



Republic of the Philippines  
DEPARTMENT OF LABOR AND EMPLOYMENT  
**EMPLOYEES' COMPENSATION COMMISSION**  
4<sup>th</sup> & 5<sup>th</sup> Floors, ECC Building, 355 Sen. Gil J. Puyat Avenue, City of Makati

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Ika-14 ng Hunyo 2016

**G. ANTHONY D. JUANIZA**

DC-2, Block 17, Lot 21, Regent Pearl  
Alijis, Bacolod City, 6100  
SM-19631-0509-17

Mahal naming **G. JUANIZA**:


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-26 ng Mayo 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



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June 14, 2017

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

Dear **Dr. Baroque**:

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

**ANTHONY D. JUANIZA vs. SSS**  
**ECC CASE No. SM-19631-0509-17**

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.”**

This case was resolved through Board Resolution (BR) No. 17-05-20 dated May 26, 2017.

Very truly yours,

  
**STELLA ZIPAGAN-BANAWIS**  
Executive Director

cc:

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

**Mr. ANTHONY D. JUANIZA**  
DC-2, Block 17, Lot 21, Regent Pearl  
Alijis, Bacolod City, 6100  
SM-19631-0509-17



**ANTHONY D. JUANIZA,**  
*Appellant,*

**-versus-**

**ECC CASE No. SM-19631-0509-17**

**SOCIAL SECURITY SYSTEM (SSS),**  
*Appellee.*

x-----x

## **D E C I S I O N**

This appeal seeks to review the Social Security System-Medical Claims Review Committee (SSS-MedCRC) Resolution No. 2017-E0047, dated April 10, 2017, denying appellant's claim, under the Employees' Compensation Law (P.D. No. 626, as amended), for his Giant Cell Osteosarcoma.

From May 2, 2012, until April 8, 2016, the appellant, Anthony D. Juaniza (SSS No. 07-1566620-5), 42 years old at the time of the filing of the claim and a resident of Bacolod City, was employed as Janitor/Foot Messenger of The ROMAC Group -Romac Visayas Services, Inc., Iloilo City. As Janitor/Foot Messenger, he was assigned with the following duties and responsibilities:

1. Picks-up and delivers documents to the different branches of client-agencies;
2. Sorts items to be delivered according to delivery route;
3. Does cleaning and maintenance of office equipment.

On February 9, 2016, the appellant underwent Fine Needle Aspiration Biopsy examination due to a large mass on his right upper thigh and it was discovered that he has been suffering from Giant Cell Osteosarcoma.

On April 7, 2016 at around 10:30 AM, the appellant sustained an injury on his right pelvic area when he tripped and accidentally fell on the gutter along San Juan St., Bacolod City, He was on official business at the time of the said incident. He was brought to Dr. Pablo O. Torre Memorial Hospital, Bacolod City, where he underwent Pelvis X-ray examination which revealed "*lysis of the inferior pubic ramus in the right which may be due to a neoplastic process or metastasis.*"



On July 13, 2016, the appellant filed claims for SSS sickness benefits and EC Temporary Total Disability (TTD) benefits before the SSS Iloilo City Branch (Branch). The Branch approved the grant of SSS sickness benefits for 115 days effective April 12, 2016 but denied his claim for EC TTD benefits on the ground of no causal relationship.

On April 10, 2017, the SSS-MedCRC sustained the denial of the claim reasoning that:

**“...there was no causal relationship between the nature of member’s work as a Messenger and his illness. Moreover, the presence of an acute traumatic injury like a fall could not have possibly caused a chronically developing illness such as a neoplasm.”**

On May 4, 2017, the Secretariat received the records of the case from the SSS for review purposes. On May 24, 2017, this case was submitted to the Technical Review Committee (Committee) for initial deliberation. The Committee has decided to elevate this case to the Commission with a recommendation to deny the claim due to Osteosarcoma on the ground of no causal relationship. However, the Committee has recommended the grant of EC disability benefits to the appellant due to the accident that he sustained while he was performing his duties as Messenger.

***The appeal is partly meritorious.***

**First Issue: Compensability of the Appellant’s Osteosarcoma**

Article 173 (formerly Art. 167) paragraph (1) 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 Giant Cell Osteosarcoma in this manner, to wit:

**OSTEOSARCOMA**

- “Osteosarcoma accounting for almost 45% of all bone sarcomas, is a spindle cell neoplasm that produces osteoid (unmineralized) bone...”
- “The exact cause of Osteosarcoma is unknown. However, a number of risk factors have been identified.

