



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

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Ika-23 ng Hunyo 2017

G. ALFREDO Y. REVOLDILA

No. 001, Landas, Mangaldan
Pangasinan, 2432
SM-19618-0417-17

Mahal naming **G. REVOLDILA**:

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-14 ng Hunyo 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 tanggapan ang kopya ng desisyon.

Maraming salamat po.

Lubos na sumasainyo,


STELLA ZIPAGAN-BANAWIS
Executive Director



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June 23, 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:

ALFREDO Y. REVOLDILA vs. SSS
ECC CASE No. SM-19618-0417-17

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. 17-05-21 dated June 14, 2017.

Very truly yours,


STELLA ZIPAGAN-BANAWIS
Executive Director

cf:

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

Mr. ALFREDO Y. REVOLDILA
No. 001, Landas, Mangaldan
Pangasinan, 2432



ALFREDO Y. REVOLDILA,
Appellant,

-versus-

ECC CASE No. SM-19618-0417-17

SOCIAL SECURITY SYSTEM (SSS),
Appellee.

x.....x

D E C I S I O N

This appeal seeks to review the Resolution No. 2016-E0031 of the Social Security System-Medical Claims Review Committee (SSS-MedCRC), dated March 17, 2017, denying appellant's claim for disability benefits, under the Employees' Compensation Law (P.D. No. 626, as amended), for his Chronic Obstructive Pulmonary Disease; Pneumonia, Community Acquired; Hypertensive Cardiovascular Disease; Multiple Spinal Stenosis; Amyotrophic Lateral Sclerosis vs. Multiple Dystrophy.

From August 30, 1979, until December 31, 2014, the appellant, Alfredo Y. Revoldila (SSS No.01-0378101-9), 60 years old at the time of the filing of the claim and a resident of Mangaldan, Pangasinan, held the following positions at the Central Mechanical and Electrical Services Department of Philex Mining Corp., Tuba, Benguet:

| Position | Period of Employment | Work-Place |
|-----------------|------------------------------------|-------------------|
| Latheman | August 30, 1979-February 20, 1982 | Surface |
| Latheman 3/C | February 21, 1982-January 31, 1986 | Surface |
| Machinist 2/C | February 1, 1986-May 31, 1990 | Surface |
| Machinist 1/C | June 1, 1990-December 31, 2014 | Surface |

Based on the Job Description, which was signed by Ms. Teresa Semeona F. Garcia, HR Officer in-Charge, Philex Mining Corp., the duties and responsibilities of the appellant as Machinist 1/C has been described as follows:

General Functions:

Sets-up, operates, and maintains various machine tools to produce machine parts according to specifications or sample required by the end-users

Duties and Responsibilities:

1. Reads and interprets technical drawings and blueprints;
2. Ascertains job requirements from samples or working drawings and specifications;
3. Prepares materials and supplies for machining operation;
4. Determines sequence method or required operation;
5. Marks positions and sets work pieces on the machine tool;
6. Selects sharpens and fixes appropriate cutting tools;
7. Adjusts, guides and stops machine tables;
8. Sets machine controls for optimum cutting speed and depth of cut;
9. Operates all machine tools in the shop to make all light and bulky parts be within the dimensional tolerance of ± 0.025 mm;
10. Checks dimension of parts to achieve accuracy of 0.01mm;
11. Heats treat machine parts as required;
12. Fabricates machining jigs and fixtures;
13. Examines and evaluates the quality of the work-piece;
14. Tests and evaluates the operational condition of system of equipment, machines and accessories handled;
15. Prepares and submits accomplishment reports;
16. Leads and trains the 2nd and 3rd Class Machinist in the performance of assigned tasks;
17. Attends to pep talks and participates actively during safety meeting and seminars;
18. Complies with and enforces good housekeeping and loss control practices;
19. Complies with safety rules and regulations, SOPs, company policies and collective bargaining agreement;
20. Performs other related functions that may be assigned by superior.

Medical records reveal that sometime in 1995, the appellant had started to experience back pains and pain on his left-knee which gradually progressed associated with difficulty of bending. Medical records further reveal that sometime in July, 2011, he was confined at the Philex Hospital due to difficulty of breathing, easy fatigability and weight loss.

On November 25, 2015, the appellant sought medical consultation due to difficulty of breathing and swallowing, low-back pain with weakness in lower extremities. There is no showing that the appellant sustained trauma or spinal injuries in the course of his employment. He was subjected to laboratory examinations and it was discovered that he has been suffering from Chronic Obstructive Pulmonary Disease; Pneumonia, Community Acquired; Hypertensive Cardiovascular Disease; Multiple Spinal Stenosis; Amyotrophic Lateral Sclerosis vs. Multiple Dystrophy.

Records reveal that the appellant was granted with SSS sickness benefits due to Pneumonia for a period of 60 days.

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

On March 17, 2017, the SSS-MedCRC sustained the denial through Resolution No. 2016-E0031 in this manner, to wit:

“...no causal relationship between his job and his claimed illnesses...”

On April 7, 2017, the Secretariat received the records of the case from the SSS for review purposes.

On April 26, 2017, the Secretariat wrote a letter to the appellant requesting for the submission, if any or if still available, of his medical records/ abstract and laboratory results of his medical consultation at the Sto. Nino Hospital, Philex Mining Corp. in July of 2011.

On June 13, 2017, the Secretariat received several medical records/laboratory examination results from the appellant. On June 14, 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:

For Award

| Nature of Ailment | Basis for Award |
|---|--|
| Pneumonia; Chronic Obstructive Pulmonary Disease (COPD) | Satisfaction of one of the conditions for compensability of Pneumonia-chemical inhalation exposure; the working conditions of the appellant as Machinist entailed exposure to metal fumes. |

For denial

| Nature of Ailment | Basis for Award |
|--|--|
| Hypertensive Cardiovascular Disease (HCVD) | No causal relationship; non-satisfaction of any of the conditions for compensability of Cardiovascular Disease. |
| Multiple Spinal Stenosis | No causal relationship; non-satisfaction of any of the conditions for compensability of Musculoskeletal Disorders; there is no substantial evidence showing that the appellant sustained trauma or spinal injuries in the course of his employment. |
| Amyotrophic Lateral Sclerosis vs. Muscular Dystrophy | No causal relationship; the risk factors are not related to the working conditions of the appellant; Amyotrophic Lateral Sclerosis is a degenerative disease of the motor neuron system whereas Muscular Dystrophy is a collective group of inherited non-inflammatory but progressive muscle disorders. Both diseases are linked to genetics but their exact mechanisms remain to be unknown. |

The appeal is partly meritorious.

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."

This Commission now proceeds to discuss the etiology, conditions for compensability and the reason for denial of the claimed ailments.

| Claimed Illness | Risk Factors/Conditions for Compensability under Annex "A" of the Amended Rules on Employees' Compensation | Reason for Denial of the Claim |
|--|--|--|
| <p>Hypertension/ Hypertensive Cardiovascular Disease</p> | <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></p> <ol style="list-style-type: none"> 1. <i>Robbins Pathologic Basis of Disease, 6th Edition, pp. 510-514;</i> 2. <i>Seventh Report of the Joint National Committee on Prevention, Detection, Evaluation and treatment of High Blood Pressure (JNC 7);</i> 3. <i>Harrison's Principles of Internal Medicine, 17th Edition, Chapter 241: Hypertensive Vascular Disease</i> <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,</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. The available medical records also failed to disclose any substantial evidence that will establish that his Hypertension causes impairment of functions of his body organs during the time of his employment. Failing in this aspect, this Commission is constrained to rule that the appellant's Hypertension is not compensable.</p> |

| Claimed Illness | Risk Factors/Conditions for Compensability under Annex "A" of the Amended Rules on Employees' Compensation | Reason for Denial of the Claim |
|---|---|---|
| | <p>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." | |
| <p>Musculoskeletal Disorders (Spinal Canal Stenosis; Amyotrophic Lateral Sclerosis; Muscular Dystrophy)</p> | <p>I. Risk Factors: Musculoskeletal Disorders</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>II. Causes of Spinal Canal Stenosis:</p> <ol style="list-style-type: none"> 1. Overgrowth of bone; 2. Herniated Disk; 3. Thickened Ligaments; 4. Tumors; 5. Spinal Injuries | <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>Except for spinal injuries, the risk factors are not related to the working conditions of the appellant; the records are bereft of any proof that the appellant sustained trauma or spinal injuries in the course of his employment.</p> |

| Claimed Illness | Risk Factors/Conditions for Compensability under Annex "A" of the Amended Rules on Employees' Compensation | Reason for Denial of the Claim |
|-----------------|--|---|
| | <p>6. The cause is typically a genetic disease affecting bone and muscle throughout the body. [emphasis supplied]</p> <p><i>References:</i> 1. <i>Schwartz Principles of Surgery, 7th Edition, Volume 2, p. 1917;</i> 2. http://www.mayoclinic.org/diseases-conditions/spinalstenosis/basics/risk-factors/con-20036105</p> <p>III. Amyotrophic Lateral Sclerosis (ALS): Cause</p> <ul style="list-style-type: none"> • "ALS is the most common degenerative disease of the motor neuron system. • "Most ALS cases are sporadic and the cause of sporadic ALS is unknown. Many abnormal genes have been identified in familial cases and are considered causal although the precise mechanism by which they cause ALS is unknown. • "First degree relatives of patients with apparently sporadic disease have an increased risk of ALS." [emphasis supplied] <p><i>References:</i> 1. <i>Amyotrophic Lateral Sclerosis; Cramel Armon, MD, MSc, MHS; Updated March 23, 2016; http://emedicine.medscape.com/article/1170097-overview#a4</i></p> <p>IV. Muscular Dystrophy (MD): Cause</p> <ul style="list-style-type: none"> • "Muscular Dystrophy (DS) is a collective group of inherited non-inflammatory but progressive muscle disorders without a central or peripheral nerve abnormality. • "The etiology of MD is an abnormality in the genetic code for specific muscle proteins. Heritable MDs include sex-linked MDs, autosomal dominant MDs, and autosomal MD." | <p>The risk factors of ALS and MD are not related to the working conditions of the appellant; both diseases are linked to genetics but their exact mechanisms remain to be unknown.</p> |

| Claimed Illness | Risk Factors/Conditions for Compensability under Annex "A" of the Amended Rules on Employees' Compensation | Reason for Denial of the Claim |
|-----------------|---|--------------------------------|
| | <p>[emphasis supplied]</p> <p><i>Reference:</i> <i>Muscular Dystrophy: Twee T Do, MD; Updated October 24, 2016</i></p> <p>IV. Conditions for Compensability</p> <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>(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</p> | |

| Claimed Illness | Risk Factors/Conditions for Compensability under Annex "A" of the Amended Rules on Employees' Compensation | Reason for Denial of the Claim |
|-----------------|---|--------------------------------|
| | <p>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> <p>(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.</p> | |

