



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-14 ng Hunyo 2017

Gng. MARY ANN P. SIBULO
Block 30, Lot 30, Birmingham Village
Pulo, Cabuyao, Laguna, 4025
SM-19627-0509-17

Mahal naming **Gng. SIBULO**:

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 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:

MARY ANN P. SIBULO vs. SSS
ECC CASE No. SM-19627-0509-17

The decision in the above-entitled case is a **REVERSAL** 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

Mrs. MARY ANN P. SIBULO
Block 30, Lot 30, Birmingham Village
Pulo, Cabuyao, Laguna, 4025
SM-19627-0509-17



MARY ANN P. SIBULO,
Appellant,

-versus-

ECC CASE No. SM-19627-0509-17

SOCIAL SECURITY SYSTEM (SSS),
Appellee.

x.....x

D E C I S I O N

This appeal seeks to review the Resolution No. 2017-E016 of the Social Security System-Medical Claims Review Committee (SSS-MedCRC), dated March 30, 2017, denying appellant's claim for death benefits, under the Employees' Compensation Law (P.D. No. 626, as amended), for the death of her common law husband due to Acute Medullary Failure; Cerebrovascular Disease Hemorrhage; Hypertension.

From March 1, 2006, until his death on June 19, 2016, the deceased, Ferdinand F. Schon (SSS No. 33-28549567), 38 years old at the time of death and a former resident of Cabuyao, Laguna, was employed as Security Guard of Tamaraw Security Service, Inc., Quezon City. He was assigned as roving guard at the D.I. post Gen set, mechanical pad, cooling tower area of Microchip Atmel Corp., Canlubang, Calamba City, where he was required to render his duty from 6:00 am to 10:00 PM shift.

Based on the Job Description which was signed by Mr. Jesus C. Calilung, Acting Personnel Officer, Tamaraw Security Service, Inc., the Job Description of Security Guard/Officer has been described in this manner, to wit:

- "...Security Guard/Officer Functions or Job Descriptions are basically based on their formal training on Basic Security Guard Training Course...
- "The primary duties of the Security Guards are to prevent robbery, theft, pilferage, fire, and maintain peace and order situation to the company/clients where they have been assigned;
- "Specifically, job description includes the following: security inspection of all incoming/outgoing personnel and vehicles of the company, conduct roving inspection within their area of responsibilities, recording of employees, vehicles company items/product and etc. serves as telephone operators, drivers, security escorts and to make and submit reports to client and agency

- “Security Guard/Officer also renders day and night shift duty, straight duty or twenty-four hours duty in stormy or inclement weather, particularly during labor and management disputes (labor strike). Other job descriptions of the guards are well-defined under the eleven (110 General Orders, Code of Ethics and Code of Conduct of RA 5487.

From June 5-15, 2016, the deceased had rendered 12-hour duty daily. On June 16, 2016, he rendered 16-hour duty. At around 8:30 AM of June 16, 2016, the deceased was rushed to a nearby hospital when he experienced high-blood pressure at his assigned post. On the next day, he was transferred to Batangas Medical Center, Batangas City, where he was diagnosed to have suffered from Cerebrovascular Disease, Hemorrhage; Hypertension. On June 19, 2016, he died in the said hospital due to the following causes:

Immediate cause: Acute Medullary Failure

Antecedent cause: Cerebrovascular Disease, Hemorrhage

Underlying cause: Hypertension

On July 11, 2016, the appellant filed claims for death with funeral benefits under the SSS law and P.D. No. 626, as amended, before the SSS Calamba Branch (Branch). The Branch recommended the grant of the said benefits under the SSS law but denied the claim under P.D. No. 626, as amended, on the ground of no causal relationship.

On March 30, 2017, the SSS-MedCRC sustained the denial through Resolution No. 2017-E016 reasoning that:

“...there was no causal relationship between the member’s job, as security guard and his cause of death.”

On April 25, 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 decided to elevate this case to the Commission with a recommendation to grant the claim on the ground of satisfaction of the condition for compensability of Cerebrovascular Accident which is strenuous working conditions due to long working hours.