- “Rapid bone growth appears to predispose persons to osteosarcoma, as suggested by the increased incidence during the adolescent growth spurt, the high incidence among large-breed dogs (e.g. Great Dane, St. Bernard, German shepherd), and osteosarcoma’s typical location in the metaphyseal area adjacent to the growth plate (physis) of long bones...
- “Genetic predisposition plays a role. Bone dysplasias, including Paget’s disease, fibrous dysplasia, enchondromatosis, and hereditary multiple exostoses and retinoblastoma (germline form) are risk factors...
- “The combination of constitutional mutation of the RB gene (germline retinoblastoma) and radiation therapy is linked with a particularly high risk of developing osteosarcoma, Li-Fraumeni syndrome (germline p53 mutation), and Rothmund-Thomson syndrome (autosomal recessive association of congenital bone defects, hair and skin dysplasias, hypogonadism, and cataracts)... “
- “The only known environmental risk factor is exposure to radiation.”

*References:*

1. *Harrison’s Principles of Internal Medicine, 16<sup>th</sup> Edition, Volume I, p. 561: Soft-Tissue and Bone Sarcomas and Bone Metastases; Osteosarcoma; Charles T. Mehlman, DO, MPH, et.al.: Updated September 12, 2016;*
2. <http://emedicine.medscape.com/article/1256857-overview#showall>
3. <http://sarcomahelp.org/osteosarcoma.html>

**Osteosarcoma** is not among the occupational diseases listed under Annex “A” of the Amended Rules on Employees’ Compensation Law. Thus, it is required of the appellant to prove that the risk of contracting the said ailment was increased by the nature of his working conditions. However, the records failed to disclose any substantial evidence that would establish any reasonable connection between the working conditions of the appellant and the said ailment.

This Commission agrees with the SSS insofar as the non-compensability of the appellant’s Osteosarcoma is concerned.

**Second Issue: Compensability of the Injury Sustained by the Appellant**

In denying the claim, the SSS states that the “presence of acute traumatic injury like a fall could not have possibly caused a chronically developing illness such as neoplasm.” Stated differently, the SSS argues that the injury sustained by the appellant has no link or connection whatsoever with the manifestation of his Osteosarcoma.

Be that as it may, the SSS may have overlooked the fact that the appellant was performing his duties as Messenger when he tripped and fell on a road gutter which rendered him non-ambulant.

Section I (a), Rule III on the Amended Rules on Employees Compensation states:

*“For the injury and the resulting disability or death to be compensable, the injury must be the result of accident arising out of and in the course of the employment.” (ECC Resolution No. 2799, July 25, 1984)*

Stated otherwise, an accident can be considered to have been arising out of and in the course of employment when it occurred while the employee is in the performance of his official function, at the place where his work requires him to be, and if elsewhere, the employee must have been executing an order for the employer.

In the case of *Valeriano vs. Employees’ Compensation Commission (333 SCRA 441)*, the Supreme Court held that:

*“...Thus, for injury to be compensable, the standard of “work connection” must be substantially satisfied. The injury and the resulting disability sustained by reason of employment are compensable regardless of the place where the injury occurred, if it can be proven that at the time of the injury, the employee was acting within the purview of his or her employment and performing an act reasonably necessary or incidental thereto.” (emphasis supplied)*

Thus, by applying the decision of the Supreme Court in this case, the SSS should have granted the appellant with the corresponding disability benefits under P.D. No. 626, as amended, due to the injury that he sustained while in the performance of his duties as Messenger.

**WHEREFORE**, the appealed decision is hereby **MODIFIED** and the SSS is ordered to **GRANT EC disability benefits** to the appellant plus reimbursement of medical expenses incurred for medical consultations, including medications, due to his **work-related injury**. However, the claim for EC disability benefits due to **Osteosarcoma** is hereby **DENIED** on the ground of prescription.

**SO ORDERED.**

**CITY OF MAKATI,**  
**May 26, 2017.**



## BOARD RESOLUTION NO. 17-05-20

### *Approving the Recommendations of the Technical Review Committee (TRC) on Ten (10) EC Appealed Cases from the SSS and Four (4) EC Appealed Cases from the GSIS*

**WHEREAS**, Article 186 (formerly 180) of P.D. No. 626, as amended, partly provides:

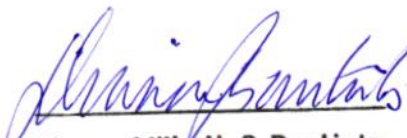
**“ART. 186. Settlement of Claims.- The System shall have original and exclusive jurisdiction to settle any dispute arising from this Title with respect to coverage, entitlement to benefits, collection and payment of contributions and penalties thereon, or any other matter related thereto, subject to appeal to the Commission...”** (emphasis supplied)

**WHEREAS**, on May 24, 2017, the Technical Review Committee (TRC) has deliberated on the following EC appealed cases from the SSS and the GSIS:

#### *I. SSS (Medical Cases)*

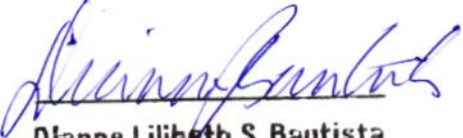
<i>Title of the Case/ Nature of Appeal</i>	<i>TRC Recommendation</i>	<i>End of 20 working days PCT</i>
<p><b>I.1. SIBULO, Mary Ann P. vs. SSS</b></p> <p>(Ferdinand F. Schon-deceased)</p> <p><b>SM-19627-0509-17</b></p> <p>Nature of claim: death benefits due to Cerebrovascular Accident (CVA or Stroke), hemorrhage; Hypertension</p> <p>Occupation of the covered member: Security Guard</p>	<p><b>For Award</b></p> <p><b>Basis for award:</b> satisfaction of condition for compensability of CVA-strenuous working conditions-long-working hours</p> <ul style="list-style-type: none"> <li>From June 5 until June 15, 2016, the deceased had rendered 12 hour duty; prior to his death on June 16, 2016, he rendered 16 hour duty;</li> <li>Medical findings have already established the causal connection between long working hours and increased risk of Stroke (Work Stress as a Risk Factor for Cardiovascular Disease; Mika Kivimaki, Ichiro Kawachi;</li> </ul>	<p><b>June 6, 2017</b></p>

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**Dianne Lilibeth S. Bautista**  
Board Secretary III



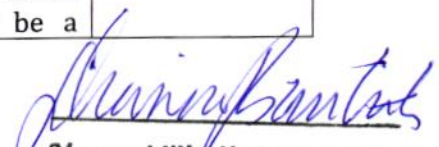
<b>Title of the Case/ Nature of Appeal</b>	<b>TRC Recommendation</b>	<b>End of 20 working days PCT</b>
(Tamaraw Security Agency)	<p>Curr Cardiol Rep (2015) 17; 74 DOI 10.1007/s 11886-015-0630-8);</p> <ul style="list-style-type: none"> <li>In the similar case of Mary Ann Joy M. Emplica vs. SSS (SM-19374-0113-15, Nov. 2015), this Commission held that <i>"the performance of straight 12-hour duty for 10 days exposed the deceased to unusual strain at work which, eventually, led to the manifestation of his fatal illness."</i></li> <li>The TRC has also recommended the referral of this case to the BWC for assessment purposes in accordance with BWC.</li> </ul>	
<p><b>I.2. ALVARADO, Gil J. vs. SSS</b></p> <p><b>SM-19632-0509-17</b></p> <p>Nature of claim: <i>disability benefits due to Cerebrovascular Accident (CVA), infarct, R MCA territory; Hypertensive Cardiovascular Disease</i></p> <p>Positions occupied by the covered member: Bus Conductor; Line Inspector (Victory Liner, Inc.)</p>	<p><b>For Award</b></p> <p><b>Basis for award:</b> satisfaction of condition for compensability of CVA; strenuous working conditions-shift-work duties</p> <ul style="list-style-type: none"> <li>For almost 23 years, the appellant has been required to render his duty on a shifting schedule;</li> <li>Medical findings have already established that <i>"shift workers had a 40% increased risk of cardiovascular disease compared with day workers. There is also evidence showing that individuals who have performed over six -years of shift work duties are at higher risk of developing cardiovascular disease."</i> (Shift work and its effects on the cardiovascular system; Thabo M., MB ChB, et.al; Cardiovasc J Afr. 2008 Aug; 19 (4): 210-215)</li> <li>The TRC has also recommended the referral of this case to the BWC for assessment purposes in accordance with BWC.</li> </ul> <p style="text-align: right;"><b>CERTIFIED TRUE COPY</b></p>	<p><b>June 6, 2017</b></p>