Having failed to find substantial evidence that will establish causal relationship between the abovementioned ailments of the appellant and his working conditions, this Commission sustains the decision of the SSS denying appellant's claim insofar as the compensability of his Hypertension, Amyotrophic Lateral Sclerosis, and Muscular Dystrophy are concerned.

This Commission now proceeds to rule on the compensability of the appellant's Pneumonia and Chronic Obstructive Pulmonary Disease (COPD).

Medical findings provide the etiology of Pneumonia and COPD in this manner, to wit:

Chronic Obstructive Pulmonary Disease

- “Chronic Obstructive Pulmonary Disease (COPD) is a disease of a long standing difficulty in breathing with a limitation to airflow. There is airflow blockage of the airways due to changes in their normal components as a response to persistent swelling (inflammation).
- “Cigarette smoking, environmental pollutants and other harmful exposures have been known to cause COPD. Patients with COPD are most often tobacco smokers with a history of at least one pack per day for at least 20 years. Some 90% of all COPD patients are current or former tobacco smokers. COPD is an umbrella term which includes Emphysema and Chronic Bronchitis.
 - I. “**Emphysema** is a permanent and destructive enlargement of the airspaces in the lungs. The causes of Emphysema are the following:
 - a. “prolonged use of tobacco products or chronic cigarette smoking- Prolonged cigarette smoking impairs the defense mechanism of the airway against infectious agents and irritants. It causes too much secretion of mucus and leads to airway obstruction.
 - b. “exposure to coal dust- seen among coal miners;
 - c. “*alpha1-antitrypsin deficiency*- a rare inherited condition characterized by absence of an important protein (alpha1-antitrypsin) that stops the action of elastase (an enzyme that digests human lung and is inhibited by alpha1-antitrypsin.
 - II. “**Chronic bronchitis**- is defined clinically as the presence of a cough productive of sputum for at least 3 months in at least 2 consecutive years. It is characterized by excessive mucus production of the large airways that contributes to airway obstruction. The causes of Chronic Bronchitis are:
 - a. “chronic irritation by inhaled substances such as cigarette smoke;
 - b. “respiratory infections such as infection with some bacteria, mycoplasma and rhinoviruses;
 - c. “occupational exposure to inorganic or organic dust and to noxious gases

Selected Common Toxic Chemical Agents Causing Bronchitis

1. "Acid fumes- H₂SO₄, HNO₃ (manufacture of fertilizers, chlorinated organic compounds, dyes, explosives, rubber products, metal etching, plastics);
2. "Ammonia (refrigeration; petroleum refining; manufacture of fertilizers, explosives, plastics, and other chemicals);
3. "Nitrogen Dioxide (silage, metal etching, explosives, rocket fuels, welding, by-product of burning fossil fuels);
4. "Phosgene (organic compound, metallurgy, volatilization of chlorine-containing compounds);
5. "Phthalic anhydride (manufacture of resin esters, polyester resins, thermoactivated adhesives);
6. "Sulfur dioxide (manufacture of sulfuric acid, bleaches, refrigerant, burning of fossil fuels, wood pulp industry)

Selected Occupational Dusts Believed to Be Associated with Mucous Hyper-secretion and/or Obstructive Airway Disease

I. Inorganic Dusts

1. "Antimony (storage batteries, solder, ceramics, glass, plastics);
2. "Arsenic (manufacture of pesticides, pigments, glass, alloys);
3. "Barium and compounds including BaO, BaSO₄, BaCO₃ (catalysts, drilling mud, electroplating);
4. "Cadmium dust (electroplating, battery manufacture, welding, smelting, aluminum soldering);
5. "Cement dust (construction trades, manufacture of cement blocks);
6. "Chromium and CrO₃, CrF₂ (corrosion inhibitor pigment, metallurgy, electroplating);
7. "Coal dust (mining);
8. "Coke oven emissions (retort house, coke ovens);
9. "Graphite (steelmaking, lubricants, pencils, paints, stove polish);
10. "Iron dust (steel and nonferrous foundry workers, welding);
11. "Mica (insulation, roofing shingles, oil refining, rubber manufacturing);
12. "Phosphorus, elemental chlorides, sulfides (manufacture of fireworks, agricultural chemicals, insecticides, pesticides);
13. "Rock dusts (miners, tunnelers, quarry workers);

14. "Vanadium pentoxide (welding electrodes, additive to steel, by-product in ash from oil burning)

II. "Organic Dusts"

1. "Cotton dust, flax, hemp (manufacture of yarns for linen, rope, cotton; ginning, cottonseed crushing; waste fiber processing);
2. "Grain dusts (farmers, workers in grain elevators, barge and grain ship crew members);
3. "Moldy hay (farmers, other animal attendants)."

Reference:

Harrison's Principles of Internal Medicine, 15th Edition, Volume 2, pp. 1471, 1473, 1491-1495.

Pneumonia

"Types, Causes and Incidence:

- "Community Acquired Pneumonia- acquired through the environment. It presents as either the typical presentation or the atypical presentation;
- "Nosocomial Pneumonia-acquired in institutions such as nursing homes or hospitals. The usual criteria is the presence of new pulmonary infiltrates upon chest x-ray, presence of cough with phlegm, fever, and an abnormal increase in white blood cells suggesting an infection;
- "Aspiration Pneumonia-caused by inhalation of too much stomach acid or stomach contents;
- The patient's age, comorbidity (presence of underlying of pre-existing disease), living conditions, occupation, travel history, pet or animal exposure history and contact with other ill individuals provide clues to the causative agent of a given case of Pneumonia. Pneumonia can result whenever the defense mechanisms of the body are impaired or whenever the resistance of the host in general is lowered."

Reference:

Robbins' Pathologic Basis of Disease, 6th Edition, pp. 348-352

Under Annex "A" of the Amended Rules on Employees' Compensation, Pneumonia may be considered as compensable in the presence of any of the following conditions:

- a. "There must be a direct connection between the offending agent or event and the worker based on epidemiologic criteria had occupational risk (e.g., health care workers exposed to outbreaks such as SARS, bird handlers exposed to *Cryptococcus*).
- 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);

- c. "Pneumonia as a complication of chemical inhalation exposure such as among welders exposed to iron fumes;
- d. "Clinical diagnosis consistent with the signs and symptoms of pneumonia supported by diagnostic proof such as chest x-ray or microbiological studies (e.g., blood cultures)"
(as amended by B.R. No. 12-09-18, dated September 27, 2012)

This Commission believes that the appellant has satisfied the third condition for compensability of Pneumonia which provides:

- c. "*Pneumonia as a complication of chemical inhalation exposure such as among welders exposed to iron fumes;*

In a number of EC appealed cases, this Commission has given strong consideration to the nature of the appellant's occupation and circumstances, taking cognizance of the fact that a machinist's exposure to detrimental work-environment, particularly to inhalation of metal fumes, increases the risk of the development of respiratory illnesses including Pneumonia. This is in line with the reasoning of the Supreme Court in the case of *GSIS vs. Calumpiano* (G.R. No. 196102, November 26, 2014) which states:

"...In any determination of compensability, the nature and characteristics of the job are as important as raw medical findings and the claimant's personal and social history. This is a basic legal reality in workers' compensation law..."

In summary, the occupational hazards inherent to the employment of the appellant as Latheman and Machinist at the Central Mechanical and Electrical Services of Philex Mining Corp. for thirty-five (35) years predisposed him in contracting Pneumonia which, in turn, caused or contributed to the manifestation of his Chronic Obstructive Pulmonary Disease (COPD). Workers among mechanical and electrical services are at increased risk of pulmonary infection and lobar pneumonia, likely due to significant occupational exposure to metal fumes. Thus, it is fair and reasonable to surmise that the occupational risk factors which were present for the entire duration of the employment of the appellant caused debilitating effects on his health.

WHEREFORE, the decision of the SSS is hereby **MODIFIED**. The SSS is ordered to **GRANT** EC disability benefits plus reimbursement of medical expenses to the appellant, subject to the limitations set by the Commission, due to **Pneumonia**. However, the claim for EC disability benefits due to **Hypertension/Hypertensive Cardiovascular Disease (HCVD); Multiple Spinal Stenosis; Amyotrophic Lateral Sclerosis vs. Multiple Dystrophy** is hereby **DENIED** on the ground of no causal relationship.