The appeal is meritorious.

Article 173 (formerly Art. 167) paragraph (l) of Presidential Decree (P.D.) No. 626, as amended, defines sickness as "any illness definitely accepted as an occupational disease listed by the Commission, or any illness caused by employment subject to proof that the risk of contracting the same is increased by working conditions." Section 1 (b), Rule III, of the Rules Implementing P.D. No. 626, as amended, provides that "for the sickness and the resulting disability or death to be compensable, the sickness must be the result of an occupational disease included under Annex "A" of these Rules (Amended Rules on Employees' Compensation) with the conditions set therein satisfied; otherwise, proof must be shown that the risk of contracting the disease is increased by the working conditions."

In this case, the deceased died of Cerebral Hemorrhage (CVA or Stroke) due to Hypertension. Having established that Stroke is the cause of death of the deceased, this Commission now proceeds to discuss the issue of compensability of the same.

Medical findings provide the etiology of Cerebrovascular Accident or Stroke in this manner, to wit:

CEREBROVASCULAR ACCIDENT

"Cerebrovascular Disease or Cerebrovascular Accident (CVA) or "stroke" happens when there is a blockage of the arteries supplying blood to the brain tissues or when there is bleeding in the brain. This results to a reduced blood supply to the brain and later on death of brain tissue. Death of brain tissues leads to the deficits (a deficiency or impairment in mental or physical functioning) seen among stroke patients such as loss of sensation on one half of the body and/or inability to move one half of the body; changes in vision, manner of walking, or ability to speak or understand; or a sudden, severe headache.

" The kinds of Cerebrovascular Diseases are the following:

- **"Ischemic Stroke or Infarction-** a condition wherein there is a decreased blood flow to the brain that leads to death of brain tissue. An abnormally low blood volume in the body (systemic hypotension), deposits of fats in the blood vessels supplying blood to the brain and blood clots that travel and become stuck in the arteries that supply blood to the brain can cause ischemic stroke. The risk factors for ischemic stroke are older age, family history of stroke, diabetes mellitus, hypertension, tobacco smoking, elevated blood cholesterol, heart attack, oral contraceptive use, and tendency of the blood to clot rapidly. These and other risk factors are either proven or probable risk factors for ischemic stroke, largely by their link to atherosclerosis.
- **"Hemorrhagic Stroke-** produces symptoms by producing a mass effect on the nerve cells or from the toxic effects of blood itself. The hemorrhagic types of CVA are Intraparenchymal, Subarachnoid, Subdural and Epidural Hemorrhage. In Intraparenchymal Hemorrhage, bleeding is present at the brain tissue. Hypertension, trauma, brain tumor, cocaine use, anticoagulant therapy and arteriolar degeneration among the elderly are other causes of

intraparenchymal hemorrhage. Subarachnoid hemorrhage is usually caused by a head trauma or a rupture of a saccular aneurysm (a saclike swelling due to dilatation of an artery). Subdural and Epidural hemorrhages are caused by a head trauma.”

References:

Harrison's Principles of Internal Medicine, 15th Edition, Volume 2, pp.2369-2391.

Harrison's Principles of Internal Medicine, 16th Edition, Volume 2, pp.2379-2386.

Under Annex “A” of the Amended Rules on Employees’ Compensation Program, Cerebrovascular Accident is considered compensable under any of the following conditions:

- (a) *“There must be proof that the acute stroke must have developed as a result of the stressful nature of work and pressures inherent in an occupation.*
- (b) *“The strain of work that brings about an acute stroke must be of sufficient in severity and must be followed within 24 hours by the clinical signs of an acute onset of neurological deficit to constitute causal relationship.*
- (c) *“If a person who was apparently asymptomatic before being subjected to strain at work showed signs and symptoms of an acute onset of neurologic deficit during the performance of his work, and such symptoms and signs persisted, it is reasonable to claim a causal relationship.*
- (d) *“There was a history, which should be proven, of unusual and extraordinary mental strain or event, or trauma to or hyperextension of the neck. There must be a direct connection between the insult in the course of the employment and the worker’s collapse.*
- (e) *“If the neck trauma or exertion then and there caused either a brain infarction or brain hemorrhage as documented by neuro-imaging studies, the injury may be considered as arising from work.*
- (f) *“If a person is a known hypertensive, it must be proven that his hypertension is controlled and that he was compliant with treatment.*
- (g) *“A history of substance abuse must be totally ruled-out.”*
(Board Resolution No. 11-05-13, dated 26 May 2011, “Amending the Conditions for Compensability of Cardiovascular Diseases, Essential Hypertension, and Cerebrovascular Accidents under Annex ‘A’ of the Amended Rules on Employees’ Compensation”)

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

- a. *“There must be proof that the acute stroke must have developed as a result of the stressful nature of work and pressures inherent in an occupation.”*

From June 5-15, 2016 or for 11 days, the deceased had rendered 12-hour duty daily. On June 16, 2016, he rendered 16-hour duty. In the morning of June 16, 2016, the deceased was rushed to a nearby hospital when he experienced high-blood pressure at his assigned post.

This Commission takes cognizance of the long working hours among security guards which could be detrimental to their health.

In the case of Mary Ann Joy M. Emplica vs. SSS (SM-19374-0113-15, November, 2015), this Commission has already established the medical consequence of long working hours in this manner, to wit:

“Owing to the absence of any lifestyle factors, this Commission believes that 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. The strain manifested itself when the deceased lost his consciousness at his assigned post.

“Medical findings have already established that:

- **“Physically demanding work is related to changes in blood pressure.** In dynamic work that utilizes big muscle masses, blood pressure and demand are in balance. **In dynamic work that requires smaller and middle muscle, the heart may put out more blood than is needed for the total physical work and the result can be considerably increased systolic and diastolic blood pressure** (Fraundorf et. Al, 1986).” (emphasis supplied)
- “Stress leads to episodes of angina pectoris, rhythm disorders and heart failure; it can also precipitate a stroke...”

References:

1. Encyclopedia of Occupational Health and Safety, 4th Edition, Chapter 3, Cardiovascular System, 3.12 Physical Factors-Heavy Physical Work;
2. Encyclopedia of Occupational Health and Safety, 4th Edition, Volume I, Chapter 3: Cardiovascular Morbidity and Mortality in the workforce, 3.8 Risk Factor Concept of Cardiovascular Disease-Occupational Stress. (cited in the case of Jecalyn A. Conte vs. SSS [SM-19281-0523-14, Sept. 30, 2014])”

Recent studies on association between long working hours and risk of cardiovascular diseases further provide:

“...long working hours were robustly associated with increased risk of stroke across all socioeconomic groups, men and women as well as younger and older employees...” (emphasis supplied, Work Stress as a Risk Factor for Cardiovascular Disease; Mika Kivimaki, Ichiro Kawachi; Curr Cardiol Rep (2015) 17; 74 DOI 10.1007/s11886-015-0630-8)

In the absence of any evidence showing intoxication, foul play or suicide, there is a reasonable probability that the deceased suffered from severe strain of work which, in turn, caused his death. In summary, the main reason for compensability of the Stroke in this case is the severe strain of work experienced by the deceased when he was required to render 12 hour duty for 11 days prior to his death.

To prevent the possibility of occurrence of similar fatal incident among the security officers of Tamaraw Security Service, Inc., Service Shopping Center, 1853 E. Rodriguez Ave., Cubao, Quezon City, this Commission deems it proper to refer this case to the Bureau of Working Conditions (BWC), DOLE, Intramuros, Manila, for assessment purposes in accordance with the DOLE-Labor Laws Compliance System (LLCS).

WHEREFORE, the appealed decision is hereby **REVERSED** and the SSS is ordered to grant death with funeral benefits to the qualified beneficiaries of the deceased in accordance with Art. 200 (formerly 194), par. (a) of P.D. No. 626, as amended, and its Implementing Rules and Regulations.