  
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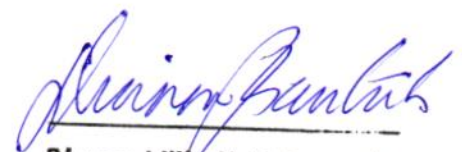
<i>Title of the Case/ Nature of Appeal</i>	<i>TRC Recommendation</i>	<i>End of 20 working days PCT</i>
<p><b>I.3. ABAINCIA, Vicenta C vs. SSS</b></p> <p><b>SM-19630-0509-17</b></p> <p>Nature of claim: <i>disability benefits due to Cerebrovascular Infarct, Left Lentiform Nucleus, Posterior Limb of Internal Capsule; Hypertension</i></p> <p>Occupation of the covered member: Household/Helper-Cook (Embassy of Israel in the Philippines)</p>	<p><b>For Denial</b></p> <p><b>Reason for denial:</b> no causal relationship</p> <ul style="list-style-type: none"> <li>• Non-satisfaction of any of the conditions for compensability of Cerebrovascular Accident (CVA) and Hypertension;</li> </ul>	<p><b>June 6, 2017</b></p>
<p><b>I.4. BAUTISTA, Gerardo J. vs. SSS</b></p> <p><b>SM-19629-0509-17</b></p> <p>Nature of claim: <i>disability benefits due to Diverticulitis, Perihepatic Abscess; Cholangitis; Choledocholithiasis</i></p> <p>Occupation of the covered member: Able-Bodied Seaman (Solsted Offshore Crewing Services)</p>	<p><b>For Denial</b></p> <p><b>Reason for denial:</b> no causal relationship</p> <ul style="list-style-type: none"> <li>• The risk factors of the following claimed ailments are not related to the working conditions of the appellant.</li> </ul> <p><b>1. Diverticulitis</b></p> <ul style="list-style-type: none"> <li>• "Diverticula are small, bulging sacs or pouches that form on the inner wall of the intestine. Diverticulitis occurs when these pouches become inflamed or infected. Most often, these pouches are in the large intestine (colon).</li> <li>• "The formation of pouches or sacs on the intestinal lining is called diverticulosis. It is found in more than half of Americans over age 60. However, no one knows exactly what causes the pouches to form.</li> <li>• "Eating a low-fiber diet mostly made up of processed foods may be a</li> </ul>	<p><b>June 6, 2017</b></p>

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<b>Title of the Case/ Nature of Appeal</b>	<b>TRC Recommendation</b>	<b>End of 20 working days PCT</b>
	<p>cause. Constipation and hard stools are more likely when you do not eat enough fiber. Straining to pass stools increases the pressure in the colon or intestines, which may lead to the formation of these pouches.”</p> <p>Reference: Medline plus Medical Encyclopedia</p> <ul style="list-style-type: none"> <li>• “Diverticulitis is caused by small pieces of stool (feces) that become trapped in these pouches, causing infection or inflammation.”</li> </ul> <p>2. <b>Hepatic (Liver) Abscess-</b> hematogenous spread of bacteria; disease of the biliary tract</p> <p>3. “<b>Cholangitis</b> is an infection of the bile ducts, the tubes that carry <u>bile</u> from the liver to the gallbladder and intestines. Bile is a liquid made by the liver that helps digest food.</p> <ul style="list-style-type: none"> <li>• “Cholangitis is most often caused by bacteria. This can occur when the duct is blocked by something, such as a gallstone or tumor. The infection causing this condition may also spread to the liver.</li> <li>• “Risk factors include a previous history of <u>gallstones</u>, sclerosing cholangitis, HIV, narrowing of the common bile duct, and rarely, travel to countries where you might catch a worm or parasite infection</li> </ul> <p>Reference: Medline plus Medical Encyclopedia</p> <p>4. “<b>Choledocholithiasis</b> is the presence of at least one gallstone in the common bile duct. The stone may be made up of <u>bile</u> pigments or</p>	

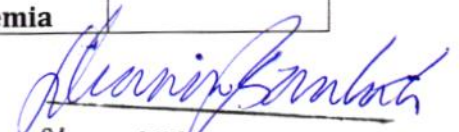
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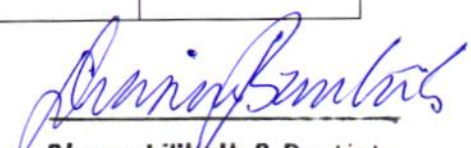
<b>Title of the Case/ Nature of Appeal</b>	<b>TRC Recommendation</b>	<b>End of 20 working days PCT</b>
	<p>calcium and cholesterol salts.</p> <ul style="list-style-type: none"> <li>• “About 1 in 7 people with gallstones will develop stones in the common bile duct. This is the small tube that carries bile from the gallbladder to the intestine.</li> <li>• “Risk factors include a history of <u>gallstones</u>. However, choledocholithiasis can occur in people who have had their gallbladder removed.”</li> </ul> <p>Reference: Medline plus Medical Encyclopedia</p>	
<p><b>I.5. GALAY, Virgilio D. vs. SSS</b></p> <p><b>SM-19558-1201-16</b></p> <p>Nature of claim: <i>disability benefits due to Chronic Obstructive Pulmonary Disease (COPD); Hypertension with Left Ventricular Hypertrophy; Diabetes Mellitus; Dyslipidemia; Multiple Osteoarthritis; Pulmonary Tuberculosis (PTB)</i></p> <p>Occupation of the Covered Member: General Electrician I/C (Philex Mining Corp.)</p>	<p style="text-align: center;"><b>For Denial</b></p> <p><b>Reasons for denial: no causal relationship</b></p> <ol style="list-style-type: none"> <li><b>1. COPD in relation to possible findings of Pneumoconiosis</b> <ul style="list-style-type: none"> <li>• Cigarette smoking history caused or contributed to the manifestation of his COPD;</li> <li>• No substantial evidence showing the possible manifestation of Pneumoconiosis; the appellant failed to submit his chest X-ray films</li> </ul> </li> <li><b>2. Hypertension</b> <ul style="list-style-type: none"> <li>• Non-satisfaction of the conditions for compensability of Hypertension</li> </ul> </li> <li><b>3. Osteoarthritis</b> <ul style="list-style-type: none"> <li>• Non-satisfaction of the any of the conditions for compensability of Musculoskeletal Disorders</li> </ul> </li> <li><b>4. Diabetes Mellitus; Dyslipidemia</b></li> </ol>	<p style="text-align: center;"><b>May 29, 2017</b></p>