SO ORDERED.

**CITY OF MAKATI,
June 14, 2017.**



BOARD RESOLUTION NO. 17-05-21

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

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 June 14, 2017, the Technical Review Committee (TRC) has deliberated on the following EC appealed cases from the SSS:

I. SSS (Medical Cases)

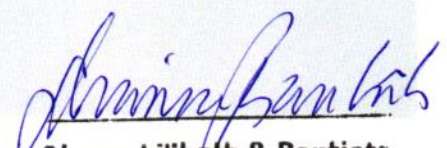
| <i>Title of the Case/ Nature of Appeal</i> | <i>TRC Recommendation</i> | <i>End of 20 working days PCT</i> |
|---|---|---|
| <p>I.1. REVOLDILA, Alfredo Y. vs. SSS</p> <p>SM-19618-0417-17</p> <p>Nature of claim: disability benefits due to <i>Chronic Obstructive Pulmonary Disease; Pneumonia, Community Acquired; Hypertensive Cardiovascular Disease; Multiple Spinal Stenosis; Amyotrophic Lateral Sclerosis vs. Multiple Dystrophy</i></p> | <p><i>For Modification</i></p> <p><i>1. For Award-</i></p> <p><i>Pneumonia; COPD</i></p> <p>Basis for award:</p> <p>Satisfaction of one of the conditions for compensability of Pneumonia-chemical inhalation exposure; the working conditions of the appellant as Machinist entailed exposure to metal fumes.</p> | <p><i>June 23, 2017</i></p> |

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Dianne Lilibeth S. Bautista
Board Secretary III

| Title of the Case/ Nature of Appeal | TRC Recommendation | End of 20 working days PCT |
|--|--|---|
| <p>Occupation of the covered member: Machinist (Philex Mining Corp.)</p> | <p>2. For Denial-</p> <p>a. Hypertensive Cardiovascular Disease (HCVD)- no causal relationship; non-satisfaction of any of the conditions for compensability of Cardiovascular Disease</p> <p>b. Multiple Spinal Stenosis- no causal relationship; non-satisfaction of any of the conditions for compensability of Musculoskeletal Disorders; the records are bereft of any proof that the appellant sustained trauma or spinal injuries in the course of his employment</p> <p>c. Amyotrophic Lateral Sclerosis vs. Muscular Dystrophy- no causal relationship; the risk factors are not related to the working conditions of the appellant; Amyotrophic Lateral Sclerosis is a degenerative disease of the motor neuron system whereas Muscular Dystrophy is a collective group of inherited non-inflammatory but progressive muscle disorders; both diseases are linked to genetics</p> | |

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Dianne Lilibeth S. Bautista
 Board Secretary III

| Title of the Case/ Nature of Appeal | TRC Recommendation | End of 20 working days PCT |
|--|--|---|
| | but their exact mechanisms remain to be unknown. | |
| <p>I.2. ARCIBAL, Olga C. vs. SSS (Jose U. Arcibal-deceased)</p> <p>SM-19606-0321-17</p> <p>Nature of claim: <i>death benefits due to Sudden Cardiac Death, cause unknown</i></p> <p>Occupation of the covered member: Seaman 2nd Officer (Epsilon Maritime Services, Inc.)</p> | <p>For Denial</p> <p>Reason for denial: No causal relationship; non-satisfaction of any of the conditions for compensability of Cardiovascular Disease</p> | <p>June 15, 2017</p> |

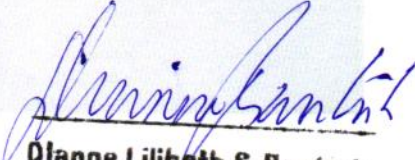
WHEREAS, considering that this Commission is mandated to resolved EC appealed cases within the period of 20 working days, the abovementioned EC appealed cases are deemed resolved on the date of start of routing, or on June 14, 2017, by the Secretariat of this Resolution to the other members of the Commission 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:

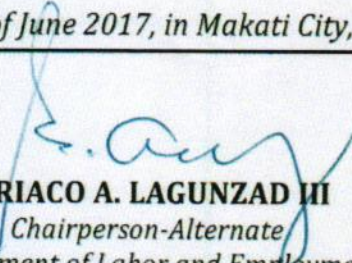
RESOLVED FURTHER, that the entire original records of the case of **REVOLDILA, Alfredo Y. vs. SSS (SM-19618-0417-17)** be remanded to the SSS for enforcement of Decision of this Commission on the said case ordering the SSS to grant EC disability benefits to the appellant due to his Pneumonia; COPD ;

CERTIFIED TRUE COPY



Dianne Lilibeth S. Bautista
Board Secretary IIIA

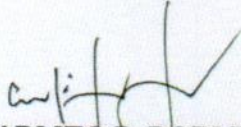
RESOLVED FINALLY, that the SSS be duly furnished with copies of this Resolution and Decisions on the abovementioned cases for compliance and for guidance purposes.

DONE, this 14th day of June 2017, in Makati City, Philippines.


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

Member-Designate
Social Security System


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

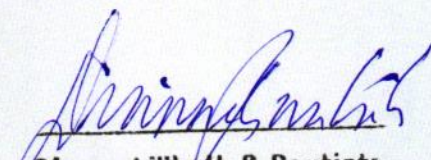

CARLITO P. ROBLE
Member
Employees' Sector

Member
Employers' Sector

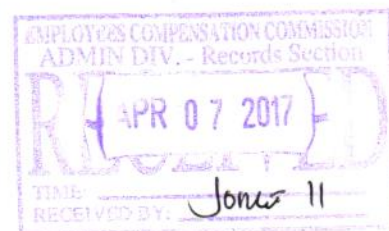
CELESTINA Ma. JUDE P. DELA SERNA
Member-Designate
Philippine Health Insurance Corporation


STELLA ZIPAGAN-BANAWIS
Member
Employees' Compensation Commission -
Secretariat

CERTIFIED TRUE COPY


Ofanne Lilibeth S. Bautista
Board Secretary III


**SOCIAL SECURITY SYSTEM
Medical Claims Review Committee**



**RESOLUTION
MedCRC Case No. 2016 – E0031**

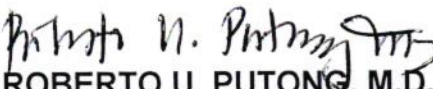
RESOLVED, That the Committee sustain, as it hereby sustains, the denial made by Dr. Albert S. Magno Medical Specialist III, Medical Evaluation Section, SSS Dagupan Branch, Luzon Central, of Alfredo Revoldilla (01-0378101-9) (60M) claim for EC Disability Benefit on 09/26/2016 with diagnosis Chronic Obstructive Pulmonary Disease; Pneumonia, Community-Acquired; Hypertensive Cardiovascular Disease; Multiple Spinal Stenosis and Amyotrophic Lateral Sclerosis vs Multiple Dystrophy. Member was employed at Philex Mining Corporation as Machinist from February 1982 to December 2014. He had been granted SSS Sickness Benefit 60 days eff. 9/10/2014 to 9/24/2014 for illness Pneumonia and Lung Abscess. He filed a claim for SSS/EC Disability Benefit which had been denied by the Branch Medical Evaluation Section and Medical Operations Department (MOD) because there was no causal relationship between his job Machinist and his claimed illnesses. He had appealed to ECC in his letter dated 09/26/2016 regarding the denial of his claim which had been endorsed to SSS and elevated to the Medical Claims Review Committee. For an illness to be compensable under EC all the required conditions must be satisfied and proof of work connection must be shown by the claimant/member. Necessary supporting documents needed in the evaluation to determine the work-relatedness of an illness were not submitted, thus, the denial of the claim by MEDCRC.

QUEZON CITY, 17 March 2017.


BRENDA P. VIOLA, M.D.
Chairperson
Medical Services Division


ELISA BANTUG-BAROQUE, M.D.
Member
Medical Operations Department

(NOT AVAILABLE)
VICTORIA U. POQUIZ, M.D.
Member
Health Care Department


ROBERTO U. PUTONG, M.D.
Member
Medical Program Department

SM-19618-0417-17

Word Online

Print

Find

Download

Help

2016E0031



Republic of the Philippines
SOCIAL SECURITY SYSTEM
DENIED BENEFIT REFERRAL FORM

ANNEX A

| | | | |
|---|--------------|----------------------|---------------------|
| SS NUMBER 07-0378101-9 | | COMMON REFERENCE NO. | DATE OF CONTINGENCY |
| NAME (SURNAME) | (GIVEN NAME) | (MIDDLE NAME) | (SUFFIX) |
| TYPE OF CLAIM <input type="checkbox"/> SICKNESS <input type="checkbox"/> MATERNITY <input type="checkbox"/> DISABILITY <input type="checkbox"/> ECMED <input type="checkbox"/> DEATH <input type="checkbox"/> FUNERAL <input type="radio"/> SS <input type="radio"/> EG <input type="radio"/> SS <input type="radio"/> EG <input type="checkbox"/> RETIREMENT <input type="radio"/> SS <input type="radio"/> EG <input type="radio"/> SS <input type="radio"/> EG | | | |
| NAME OF CLAIMANT | | | |
| FACTS OF THE CASE | | | |
| <i>my difficulty of study / for both from me in school my mother for me attend occupational therapy for my health payment</i> | | | |
| REASONS AND BASES FOR DENIAL | | | |
| <i>there is no causal relationship of his job w/ his illness</i> | | | |
| Recommendation: For referral to: | | | |
| <input type="checkbox"/> Division Head, BOS <input type="checkbox"/> Head, Regional Processing Department, CPD <input type="checkbox"/> Supervising Medical Specialist, PEC/MES | | | |
| Signature Over Printed Name Designation Date Branch/PC | | | |
| Recommendation: <input type="checkbox"/> Sustain Denial <input type="checkbox"/> Claim for Payment | | | |
| Bases for the Recommendation: | | | |
| For referral to: <input type="checkbox"/> Group Head <input type="checkbox"/> Medical Claims Review Committee | | | |
| Signature Over Printed Name Designation Date | | | |

