic studies reviewed defined “repetitive work” for the neck as work-activities which involve continuous arm or hand movements which affect the neck/shoulder musculature and generate loads on the neck/shoulder area... There is strong evidence that working groups with higher levels of static contraction, prolonged static loads or extreme working postures involving the neck/shoulder muscles are at increased risk for neck/shoulder MSDs...”

Reference:

<http://www.cdc.gov/niosh/docs/97-141/pdfs/97-14.pdf>: Musculoskeletal Disorders and Work-Place Factors. A Critical Review of Epidemiologic Evidence for Work-Related Musculoskeletal Disorders of the Neck, Upper Extremity and Low-Back.

In the abovementioned cases, the appellants were also employed as Production Specialist at Texas Instruments, Inc.

Further, medical findings have illustrated the working conditions and the occupational hazards in a semiconductor company in this manner, to wit:

- “A cross-sectional survey of semiconductor factories was conducted to identify the ergonomic risk factors in the work-processes, the prevalence of body pain among workers, and the relationship between body pain and work-processes. A total of 906 women semiconductor workers took part in the study.
- “In wafer preparation and polishing, a combination of lifting weights and prolonged standing might have led to high pain prevalence in the low back.
- “Semiconductor front of line workers, who mostly walked around to operate machines in clean rooms, had the lowest prevalence of body pain.
- “Semiconductor assembly middle of line workers, especially the molding workers, who did frequent lifting, had high pain prevalence in the neck/shoulder and upper back.

- “In the semiconductor assembly end of line work section, chip inspection workers who were exposed to prolonged sitting without back support had high prevalence of neck/shoulder and upper back pain while chip testing workers who had to climb steps to load units had a high prevalence of lower limb pain.
- “Workers in the assembly of electronic components carrying out repetitive tasks with hands and fingers, and standing in awkward postures had high pain prevalence in the neck/shoulders, arms, and hands/wrists.

Reference:

Ergonomic Risk Factors of Work Processes in the Semiconductor Industry in Peninsular Malaysia, Heng-Leng Chee et.al. Industrial Health 2004 pp. 42; 373-381.

In summary, the main reason for compensability of the appellant’s Degenerative Spondylosis with minimal bilateral Foraminal Stenosis, Cervical Vertebrae; Degenerative Spondylosis, Thoracic Vertebrae; Degenerative Spondylosis, Lumbosacral Vertebrae is the repetitive joint movements of the appellant in performing her duties as Production Specialist in a semiconductor company. Medical findings have already established that this type of chronic posture and repetitive task is sufficient to cause the manifestation of musculoskeletal disorders.

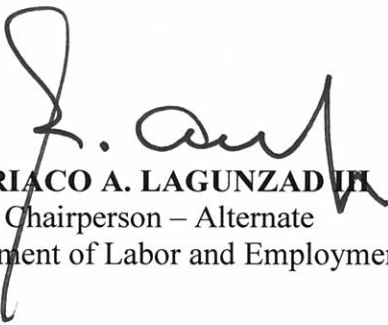
Lastly, considering the possibility of numerous findings of musculoskeletal disorders among the workers at Texas Instruments, Inc., Baguio City, this Commission deems it proper to refer this case to the DOLE-Regional Office-Cordillera Administrative Region (DOLE-RO-CAR), Baguio City, for assessment purposes in accordance with the DOLE-Labor Laws Compliance System (LLCS).

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 **Degenerative Spondylosis with minimal bilateral Foraminal Stenosis, Cervical Vertebrae; Degenerative Spondylosis, Thoracic Vertebrae; Degenerative Spondylosis, Lumbosacral Vertebrae** subject to the limitations prescribed by the Commission. However, the claim for EC disability benefits due to Coronary Artery Disease, Degenerative Osteoarthritis, both shoulder joints and Noise-Induced Hearing Loss of the appellant is hereby **DENIED** on the ground of no causal relationship and/or no employer-employee relationship.


Let this case be referred to DOLE-RO-CAR for assessment purposes in accordance with the DOLE-Labor Laws Compliance System (LLCS).

SO ORDERED.

**CITY OF MAKATI,
January 25, 2017.**



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



BRENDA P. VIOLA, M.D.
Member-Designate
Social Security System



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



CARLITO P. ROBLE
Member
Employees' Sector

ABSENT

RAMON F. ARISTOZA, JR.,
Member-Designate
Philippine Health Insurance Corporation



STELLA ZIPAGAN-BANAWIS
Member
Employees' Compensation Commission
Secretariat