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 Board Secretary III



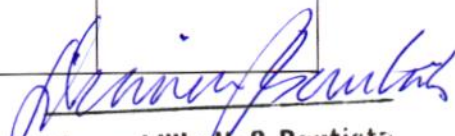
<b>Title of the Case/ Nature of Appeal</b>	<b>TRC Recommendation</b>	<b>End of 20 working days PCT</b>
	<ul style="list-style-type: none"> <li>Risk factors are not related to the working conditions of the appellant</li> </ul> <p><b>5. Pulmonary Tuberculosis</b></p> <ul style="list-style-type: none"> <li>Non-satisfaction of any of the conditions for compensability of PTB</li> </ul>	
<p><b>1.6. JUANIZA, Anthony D. vs. SSS</b></p> <p><b>SM-19631-0509-17</b></p> <p>Nature of claim: <i>disability benefits due to Giant Cell Osteosarcoma (rare type of cancerous bone tumor)</i></p> <p><i>Incidental findings: injury sustained by the appellant when he tripped and fell on a road gutter while performing his duties as Messenger</i></p> <p>Occupation of the Covered Member: Messenger (Romac Visayas Services)</p>	<p><b>For Modification</b></p> <p>1. <b>For award-</b> injury sustained by the appellant</p> <p><b>Basis:</b> Special Errand Rule (compensability of injury sustained by an employee while on official business)</p> <p>2. <b>For denial-Osteosarcoma</b></p> <p><b>Reason for denial:</b> no causal relationship</p> <ul style="list-style-type: none"> <li>The exact cause of Osteosarcoma is unknown; identified risk factors, such as radiation therapy or transformation in a pre-existing benign condition such as Paget's disease, are not related to the working conditions of the appellant.</li> </ul>	<p><b>June 6, 2017</b></p>
<p><b>I.7. LOMBOY, Vivian M. vs. SSS</b></p> <p><b>SM-19633-0509-17</b></p> <p>Nature of claim: <i>disability benefits due to Essential Hypertension, stage II; Dyslipidemia; Angina Pectoris; Diabetes Mellitus</i></p>	<p><b>For Denial</b></p> <p><b>Reason for denial:</b> no causal relationship</p> <ul style="list-style-type: none"> <li>Non-satisfaction of the conditions for compensability of Cardiovascular diseases;</li> </ul>	<p><b>June 6, 2017</b></p>

  
**Dianne Lilibeth S. Bautista**  
 Board Secretary III

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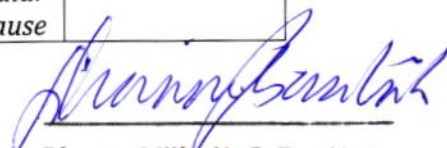
<b>Title of the Case/ Nature of Appeal</b>	<b>TRC Recommendation</b>	<b>End of 20 working days PCT</b>
<p>(DM)</p> <p>Occupation of the Covered Member: Assembly Line Operator (Int'l Wiring Systems Philippines Corp.)</p>	<ul style="list-style-type: none"> <li>• Diabetes Mellitus and its complications are not considered work-connected;</li> <li>• The diabetic condition of the appellant caused the manifestation of her Hypertension and Angina.</li> <li>• The following risk factors of Angina Pectoris and Dyslipidemia are not related to the working conditions of the appellant:               <ol style="list-style-type: none"> <li>1. <b>Angina Pectoris</b> (<i>chest discomfort or pain</i>)- Atherosclerosis (common disorder of the arteries); long-term smoking; inhalation of carbon monoxide in a closed area</li> <li>2. <b>Dyslipidemia</b> (<i>disease caused by disorders of lipid metabolism</i>)- idiopathic (unknown); autosomal (inherited); secondary from diabetes mellitus, alcohol consumption, oral contraceptives, renal/hepatic disease and hypothyroidism causes.</li> </ol> </li> </ul>	
<p><b>I.8. NAMORO, Mildred H. vs. SSS</b></p> <p>Manuel A. Namoro-deceased</p> <p><b>SM-19634-0509-17</b></p> <p><i>Nature of claim: death benefits due to Hepatobiliary Cancer, stage 4 (liver, bile duct, or gallbladder cancer)</i></p>	<p style="text-align: center;"><b>For Denial</b></p> <p><b>Reason for denial: no causal relationship</b></p> <ul style="list-style-type: none"> <li>• Risk factors of Hepatobiliary Cancer, such as Hepatitis B or C infection, inherited errors of metabolism, excessive alcohol intake, environmental exposure to aflatoxin, are not related to the working conditions of the deceased.</li> </ul>	<p style="text-align: center;"><b>June 6, 2017</b></p>