10/11/2016 MD Specialist III

2

ECC REFERRAL FORM

| | | | |
|--|---|---|--|
| NATURE OF CLAIM <input type="checkbox"/> Sickness (TTD) <input checked="" type="checkbox"/> Permanent Partial Disability <input type="checkbox"/> Permanent Total Disability <input type="checkbox"/> Funeral <input type="checkbox"/> Death <input type="checkbox"/> Medical Reimbursement | | | |
| NAME OF CLAIMANT (Surname) (Given Name) (Middle Name) REVOLILA ALFREDO YDIA | | | |
| ADDRESS 1 LANDAS, MANGALDAN, PANGASINAN | | | |
| Relationship to Covered Member - Sp. | Telephone Number 0920 06318810 | Cellphone No. - | Email Address - |
| NAME OF MEMBER (Surname) (Given Name) (Middle Name) REVOLILA ALFREDO YDIA | | | |
| ADDRESS 1 Landas, Mangaldan Pangasinan | | | |
| SSS Number 01-0378101-9 | Age 60 | Date of Birth 9/28/1956 | Sex Civil Status male Married |
| EMPLOYMENT HISTORY (last to first) | | | |
| Name of Company Puna sa attached certificate from Pula Mining Corporation | Job/Position Pula Mining Corporation | Period of Employment Pula Mining Corporation | |
| SUMMARY OF ACTUAL DUTIES | | | |
| Pula sa attached certificate from Pula Mining Corporation | | | |
| BENEFITS PREVIOUSLY GRANTED (Indicate if SS or EC) | | | |
| A. SICKNESS (TTD) | | | |
| Diagnosis Pneumonia | Approved # of Days 60 days | Confinement Period 7/26/2011 to 9/23/2011 | Date of Filing 8/4/2011 (SSS) |
| B. DISABILITY (PPD/PTD) | | | |
| Diagnosis w/a | Rating (No. of Months) w/a | Date of Contingency w/a | Date of Filing w/a |
| C. DEATH | | | |
| Cause/s of death w/a | Date of Contingency w/a | Date of Filing w/a | |

(B) 1

LIST OF DOCUMENTS PREVIOUSLY REQUESTED

- ① Pre-employment medical exam report 4. 11. ready...
- ② History of employment w/r
- ③ Description of Job Description.

FACTS OF THE CASE/CLINICAL SUMMARY

Difficulty of work / low back pain in limited range
 in nature of low exting. of by work
 The case appears repetitive strain disorder
 coming from his attorney physician

Note: Include Personal/Social History, Family Medical History and Past Medical History with compliance to medications for illnesses.

BASIS FOR DECISION

There is no causal relationship of his
 job vs his illness.

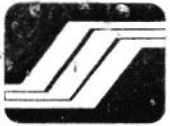
Prepared By: *[Signature]* 10/18/2016
ALBERT S. MAGNO MD
 Medical Specialist III

Signature Over Printed Name

Designation

Date

Branch



(03-2009)

Republic of the Philippines SOCIAL SECURITY SYSTEM DISABILITY CLAIM APPLICATION

Please read instructions at the back before filling out this form. Print all information in black ink only.

TO BE FILLED OUT BY MEMBER (except for entries shaded gray)

A. PERSONAL DATA

| | | |
|---|--|--|
| SS NUMBER 01101078110119 | NAME OF MEMBER (Surname) (Given Name) (Middle Name) Revoldila Alfredo Ydia | TRANSACTION NO. |
| ADDRESS (No & Street) (Barangay) (Town/ District) (City/ Province) #001 Landas Mangaldan Pangasinan | POSTAL CODE 2432 | |
| TELEPHONE/MOBILE NUMBER 0920631188110 | GENDER <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE | TYPE OF CLAIM <input checked="" type="checkbox"/> SS CLAIM <input checked="" type="checkbox"/> EC CLAIM |
| PREFERRED MODE OF PAYMENT, IF PENSION <input type="checkbox"/> CASH CARD <input type="checkbox"/> ATM/PASSBOOK | NAME OF BANK/BRANCH BPI. | TIN 131726090 |
| BANK ADDRESS Mangaldan Pangasinan | SINGLE SAVINGS ACCOUNT NO 009719187541 | |

B. EMPLOYMENT HISTORY - From latest to oldest (Use separate sheet if necessary)

| NAME OF EMPLOYER/ REGISTERED BUSINESS NAME | ADDRESS | EMPLOYMENT PERIOD | |
|---|-----------------------|-------------------|-------------|
| | | FROM (MMYYYY) | TO (MMYYYY) |
| 1) Philex Mines | Padcal, Tuba, Benguet | 081979 | 122014 |
| 2) | | | |
| 3) | | | |

PENDENT CHILDREN (Below 21 years old or above 21 but incapacitated)

| NAME OF DEPENDENT/S FROM YOUNGEST TO OLDEST (SURNAME/GIVEN NAME/MIDDLE NAME) | DATE OF BIRTH (MMDYYYY) | PLACE CHECK MARK ON APPLICABLE BOX | | | |
|---|----------------------------|------------------------------------|----|---------------|----|
| | | LEGITIMATE | | INCAPACITATED | |
| | | YES | NO | YES | NO |
| 1) | | | | | |
| 2) | | | | | |
| 3) | | | | | |
| 4) | | | | | |
| 5) | | | | | |

SSS DAGUPAN BRANCH
DOCUMENT RECEIVED
 ORIGINAL
 COMPARED TO ORIGINAL
 CERTIFIED TRUE COPY
 MAGNO, MD.
 11/17/16

MEMBER'S CERTIFICATION

I certify to the correctness of the above information and;

- that the above-mentioned children are under my care and custody;
- that I have not abandoned, neglected, refused to support said children, nor caused them to commit lawful offenses;
- that none of the aforesaid children are married or employed; and
- that I will immediately notify SSS should any of the above listed children die, marry or become employed.

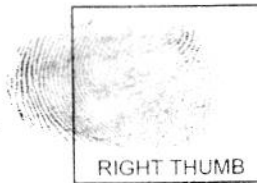
WAIVER

I waive my right on the confidentiality of my medical history and allow SSS representatives to examine my medical records.

Alfredo Y. Revoldila

 SIGNATURE OVER PRINTED NAME

DATE



RIGHT THUMB



RIGHT INDEX

(To be done in the presence of SSS personnel)

If unable to sign, below are the witnesses to fingerprinting:

1) _____
 SIGNATURE OVER PRINTED NAME DATE

2) _____
 SIGNATURE OVER PRINTED NAME DATE

Perforate Here

DISABILITY CLAIM APPLICATION ACKNOWLEDGEMENT STUB

Note: Verification of status may be made after _____ working days upon receipt of application thru the SSS Website (www.sss.gov.ph) or contact the nearest SSS office

| | | |
|-----------------------------|---|------------------|
| SS NUMBER | NAME OF MEMBER (Surname) (Given Name) (Middle Name) | TRANSACTION NO. |
| RECEIVED BY | DATE RECEIVED | RECEIVING BRANCH |
| SIGNATURE OVER PRINTED NAME | DESIGNATION | |

NOTRE DAME DE CHARTRES HOSPITAL
No. 25 General Luna Road, Baguio City

Patient Number: **0007742** PhilHealth Case No.: **2015110584**
 Admission's Status: **PHIC**
 Admission's Date: **11/25/2015 11:14 AM** Room No./Bed: **MICU5**

PATIENTS ADMISSION RECORD

Last Name: **REVOLDILA** Age: **59** Admitting Officer:
 First Name: **ALFREDO** Sex: **MALE**
 Middle Name: **YDIA** **PAY-OC, MARICAR INGRID A.**
 Full Name and Signature

Address / Telephone Nos: **LANDAS, MANGALDAN, PANGASINAN, PHILIPPINES**
 Date of Birth: **09/28/1956**
 Civil Status / Occupation: **MARRIED /**
 Nationality / Religion: **FILIPINO / RC**
 Person to be Notified (ICOE): **MARY ANN REVOLDILA / DAUGHTER / 09215900579 / SAME AS ABOVE**

ATTENDING PHYSICIANS

Physician - 1's Name: **CALIMLIM, LEOPOLDO A.** SIGNATURE: *[Signature]*
 Physician - 2's Name: SIGNATURE: _____
 Physician - 3's Name: SIGNATURE: _____
 Physician - 4's Name: SIGNATURE: _____
 Physician - 5's Name: SIGNATURE: _____

ADMITTING DIAGNOSIS

- ✓ **HPN - STAGE II**
- ✓ **DLO CVA**
- ✓ **MULTIPLE OSTEOARTHRITIS / 13P 5415200**
- ✓ **PNEUMONIA / COPD**

I HEREBY CERTIFY THAT THE FACTS I HAVE GIVEN ARE TRUE TO THE BEST OF MY KNOWLEDGE.

Print Full Name and Signature of the Responsible Party

DISCHARGE

Date & Time Discharged: _____ Condition Upon Discharge:
 Discharged By: _____ Improved Recovered Same as Admitted Expired

FINAL DIAGNOSIS

1. **ACS, NSTEMI**
2. **HEVD, HYPERTENSION, STAGE-2**
3. **COPD IN ACUTE INFECTIOUS EXACERBATION**
4. **OSTEOPHYTOS / OSTEOARTHRITIS**
5. **MULTIPLE BRONCHITIS**
6. **AMYOTROPHIC LATERAL SCLEROSIS VS. MUSCLE DYSTROPHY**



NOTRE DAME DE CHARTRES HOSPITAL
 Baguio City
 CERTIFIED TRUE COPY
 if with seal

ATTENDING PHYSICIAN: *[Signature]* 11/20/15
 RESIDENT: _____
 Authorized Signature: *[Signature]*
 Date: 1/21/16 Time: _____
 Sr. Edith-June Pesirla, SpR



Republic of the Philippines
SOCIAL SECURITY SYSTEM

MEDICAL CERTIFICATE

(SSS FORM MMD - 102)

| | | | | |
|---|-----------|----------|-------------------|---------------------------------------|
| 1. EMPLOYEE'S GENERAL DATA NAME (Last, First, M.I.) REVOLDILA, ALFREDO, Y. | AGE 59 | SEX M | CIVIL STATUS M | OCCUPATION Machinist 1/C (Surface) |
|---|-----------|----------|-------------------|---------------------------------------|

DATE EXAMINED/ATTENDED

From: November 20, 2015 To: Present

2. BRIEF CLINICAL HISTORY AND PRESENT PHYSICAL FINDINGS (Attach extra sheet if needed) The patient was employed at Philex Mining Corporation from August 30, 1979 to December 31, 2014 and held the position of Machinist 1/C (Surface). He availed of the Manpower Right-Sizing Program (MRP) completing 35 years in service. Due to several health issues the patient came for further evaluation and recommendation.

3. X-RAY LABORATORY AND/OR SPECIAL DIAGNOSTIC EXAMINATION (Attach extra sheet if needed)
See attached medical documents.

4. FINAL DIAGNOSIS: 1. CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD), IN ACUTE INFECTIOUS EXACERBATION; 2. COMMUNITY-ACQUIRED PNEUMONIA, MODERATE RISK (CAP-MR); 3. HYPERTENSIVE CARDIOVASCULAR DISEASE. HYPERTENSION, STAGE 2; 4. ACUTE CORONARY SYNDROME, NON ST-SEGMENT ELEVATION MYOCARDIAL INFARCTION (ACS-NSTEMI); 5. MULTIPLE SPINAL STENOSIS WITH RETROLISTHESIS; 6. AMYOTROPHIC LATERAL SCLEROSIS VS. MULTIPLE DYSTROPHY.

5. EXACT DATE OF DISABILITY: January 01, 2015

6. KIND OF SURGICAL OPERATION PERFORMED, IF ANY
(If claim is for disability attach operating room record)

7. DATE OF OPERATION: N/A

| | |
|---|-------------------------------------|
| 8. PERIOD OF MEDICAL ATTENDANCE/ TREATMENT/ACTUAL SICKNESS | CONVALESCING OR RECUPERATION PERIOD |
| From: November 20, 2015 To Present | From To |

PLACE OR PLACES WHERE THE PATIENT WAS CONFINED DURING MY MEDICAL ATTENDANCE AND/OR TREATMENT

| PLACE/S OF CONFINEMENT | DATE | |
|---------------------------|-------------------|-------------------|
| | FROM | TO |
| NCDH, SSS DAVO PAN BRANCH | November 25, 2015 | November 28, 2015 |

9. OTHER REMARKS: Patient to file 120-day Scale for separated members prior to filing of SSS/EC Disability claim pursuant to SSS law and PD 626 as amended.

PURSUANT TO SECTION 28 OF THE SOCIAL SECURITY LAW, AS AMENDED, ANYONE WHO RESORTS TO MISREPRESENTATION OR CONCEALMENT OF MATERIAL FACT OR WHO IS A PARTY THERETO, FOR THE PURPOSE OF CAUSING ANY PAYMENT OF FRAUDULENT CLAIM OR BENEFIT UNDER THE SAID LAW, SHALL SUFFER THE PENALTIES OF FINE OR IMPRISONMENT OR BOTH.

I HEREBY WARRANT THAT I HAVE THOROUGHLY EXAMINED THE HEREIN PATIENT/CLAIMANT AND THAT THE FOREGOING INFORMATION ARE TRUE AND CORRECT.

Leopoldo A. Calimlim MD MOH EPCOM
PHYSICIAN'S SIGNATURE
OVER PRINTED NAME

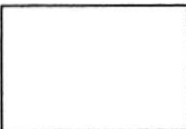
054504
LICENSE/CERTIFICATE NO.

January 19, 2015
DATE OF ACCOMPLISHMENT

ADDRESS: DRS. L.A Calimlim Industrial Clinic Corporation(CICC), Notre Dame De Chartres Hospital Baguio City Philippines

STATEMENT OF WAIVER

I HEREBY WAIVE ANY RIGHT OR PRIVILEGE I MAY HAVE ON ALL INFORMATION PERTAINING TO MY MEDICAL HISTORY AND I CONSENT TO ALLOW SSS TO EXAMINE ALL MY MEDICAL RECORDS.



RIGHT OR LEFT THUMBPRINT OF
PATIENT/CLAIMANT IF ILLITERATE
OR UNABLE TO WRITE



Alfredo Y. Revoldila
PATIENT'S/CLAIMANT'S SIGNATURE

JOB DESCRIPTION
I. Identifying Information

Job Title : Machinist 1/C
 Name of Incumbent : **MR. ALFREDO Y. REVOLDILA**
 Group/Department : Central Mechanical Electrical Services / Mechanical Services

II. Qualifications Required

Education : Graduate of two (2) year vocational course in Machine Shop Technology or its equivalent
 Experience Internal : At least one (1) year experience as Machinist 2/C
 External :
 License/Certification : Must pass the trade test for Machinist 1/C
 Others : Knowledge in reading and interpretation of fabrication drawings

III. Tools, Instruments and Equipment Handled

Lathe machine, milling machine, drill press, band saw, threading machine, shaper, grinding machine, power press, power hacksaw, toolbits, carbide bits, drillbits, vise, files, stap and dies, leveling tool, steel tape/rules, centering and squaring head, scribe, caliper, micrometers, puncher, divider, hardness apparatus, ezzy out, wrenches, milling cutters, thread gage, surface gage, bevel protractor, overhead crane, vernier, dial test indicator and other handtools.

IV. Safety Paraphernalia Needed

Skull guard, ear plug/muff, eye goggles, respirator, rubber boots/steel toe shoes, firefighting equipment, safety glass, welding or working gloves, raincoat, reflectorized vest or clothing, face shield and safety warning device.

V. General Working Area

The Machinist works 100% at the Machine shop

VI. General Function


The Machinist sets-up, operates and maintains various machine tools to produce machine parts according to specifications or sample required by the end-users.

VII. Duties And Responsibilities

1. Reads and interprets technical drawings and blueprints.
2. Ascertains job requirements from samples or working drawings and specifications.
3. Prepares materials and supplies for machining operation.
4. Determines sequence method or required operation.
5. Marks positions and sets work pieces on the machine tool.
6. Selects, sharpens and fixes appropriate cutting tools.
7. Adjusts, guides and stops machine tables.
8. Sets machine controls for optimum cutting speed and depth of cut.
9. Operates all machine tools in the shop to make all light and bulky parts be within the dimensional tolerance of $\pm 0.025\text{mm}$.
10. Checks dimension of parts to achieve accuracy of 0.01mm.
11. Heats treat machine parts as required.
12. Fabricates machining jigs and fixtures.
13. Examines and evaluates the quality of the work piece.
14. Tests and evaluates the operational condition of system of equipment, machines and accessories handled.
15. Prepares and submits accomplishment reports.
16. Leads and trains the 2nd and 3rd Class Machinist in the performance of assigned tasks.
17. Attends to pep talks and participates actively during safety meeting and seminars.
18. Complies with and enforces Good Housekeeping and Loss Control Practices.
19. Complies with Safety Rules and Regulations, SOPs, Company Policies and Collective Bargaining Agreement.
20. Performs other related duties as may be assigned by superior.

Prepared by:


Divina L. Posedio
 Data Processor



Teresa Semeona F. Garcia
 HR Officer-In-Charge

PHILEX MINING CORPORATION
 JAGUPAN BRANCH
 DOCUMENT RECEIVED
 ORIGINAL
 COMPARED TO ORIGINAL
 CERTIFIED TRUE COPY
 ALBERT S. MAGNO, MD
 DATE: 11/5/2014



DRS. L. A. CALIMLIM INDUSTRIAL CLINIC CORPORATION
Notre Dame De Chartres Hospital. # 25 Gen. Luna Rd., Baguio City, Philippines 2600
SLU-Hospital of the Sacred Heart, Assumption Road, Baguio City
Pines City Doctors Hospital, Magsaysay Ave., Baguio City
Supported by: Center for Industrial, Agricultural, Occupational Health Research & Services www.ciaohrs.com

Occupational Clinical Abstract

Date Prepared: December 7, 2015

DEMOGRAPHIC DATA:

Name: ALFREDO Y. REVOLDILA Age: 59 Sex: Male MS: Married Birthdate: Sep. 28, 1956
Company Name: Philex Mining Corporation Company Address: Padcal, Tuba, Benguet
SSS No.: 01-0378101-9 Date Hired: Aug. 30, 1979 Occupation (Position Last Held): Machinist I/C (Surface)
Home Address: Mangaldan, Pangasinan Personal Phone No.: 0939-156-6145
Referred by: Adan Aquino (Philex Mines) Informant: Patient, wife & daughter, with Company & Hospital Reliability of Information: 95% Record.