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**Dianne Lilibeth S. Bautista**  
 Board Secretary

<b>Title of the Case/ Nature of Appeal</b>	<b>TRC Recommendation</b>	<b>End of 20 working days PCT</b>
Occupation of the Covered Member: Main Warehouse Supervisor (Philex Mining Corp.)		
<p><b>1.9. PATUGAD, Josephine B. vs. SSS</b></p> <p>(Marcos G. Patugad-deceased)</p> <p><b>SM-19621-0417-17</b></p> <p><i>Nature of claim: death benefits due to Coronary Artery Disease; Hypertensive stage II; Diabetes Mellitus, type 2; Pulmonary Tuberculosis</i></p> <p>Occupation of the Covered Member: Shift Supervisor (Philex Mining Corp.)</p>	<p style="text-align: center;"><b>For Denial</b></p> <p><b>Reason for denial:</b> no causal relationship</p> <ul style="list-style-type: none"> <li>• Non-satisfaction of any of the conditions for compensability of Cardiovascular Diseases and Pulmonary Tuberculosis;</li> <li>• Diabetes Mellitus and its complications are not considered as work-related</li> </ul>	<p style="text-align: center;"><b>June 6, 2017</b></p>
<p><b>1.10. MAGHINANG, Ma. Lorelei vs. SSS</b></p> <p><b>SM-19628-0509-17</b></p> <p><i>Nature of claim: disability benefits due to Superior Semi-circular Canal Dehiscence Syndrome</i></p> <p>Incidental findings: Sensorineural Hearing Loss; Presbyopia of both eyes; Lumbar Spondylolisthesis; Carpal Tunnel Syndrome</p> <p>Occupation of the Covered Member: Call Center Agent (Accenture, Inc.)</p>	<p style="text-align: center;"><b>For Denial</b></p> <p><b>Reasons for denial:</b></p> <p><b>1. Superior Semi-Circular Canal Dehiscence Syndrome (SSCDS)</b></p> <ul style="list-style-type: none"> <li>• No causal relationship; risk factors are not related to the working conditions of the appellant as Call Center Agent;</li> <li>• SSCDS results from the formation of an abnormal window other than the two functional windows in the inner ear (the oval and round window) that are responsible for the transmission of sound to neural activity, secretion, and absorption of substances, and defense of the inner ear against infections.</li> <li>• Malformation of the semicircular canal during embryology cause</li> </ul>	<p style="text-align: center;"><b>June 6, 2017</b></p>

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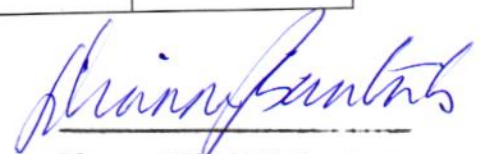


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Title of the Case/ Nature of Appeal	TRC Recommendation	End of 20 working days PCT
	<p>dehiscence of the superior semicircular canal and creates a third window effect from the continuous movement of endolymph (an inner ear substance) with sound or pressure stimulation. This results in dizziness (vertigo) as the inner ear becomes very sensitive to sound or pressure stimulation.</p> <p>(Wayne T. Shala, MD; Chief Editor: SARlen D. Meyers, MD, Otorngology and Facial Plastic Surgery, Drugs and Diseases, <a href="http://emedicine.medscape.com/article/857914-overview">emedicine.medscape.com/article/857914-overview</a>)</p> <p><b>2. Incidental Findings</b></p> <p><b>a. Sensorineural Hearing Loss</b></p> <ul style="list-style-type: none"> <li>• no causal relationship; non-satisfaction of any of the conditions for compensability of Hearing Loss;</li> <li>• There is no substantial evidence showing that her working conditions entailed exposure to harmful noise level. Neither there is showing that she sustained trauma in her ears in the course of her employment.</li> </ul> <p><b>b. Presbyopia of both eyes</b></p> <ul style="list-style-type: none"> <li>• No causal relationship; Presbyopia is a common type of vision disorder related to ageing (Facts about Presbyopia, Eye Health Information, National Eye Institute, National Institutes of Health, US Department of Health and Human Services, <a href="https://www.aao.org/eye-health/diseases/what-is-presbyopia">https://www.aao.org/eye-health/diseases/what-is-presbyopia</a>)</li> </ul> <p><b>c. Lumbar Spondylolisthesis</b></p> <ul style="list-style-type: none"> <li>• No causal relationship; non-satisfaction of any of the conditions for compensability of Musculoskeletal Disorders;</li> </ul>	