HOSPITALIZATION:

Facility: Notre Dame de Chartres Hospital Date Admitted: Nov. 25, 2015 Date Discharged: Nov. 28, 2015

FINAL DIAGNOSES:

1. CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD), IN ACUTE INFECTIOUS EXACERBATION.
2. COMMUNITY-ACQUIRED PNEUMONIA, MODERATE RISK (CAP-MR).
3. HYPERTENSIVE CARDIOVASCULAR DISEASE, HYPERTENSION, STAGE 2.
4. ACUTE CORONARY SYNDROME, NON ST-SEGMENT ELEVATION MYOCARDIAL INFARCTION (ACS-NSTEMI)
5. MULTIPLE SPINAL STENOSIS WITH RETROLISTHESIS.
6. AMYOTROPHIC LATERAL SCLEROSIS VS. MULTIPLE DYSTROPHY.

CHIEF COMPLAINT/S:

Difficulty of breathing and swallowing & Low back pain with weakness in lower extremities.

HISTORY OF PRESENT ILLNESS:

The patient describes his health status prior to and during most part of his employment in the mining industry as generally good without any form of disability. thus was employed for 35 years with with disabling findings only later.

In 1995, the patient started to have back pains and pain on the left knee and sides of the left foot which gradually progressed with difficulty bending on, then lately has difficulty swallowing.

In 2011, the patient had difficulty of breathing, easy fatigability and weight loss. He was admitted at Sto. Nino Hospital on July 11, 2011 and was discharged after for 16 days and was placed on maintenance medications and regular followup. The patient was able to resume his usual duties after going on sick leave for 2 months, with clearance from a pulmonologist (D. Ray P. Suanding, FPCP), but with maintenance medications and oxygen use, and with prohibition on heavy physical exertion.

Unresolved, worsening and debilitating health problems prompted the patient to seek consult for evaluation and recommendation and was subsequently admitted at Notre Dame de Chartres Hospital Nov. 25, 2015 due to elevated cardiac enzymes, at **MEDICAL INTENSIVE CARE UNIT (MICU-5)**.

OCCUPATIONAL HISTORY:

The patient was an employee of Philex Mining Corporation from Aug. 30, 1979 to December 31, 2014 for a total of 35 years in-service. The patient was included in the Manpower Right-Sizing Program and was separated from the company on December 31, 2014.

OCCUPATIONAL HAZARDS:

The patient's nature of work entailed exposure to physical, chemical, biological and ergonomic occupational hazards that all miners are exposed to, more specifically the following:

- ✓ **Physical:** Noise and dust from blasting, drilling, heavy equipments, and other industrial sources. Poor lighting conditions.
- ✓ **Chemical:** Welding fumes, Diesel engine exhaust fumes from blasting, Particulate matter including silica dust among several other chemicals.
- ✓ **Biological:** Bacteria, viruses, and insect vectors including mosquitoes that could carry dengue.
- ✓ **Ergonomic:** Carrying weights and working in uncomfortable or irregular position as well as awkward body posture.
- ✓ **Psychosocial Stress:** Emergency Rehabilitation of Dam-3 that necessitated work suspension.

MEDICAL BENEFITS RECEIVED (GSIS/SSS/Tricare/Medicare/Others):

The patient received SSS sickness benefits for 60 days from Jul. 26 to Sep. 23, 2011. He denies receiving ECC benefits. The patient is not receiving SSS retirement pension yet.

FAMILY HISTORY:

he patient is married with 4 children, 2 boys and 2 girls. Both parents died of hypertension, father at 67 in 2004 & mother at 63 on June 18, 2004. No diabetes or other heredofamilial diseases noted.

SOCIAL HISTORY AND LIFESTYLE:

Diet/Food Preference: No particular dietary regimen.

Exercise/Physical Activity: Walking Daily. Considers physical labor as his physical exercise.

Smoking Habit: Quit smoking in 2011.

Alcoholic Beverage Intake: Occasional drinker of "Red Horse" once a week.

PAST MEDICAL HISTORY:

In 2005, the patient was admitted at Sto. Nino Hospital due to low back pain with weakness in both lower extremities. On July 11, 2011, the patient was admitted at Sto. Nino Hospital with diagnosis of Chronic Obstructive Pulmonary Disease, Empyema Thoracis R/O Malignancy; Pneumonia, high risk; and Hypertensive Cardiovascular Disease.

PHYSICAL EXAMINATION:

BP (mmHg): 11/25/15: 160/100 **PR:** 78 **RR:** 19 **SPO2:** 95

Weight: 68Kg. **Height:** 5'4"

GENERAL: Awake, coherent, oriented, not in cardio-respiratory distress, slightly garbled speech.

HEENT: Pinkish conjunctivae, EOM intact

CHEST & LUNGS: Symmetrical chest expansion, breath sounds are decreased on the left, (-) crackles, (-) wheeze.

HEART: Adynamic precordium, normal rate and rhythm, (-) murmur

ABDOMEN: Globular abdomen.

EXTREMITIES: Full and equal pulses.

NEUROLOGIC: EOM full, pupils 3/3 ERL, (-) fasciculation in facial muscles on the right, palatal arch lower on the left, uvula deviated to the right when patient says "ahh", weakness on the left and atrophy of tongue muscles. Proximal muscle weakness with atrophy and also with foot drop. Sensory normal including position sense, DTRs hypoactive on upper extremities and absent on lower extremities. Dr Capistrano's notes states (+) Fine resting tremors, (+) dystonia, Left hemiparesis, brain stem & cerebellar dystrophy.

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LABORATORY AND DIAGNOSTIC FINDINGS:

Laboratory Tests were done at Notre Dame de Chartres Hospital with the following results.

Complete Blood Count done on Nov. 25, 2015. RESULTS: RBC $4.74 \times 10^6/\mu\text{L}$, Hgb 145g/L, Hct 0.434L/L, WBC $6.1 \times 10^3/\mu\text{L}$, WBC

Differential Count: Neutrophils 0.57, Lymphocytes 0.40, Monocytes 0.03, Platelet $219 \times 10^3/\mu\text{L}$

Clinical Chemistry done on Nov. 25, 2015. RESULTS: Potassium 3.78 mmol/L, Sodium 143.0 mmol/L, Calcium (ionized) 1.02 mmol/L, Creatinine 0.45 (low), ALT/SGPT 48.79U/L (high), Magnesium 2.31mmol/L (high).

Clinical Chemistry done on Nov. 26 2015. RESULTS: FBS 114.42mg/dL (high), Uric Acid 5.85mg/dL, Cholesterol 262.27mg/dL (high), Triglycerides 380.89 mg/dL (high), HDL 33.77mg/dL (low), LDL 148.32mg/dL (high).

Clinical Pathology done on Nov. 25, 2015. RESULTS: Troponin 0.021ng/mL, **CK-MB 45.1ng/mL (high)**.

Urinalysis done on Nov. 25, 2015. RESULTS: WBC 2-4/HPF, RBC 0-1/HPF, Bacteria rare.

X-RAYS done on Nov. 25, 2015 at Notre Dame de Chartres Hospital was interpreted by Dr. Michellen D. Galang, FPCR, FUSP.

CHEST PA: IMPRESSION: Pneumonia, both lower lobes.

CERVICAL SPINE APL: IMPRESSION: Cervical osteophytoses. Possible cervical stenosis at the right 5th and 6th and the left interforaminal joint space. Please correlate with other diagnostic parameters.

TLSV APL: IMPRESSION: Retrolisthesis, L3 in relation to L4. Lumbar osteophytosis.

FOLLOWUP CHEST FILM done on Nov. 28, 2015: IMPRESSION: No significant change of previously noted pneumonic infiltrates or parenchymal disease in both lower lobes.

MRI (Stroke Protocol) done on Nov. 25, 2015 at Notre Dame de Chartres Hospital was interpreted Dr. Edgar R. Baniqued, FCTMRISP; Dr. Irma D. David-Kintanar, FCTMRISP; and Dr. Danilo Philip R. Torres, FCTMRISP.

IMPRESSION: No acute infarct, intracranial hemorrhage, focal mass and edema. Punctate non-specific white matter right signals, both frontal lobes. Mild cerebro-cerebellar volume loss, some degree of brainstem loss.

2-D Echo with Doppler done on Nov. 25, 2015 at Notre Dame de Chartres Hospital was interpreted by Dr. Annie G. Urmaza-Olarte, FPCP, FPC, FPSE. CONCLUSION: Normal left ventricular dimension with adequate wall motion and contractility with adequate systolic function but with Doppler evidence of abnormal relaxation. Thickened mitral valve leaflets without restriction of motion. Thickened right aortic cusp and non coronary cusp without restriction of motion, aortic regurgitation + mild. Normal main pulmonary artery with pulmonic regurgitation.

PREVIOUS LABORATORY AND DIAGNOSTIC FINDINGS:

Spirometry done on Sep. 16, 2011 at Airbag Inc. was interpreted by Dr. Ray P. Suarding, FPCP, FPCCP. Interpretation: MILD OBSTRUCTIVE DEFECT WITH NO SIGNIFICANT RESPONSE TO BRONCHODILATOR.

Chest X-ray done on Jul. 11, 2011 at Sto Nino Hospital was interpreted by Dr. Tyrone S. Dulay, DPBR, FUSP.
RESULTS: Pulmonary consolidation, right lower. Probable pleural effusion, right. Pneumonia, left lower lung.

Chest Ultrasound serially done at Sto Nino Hospital was interpreted by Dr. Tyrone S. Dulay, DPBR, FUSP.
Jul. 13, 2011: IMPRESSION: Pulmonary consolidation with probable empyema, right lower lung.
Jul. 27, 2011: IMPRESSION: Regressing probable empyema with persistence of lower lobe consolidation, right.
Aug. 3, 2011: IMPRESSION: Regressing probable empyema with persistence of lower lobe consolidation, right.

REFERRALS

The patient was referred for further evaluation and management to Dr. Capistrano (Rehabilitation Medicine) who recommended a Physical Therapy/rehabilitation program as stated below in PLAN.

The patient was also referred for neurologic evaluation and management to Dr. Divina Hernandez (Neurologist) who noted neurologic deficits and findings as stated above in PHYSICAL EXAMINATION and recommended further diagnostic procedures as stated below in PLAN.

PLAN AND RECOMMENDATION/S:

Medical:

The patient is to take the following medications as prescribed.

1. Salmeterol + Fluticasone (Seretide) inhalation 1 puff 2 times a day.
2. Losartan 50mg 1 tablet 2 times a day.
3. Clopidogrel 75mg 1 tablet once daily.
4. Cilostazol 100mg 1 tablet 2 times a day.
5. Pantoprazole 40mg 1 tablet once daily before breakfast.
6. Mastinon 60mg 1 tablet 3 times a day for difficulty swallowing.
7. Atorvastatin 80mg 1 tablet once daily.

Diagnostic:

The patient is also advised to undergo further neurological workup as recommended by Dr. Divina Hernandez (Neurologist) as follows:

1. CK, ESR.
2. EMG-NCV at Lorma Hospital.
3. Muscle biopsy to follow EMG.

Rehabilitation:

The patient is to undergo the Physical Therapy Program recommended by Dr. Capistrano (Rehabilitation Medicine) as follows:

1. Parallel bar exercises, standing and ambulation.
2. General conditioning exercises with BP Preparation.

Administrative:

The patient to file for his ECC disability benefit pursuant to PD 626 as amended.

SIGNATURE:

I hereby declare that all the above information are true and correct to the best of my knowledge. I further authorize DRS. L.A. CALIMLIM INDUSTRIAL CLINIC CORPORATION to access all data of my medical and employment information for disability claims, training, and research purposes.

ALFREDO Y. REVOLDILA
PATIENT'S NAME AND SIGNATURE

LEOPOLDO A. CALIMLIM, MD, MOH, FPCOM
DOCTOR'S NAME AND SIGNATURE

DAWUPAN BRANCH
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BY: ALBERT S. MAGNO, MD.
DATE: 3/3/2016

PHILEX MINING CORPORATION

MEDICAL DEPARTMENT

CASE NO.

DATE

August 21, 1939

MEDICAL & PHYSICAL EXAMINATION

NAME: Revoltila, Alfredo S.Y. SEX: M AGE: 23 STATUS: Single
 ADDRESS: Mangaldan, Pangasinan PRESENT OCCUPATION: Cashier
 PREVIOUS RECORDS: _____ FORMER ADDRESS: San Carlos FORMER OCCUPATION: _____
 ILLNESS AND INJURIES: Reinforced Army during injury
 HABITS: Smokes and drinks liquor
 FAMILY HISTORY: None

PHYSICAL EXAMINATION

GENERAL HEALTH CONDITION: _____ HEIGHT: 163 1/2 cm WEIGHT: 54 kg
 BLOOD PRESSURE (SYSTOLIC): 120 MM. DIASTOLIC: 80 MM. PULSE PRES.: _____ M.M.
 PULSE ON REST: _____ PER MIN. AFTER EXERCISE: _____ PER MIN. AFTER 2 MIN. REST: _____ P.M.
 TEMPERATURE: _____ °C BUILD: _____
 VISION: RIGHT EYE: 20/20 HEARING: RIGHT EAR: 7 dB
 LEFT EYE: 20/20 LEFT EAR: 7 dB
 HEAD: SCALP: _____ FACE: _____
 EYES: Good NOSE: _____
 EARS: _____ THROAT: _____
 NECK: no lymphatic UPPER JAW: _____ 8 7 6 5 4 3 2 1
 TEETH: _____ 8 7 6 5 4 3 2 1
 LOWER JAW: _____ 8 7 6 5 4 3 2 1
 CHEST: HEART: at par TONGUE: Good
 LUNGS: at par LIPS: _____
 ANY OTHER FINDINGS: _____
 ABDOMEN: _____
 EXTREMITIES: _____
 GENITO-URINARY SYSTEM: _____
 NERVOUS SYSTEM: _____
 SKIN: _____ SCARS: _____
 IMMUNIZATION: _____
 POSTURE: _____

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 OF THE ORIGINAL
 BY: [Signature]
 DATE: 7/27/1966



Alfredo Revoltila

SSS DABOYAN BRANCH
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 ROBERT S. MAGNO, MD.
 11/17/66

LABORATORY EXAMINATION

BLOOD:

RED CELL COUNT
WHITE CELL COUNT
HEMOGLOBIN %
MALARIA
KAHNIS OR
WASSERMAN
BLOOD TYPE

URINE:

MICROSCOPIC
CHEMICAL
REACTION
SP GR
ALBUMIN
SUGAR
MICROSCOPIC
GASES
RUS CELLS
RED CELLS
CRYSTAL

FAECES:

GROSS EXAM
DIGESTIBILITY
MICROSCOPIC
MUCUS
RUS CELLS
RED CELLS
OVA OF PARASITES
ASCARIS
HOOK WORM
WHIP WORM
TAPE WORM

Handwritten initials and scribbles

DATE

8/22/79

FINDINGS

Diagnosis # 6042

X-RAY

REGION

Chest PA

DATE

FINDINGS

REGION

DATE

FINDINGS

REGION

DATE

FINDINGS

REGION

REMARKS

*RA VAG 203
7/21/76*

PHYSICAL

J. J. Corallo
MEDICAL EXAMINER

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BY ALBERT T. MAGNO, MD.
DATE *8/27/79*

PHILEX MINING CORPORATION

Sitio Padcal
Camp 3, Tuba, Benguet
Philippines 2603
Direct Line : (+63) 918 - 919 - 3266
(+63) 919 - 547 - 0204
Fax : (+63) 919 - 547 - 0629
www.philexmining.com.ph

CERTIFICATION

This is to certify that **ALFREDO Y. REVOLDILA** was an employee of **PHILEX MINING CORPORATION** from August 30, 1979 to December 31, 2014.

While employed with the Company, Mr. Revoldila held the following positions:

| <u>Designation</u> | <u>Date</u> | <u>Work Place</u> |
|--------------------|---------------------------------------|-------------------|
| Machinist 1/c | June 01, 1990 to December 31, 2014 | Surface |
| Machinist 2/c | February 01, 1986 to May 31, 1990 | Surface |
| Latheman 3/c | February 21, 1982 to January 31, 1986 | Surface |
| Latheman | August 30, 1979 to February 20, 1982 | Surface |

This CERTIFICATION is issued upon the request of Mr. Revoldila for whatever legal intents it may serve him.

Given this 23rd day of JANUARY, 2015 at PHILEX MINING CORPORATION Padcal, Tuba, Benguet

SSS DAVAO BRANCH
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5/5/2016

Jain
TERESA SEMEONA F. GARCIA
HR Officer-In-Charge



MAGNETIC RESONANCE IMAGING SECTION

Radiological Sciences Division
Notre Dame de Chartres Hospital

25 Upper General Luna Rd., B.C.
Tel. (074) 619-8531-34; 424-3361-63 loc. 111

MRI REPORT

Name: REVOLDILA, ALFREDO Age: 59 Sex: M Date: 11/25/15
MRI No.: 4346-15
Requesting Physician: DR. CALIMLIM Examination: STROKE PROTOCOL

CLINICAL INDICATION: - LEFT SIDED WEAKNESS

TECHNIQUE: Multiplanar and Multisequential MRI scans of the Brain (Stroke Protocol) without Gadolinium contrast was done using Philips Achieva 1.5 TESLA MRI machine.

MRI FINDINGS:

No restricted diffusion is noted reflective of acute infarct.

Punctate non-specific white matter bright signals are noted in both frontal lobes.

Dilated perivascular spaces are seen in the right temporo-occipital lobe.

No focal parenchymal mass or edema.

The pineal region and cerebello-pontine angles are unremarkable.

No extraaxial fluid collection.

Mild cerebro-cerebellar volume loss is observed. There is some degree of brainstem volume loss.

The posterior fossa is preserved.

No brain herniation and hydrocephalus.

Trace mucosal thickening is noted in both maxillary, ethmoid and frontal sinuses and few right mastoid air cells.

IMPRESSION:

1. NO ACUTE INFARCT, INTRACRANIAL HEMORRHAGE, FOCAL MASS AND EDEMA
2. PUNCTATE NON-SPECIFIC WHITE MATTER BRIGHT SIGNALS, BOTH FRONTAL LOBES
3. MILD CEREBRO-CEREBELLAR VOLUME LOSS. SOME DEGREE OF BRAINSTEM VOLUME LOSS

vvv

THANKS!