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<i>Title of the Case/ Nature of Appeal</i>	<i>TRC Recommendation</i>	<i>End of 20 working days PCT</i>
	<ul style="list-style-type: none"> <li>• There is no substantial evidence showing that the working conditions of the appellant entailed repetitive handling of mechanical tools, instruments, and equipment and/or lifting and carrying of heavy objects.</li> <li>• In this case, the etiology of the claimed ailment points only to degeneration which is not related to any type of employment.</li> </ul> <p><b>d. Carpal Tunnel Syndrome</b></p> <ul style="list-style-type: none"> <li>• No causal relationship; <i>non-satisfaction of any of the conditions for compensability of Musculoskeletal Disorders;</i></li> <li>• There is no substantial evidence showing that the working conditions of the appellant entailed utilization of vibratory tools such as quarry/rock drillers, stonemasons, and foresters who utilize chainsaws;</li> <li>• "Use of the computer keyboard and mouse have also been closely studied, but with far less evidence of elevated risk xxx computer use does not pose a severe occupational hazard for developing symptoms of Carpal Tunnel Syndrome." (Reference: Carpal Tunnel Syndrome: The Role of Occupational Factors, Palmer et. Al., Best Practice and Research Clinical Rheumatology 2011 Feb. 25 (1): 15-29)</li> </ul>	

**II. GSIS (Medical Cases)**


<i>Title of the Case/ Nature of Appeal</i>	<i>TRC Recommendation</i>	<i>End of 20 working days PCT</i>
<p>II.1. CUSTODIO, Sherwin L. vs. GSIS</p> <p>GM-19625-0509-17</p>	<p><i>For Denial</i></p> <p><b>Reason for denial:</b> no causal relationship</p>	<p>June 6, 2017</p>

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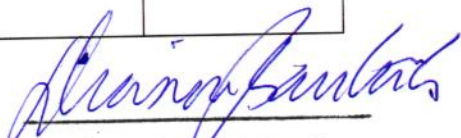
<p>Nature of claim: disability <i>benefits due to Left Main Coronary Artery Disease; S/P (status-post) CA with PCI; Takayasu Arteritis; S/P NSTEMI</i></p> <p>Occupation of the covered member: Admin Officer I (Records Officer I [Municipality of Malvar, Batangas])</p>	<ul style="list-style-type: none"> <li>• Takayasu Arteritis is an inflammation of the aorta and its major branches; the aorta is the artery that carries blood from the heart to the rest of the body; etiology is unknown; <i>(Reference: medline plus medical encyclopedia)</i></li> <li>• Takayasu Arteritis and its complications, such as Stroke and heart diseases, have no causal relationship with the working conditions of the appellant;</li> <li>• If the primary illness, Takayasu Arteritis, cannot be considered as work-related, all medical consequences of the said illness, such as heart disease, cannot also be considered as compensable.</li> </ul>	
<p><b>II.2. CONCHA, Chantus Marie J. vs. GSIS</b></p> <p>(PO2 Jaynard A. Concha-deceased)</p> <p><b>GM-19636-0510-17</b></p> <p>Nature of claim: death <i>benefits due to Non-Hodgkin Lymphoma</i></p> <p>Occupation of the covered member: Police Officer (PNP-PRO 2)</p>	<p style="text-align: center;"><b>For Denial</b></p> <p><b>Reason for denial:</b> no causal relationship</p> <ul style="list-style-type: none"> <li>• Non-Hodgkin lymphoma (NHL) is cancer of the lymph tissue. Lymph tissue is found in the lymph nodes, spleen, and other organs of the immune system.</li> <li>• White blood cells called lymphocytes are found in lymph tissue. They help prevent infections. Most lymphomas start in a type of white blood cell called the B lymphocyte, or B cell.</li> <li>• The cause of NHL is unknown. But lymphomas may develop in people with weakened immune systems, including people who have had an organ transplant or people with HIV infection. <i>(Reference: medline plus medical encyclopedia)</i></li> </ul>	<p style="text-align: right;"><b>June 6, 2017</b></p>
<p><b>II.3. COLUMBRETIS, Ma. Nelia vs. GSIS</b></p>	<p style="text-align: center;"><b>For Denial</b></p> <p><b>Reason for denial:</b> No causal relationship</p>	<p style="text-align: right;"><b>June 6, 2017</b></p>

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<p><b>GM-19626-0509-17</b></p> <p>Nature of claim: disability <i>benefits due to Uterine or Endometrial Cancer</i></p> <p>Occupation of the covered member: Local Civil Registrar (Municipality of Sulat, Eastern, Samar)</p>	<ul style="list-style-type: none"> <li>The following risk factors of Uterine or Endometrial Cancer are not related to the working conditions of the appellant:             <ol style="list-style-type: none"> <li>Obesity;</li> <li>No pregnancies;</li> <li>Early puberty;</li> <li>Late menopause;</li> <li>Treatment with unopposed estrogen;</li> <li>High level of estrogen;</li> <li>Treatment with tamoxifen;</li> <li>Cancers of the breast, ovary, and colon;</li> <li>Family history;</li> <li>Diabetes Mellitus and Hypertension associated with obesity;</li> <li>Patients with polycystic ovaries</li> </ol> </li> </ul> <p>(References: Kistner's Gynecology: Principles and Practice, 5<sup>th</sup> ed. by Kenneth J. Ryan and E-Medicine Health Article, Robbins Pathologic Basis of Disease, 4<sup>th</sup> ed by Kotran, et.al)</p>	
<p><b>II.4. GARCHITORENA, Rita vs. GSIS</b></p> <p><b>GM-19637-0522-17</b></p> <p>Nature of claim: disability <i>benefits due to Breast Cancer</i></p> <p>Occupation of the covered member: Housing and Homesite Regulation Officer III (HHROIII [HLURB])</p>	<p style="text-align: center;"><b>For Denial</b></p> <p><b>Reason for denial:</b> No causal relationship</p> <ul style="list-style-type: none"> <li>The following risk factors of Breast Cancer are not related to the working conditions of the appellant:             <ol style="list-style-type: none"> <li>gender;</li> <li>aging;</li> <li>genetic risk factors;</li> <li>family and personal history of breast cancer;</li> <li>race (most common in Caucasians);</li> <li>previous abnormal breast biopsy;</li> <li>atypical hyperplasia;</li> <li>previous breast radiation;</li> <li>menstrual periods (early menstruation and late menopause);</li> <li>diethylstilbestrol (DES);</li> <li>not having children (nulliparity);</li> <li>oral contraceptive use;</li> <li>hormone replacement therapy;</li> <li>alcohol use;</li> <li>obesity; and</li> <li>high-fat diets.</li> </ol> </li> </ul>	<p style="text-align: right;"><b>June 20, 2017</b></p> <p style="text-align: right;"><b>CERTIFIED TRUE COPY</b></p>

  
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 Board Secretary III

**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 May 25, 2017, 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:

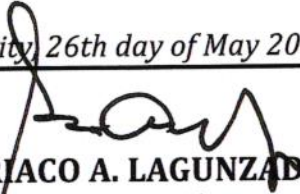
**RESOLVED FURTHER**, that the entire original records of the following cases;

1. **SIBULO, Mary Ann P. vs. SSS (SM-19627-0509-17);**
2. **JUANIZA, Anthony D. vs. SSS (SM-19631-0509-17);**
3. **ALVARADO, Gil J. vs. SSS (SM-19632-0509-17)**

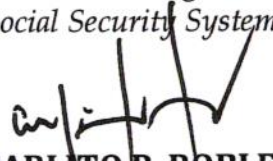
be remanded to the SSS for enforcement of Decisions of this Commission on the abovementioned cases ordering the SSS to grant EC benefits to the appellants and/or to the qualified beneficiaries of the covered member;


**RESOLVED FINALLY**, that the SSS and the GSIS be duly furnished with copies of this Resolution and Decisions on the abovementioned cases for compliance and for guidance purposes.

**APPROVED**, in Makati City 26th day of May 2017.

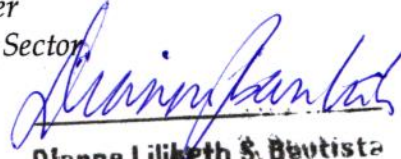
  
**CIRIACO A. LAGUNZA III**  
 Chairperson-Alternate  
 Department of Labor and Employment

*Member-Designate  
 Social Security System*


  
**CARLITO P. ROBLE**  
 Member  
 Employers' Sector

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

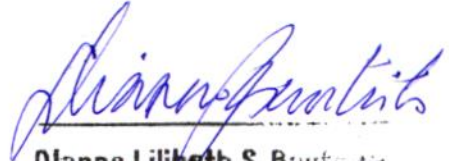
**VACANT CERTIFIED TRUE COPY**  
 Member  
 Employers' Sector

  
**Dianne Lilibeth S. Bautista**  
 Board Secretary III

**CELESTINA Ma. JUDE P. DELA SERNA**  
*Member-Designate*  
*Philippine Health Insurance Corporation*

  
**STELLA ZIPAGAN-BANAWIS**  
*Member*  
*Employees' Compensation Commission -*  
*Secretariat*

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Board Secretary