EDGAR R. BANIQUED, MD, FCTMRISP
RADIOLOGIST

NOTRE DAME DE CHARTRES HOSPITAL

HERMA D. DAVID KINTANAR, MD, FCTMRISP
NEURO-RADIOLOGIST

DANILO PHILIP R. TORRES, MD, FCTMRISP
CHIEF RADIOLOGIST

Date: 11/24/15

Ⓟ to Dr. Calimlim
by Calimlim
Dr. Calimlim

Alvillita, RN
5:28

11/26/15
KAR

The above radiologic report is a subjective medical opinion based on the objective MRI findings and should be correlated with clinical, laboratory and other parameters before it can be used as a basis for management.

RECAL
AUG 04 2011
IMPORTANT
 BEFORE ACCOMPLISHING PLEASE
 READ INSTRUCTIONS AT BACK
 OF THIS FORM.

JUL 29 2011

SSS Form
 SOCIAL SECURITY SYSTEM
 CLD-9N
 (Rev. 10/74)

SICKNESS NOTIFICATION

SN NO.: **012917**
~~012598~~

PART I - CONFINED MEMBER'S NOTIFICATION Date: 7/27/11

(This block to be accomplished by confined member)

| | | |
|--|---|---|
| Name of Confined Member: (Print Name) REVOLDILA, ALFREDO | SSS Number: 01-0378101-9 | Tax Account Number: 131-726-090 |
| Name of Employer: (Please Print) Philex Mining corporation | Residence: (Please Print) c/o Philex Mining corporation | |
| Address of Employer: Padcal, Tuba, Benguet | Exact Date of Confinement Started 7/26/11 | Place/Address of Confinement: Sto. Nino Hospital Philex Mining corp |

This is to notify my employer that I am currently confined. The name of my employer, the place/address and the date when such confinement started are indicated above. I certify that I am hereby waiving in favor of the SSS all information which my physician has acquire while attending me as a patient in a professional capacity which information was necessary to enable him to act in that capacity. I hereby consent to the examination of my physician as to all information acquired by him from physical/mental examination of my person and a results of X ray, laboratory, and/or special diagnostic examination. I further waive all information held privilege by law.

| | |
|---|--|
| Name & Signature of member's Authorized Representative (IF SICK MEMBER CANNOT WRITE: PRINT RIGHT THUMBMARK) <i>Alfredo Revoldila</i> ALFREDO Y. REVOLDILA (Please sign over your printed name) | (Signature of Confined Member) <i>Alfredo Revoldila</i> |
| (RIGHT THUMBMARK) | |

PART II MEDICAL CERTIFICATE

(This block to be filled by Attending Physician) Date: _____

I CERTIFY THAT I HAVE EXAMINED/ATTENDED the above-named employee and state the following:

| | | | | |
|--|-----------------------|-------------------------|-------------------------------------|-------------------------------------|
| 1. (a) Exact Date Examined/Attended: 7/26/11 | (b) Age: 55 | (c) Sex: male | (d) Civil Status: married | (e) Occupation: Machinist |
|--|-----------------------|-------------------------|-------------------------------------|-------------------------------------|

2. Address of Confinement:
Sto. Nino Hospital of Philex Mining corporation - opd

3. THIS IS BEING SUBMITTED AS: (Check applicable box & state corresponding report/findings.)

an INITIAL certificate an INTERMEDIATE certificate a FINAL certificate

CLINICAL SUMMARY: (Pls. read instructions at back)
Pt.'s condition started 3 months PTA as recurrent cough with on & off fever. Pt. was admitted on June 11, 2011 up to present as a case of Pneumonia & Lung Abscess. Pt is presently confined & recuperating.

3(a) PROLONGED CONFINEMENT DUE TO:
still on sickleave (Give present condition of patient)

4. DIAGNOSIS:
Pneumonia, high risk, resolved
Lung Abscess R/O Malignancy

IN MY MEDICAL OPINION the confinement including the convalescing or recuperation period may last for **60** days.
 FIT TO RESUME WORK ON **still on sickleave** (Estimated Date)

Confinement NOT VERIFIED by employer/company physician
 Confinement VERIFIED by employer/company physician

| | |
|--|--|
| PRINTED NAME & SIGNATURE OF ATTENDING PHYSICIAN KAREN D. RIMANDO, MD | PRINTED NAME & SIGNATURE OF EMPLOYER/COMPANY PHYSICIAN KAREN D. RIMANDO, MD. |
| ADDRESS Padcal, Tuba, Benguet | ADDRESS Padcal, Tuba, Benguet |

| | | | |
|----------------------------------|---------------|----------------------------------|---------------|
| REGISTRATION NO 104637 | TELEPHONE NO. | REGISTRATION NO 104637 | TELEPHONE NO. |
|----------------------------------|---------------|----------------------------------|---------------|

(PART III of this form at back also to be filled up)

| | |
|---|---|
| EMPLOYER'S/COMPANY'S ACKNOWLEDGEMENT RECEIPT (FROM SSS) | EMPLOYEE'S ACKNOWLEDGEMENT RECEIPT (FROM COMPANY) |
|---|---|

| | |
|--|--|
| Name of Confined Member: Alfredo Revoldila | Name of Confined Member: Alfredo Revoldila |
|--|--|

| | |
|--|---|
| EMPLOYER Philex Mining corporation | ADDRESS Padcal, Tuba, Benguet |
|--|---|

cod 7/26/2011 - 9/23/2011
 sq. cod 11/25/2015 - 1/23/2016

September 26, 2016

ATTY. JONATHAN T. VILLASOTO
Deputy Executive Director
Employees Compensation Commission
355 Gil Puyat Ave., MAKATI CITY

Dear Sir:


This is to appeal for review & reversal of my claim for SSS & EC Disability Benefits pursuant to SSS LAW & PD-626 as amended. My claim was initially received at SSS-Dagupan Branch. However it was denied by the said branch and was sustained by SSS-MEDICAL OPERATIONS DEPARTMENT.

Having worked for 35 years in the mining industry, my health became fragile, often times admitted, the last of which at the INTENSIVE CARE UNIT. I have a complete and thorough work-up pointing to my occupational/work-connected illnesses. I disagree with the opinion of the System, thus this appeal.

Looking forward to eventual reversal of the System's denial.

(Prepared in consultation with CICC Accredited Physician.)®

Respectfully yours,


ALFREDO Y. REVOLDILA
BGY. LANDAS, MANGALDAN
PANGASINAN
SSS # 01-0378101-9

Cc:

DR. ABLBERT S. MAGNO
Medical Specialist III
SSS Dagupan Branch
Philam Life Bldg, A.B. Fernandez Ave.
Dagupan City, Pangasinan

ROUTING SLIP

TO : **SSS DAGUPAN BRANCH**
Philam Life Bldg.,
A. B. Fernandez Ave.,
Dagupan City, Pangasinan

ATTN.: **DR. ALBERT S. MAGNO**
Medical Specialist III


DATE : **July 27, 2016**

FROM: **MEDICAL OPERATIONS DEPARTMENT**

RE : **REVOLDILA, ALFREDO Y.**
01-0378101-9

Based on forwarded documents, we opine that member's claim for EC benefits for COPD, Pneumonia, HCVD, ACS, Multiple Spinal Stenosis and Amyotrophic Lateral sclerosis vs Multiple Dystrophy, cannot be granted. There is no causal relationship between member's job as MACHINIST and his claimed illnesses. Please elevate the case to the Medical Claims Review Committee using the Denied Benefit Referral and ECC Referral Forms through its Secretariat at the Medical Program Department (Office Order 2015-071).

This is for your appropriate action.


ELISA T. BANTUG-BAROQUE, M.D.
Department Manager III

[Handwritten initials]

/mbg/

18



Republic of the Philippines
SOCIAL SECURITY SYSTEM

MEDICAL REPORT
(SSS FORM MD-15)

DISABILITY/SICKNESS CLAIM NO: _____

| | | | |
|--------------------------------------|------------------------------------|------|---------------------|
| FULL NAME: <i>Alfredo Revilla</i> | SSS NUMBER: <i>01-0378101-9</i> | AGE: | SEX: <i>male</i> |
|--------------------------------------|------------------------------------|------|---------------------|

(For SSS use only)

FINAL DIAGNOSIS:

*PE of granular bog tuberc
in posterior lung
causes my present
my limited range of
functioning.*

FOR DISABILITY CLAIM
RECOMMENDATION:

By 5/5/2016

Nature of Disability:

Disability Rating Recommended:

Date of Disability:

BASIS:

FOR SICKNESS CLAIM
RECOMMENDATION:

Nature of Sickness:

ACUTE

CHRONIC

Period of Confinement Claimed _____ Allowed _____

BASIS:

REMARKS:

(Signature)

MD.
MEDICAL EXAMINER/RETAINER PHYSICIAN

BY:

DATE

MD.
MEDICAL DEPARTMENT



REPUBLIC OF THE PHILIPPINES
Social Security System

ROUTING SLIP

AD-610(Rev. 06/88)

DATE: October 18, 2016

FROM: *PE Center 555-
Dagupan City*

FOR: *Secretariat - Med. Claims Review Committee
Medical Program Dept
555. Palanan Q.C.*

- | | |
|---|---|
| <input type="checkbox"/> FOR ACTION | <input type="checkbox"/> FOR REPLY |
| <input type="checkbox"/> FOR STUDY & REPORT | <input type="checkbox"/> FOR YOUR INFORMATION |
| <input type="checkbox"/> FOR FILE | <input type="checkbox"/> FOR CIRCULATION |
| <input type="checkbox"/> FOR COMMENT & RECOMMENDATION | |

REMARKS

*re: Alfredo Pineda
OT-0378101-9
EC etow*

*Contry:
referring to you the one of above subject
for review of his case if he can be granted
EC benefit or not
Thank you & regards*

ALBERT S. MAGNO MD
 Medical Specialist III