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

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:

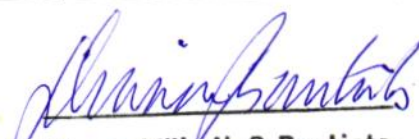
“ART. 186. Settlement of Claims.- The System shall have original and exclusive jurisdiction to settle any dispute arising from this Title with respect to coverage, entitlement to benefits, collection and payment of contributions and penalties thereon, or any other matter related thereto, subject to appeal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

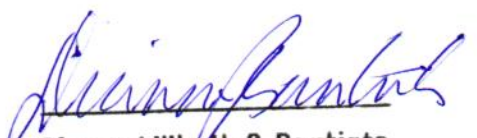
<i>Title of the Case/ Nature of Appeal</i>	<i>TRC Recommendation</i>	<i>End of 20 working days PCT</i>
<p>I.1. SIBULO, Mary Ann P. vs. SSS</p> <p>(Ferdinand F. Schon-deceased)</p> <p>SM-19627-0509-17</p> <p>Nature of claim: death benefits due to Cerebrovascular Accident (CVA or Stroke), hemorrhage; Hypertension</p> <p>Occupation of the covered member: Security Guard</p>	<p>For Award</p> <p>Basis for award: satisfaction of condition for compensability of CVA-strenuous working conditions-long-working hours</p> <ul style="list-style-type: none"> 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; 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; 	<p>June 6, 2017</p>

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Board Secretary III

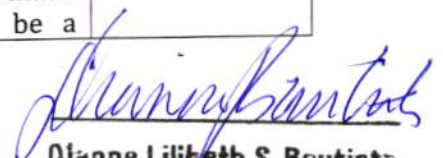
Title of the Case/ Nature of Appeal	TRC Recommendation	End of 20 working days PCT
(Tamaraw Security Agency)	<p>Curr Cardiol Rep (2015) 17; 74 DOI 10.1007/s 11886-015-0630-8);</p> <ul style="list-style-type: none"> In the similar case of Mary Ann Joy M. Emplica vs. SSS (SM-19374-0113-15, Nov. 2015), this 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> The TRC has also recommended the referral of this case to the BWC for assessment purposes in accordance with BWC. 	
<p>I.2. ALVARADO, Gil J. vs. SSS</p> <p>SM-19632-0509-17</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 style="text-align: center;">For Award</p> <p>Basis for award: satisfaction of condition for compensability of CVA; strenuous working conditions-shift-work duties</p> <ul style="list-style-type: none"> For almost 23 years, the appellant has been required to render his duty on a shifting schedule; 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) The TRC has also recommended the referral of this case to the BWC for assessment purposes in accordance with BWC. 	<p style="text-align: center;">June 6, 2017</p>

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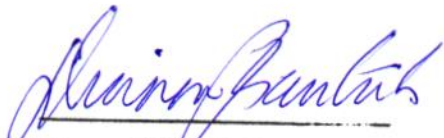
<i>Title of the Case/ Nature of Appeal</i>	<i>TRC Recommendation</i>	<i>End of 20 working days PCT</i>
<p>I.3. ABAINCIA, Vicenta C vs. SSS</p> <p>SM-19630-0509-17</p> <p>Nature of claim: <i>disability benefits due to Cerebrovascular Infarct, Left Lentiform Nucleus, Posterior Limb of Internal Capsule; Hypertension</i></p> <p>Occupation of the covered member: Household/Helper-Cook (Embassy of Israel in the Philippines)</p>	<p>For Denial</p> <p>Reason for denial: no causal relationship</p> <ul style="list-style-type: none"> • Non-satisfaction of any of the conditions for compensability of Cerebrovascular Accident (CVA) and Hypertension; 	<p>June 6, 2017</p>
<p>I.4. BAUTISTA, Gerardo J. vs. SSS</p> <p>SM-19629-0509-17</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>For Denial</p> <p>Reason for denial: <i>no causal relationship</i></p> <ul style="list-style-type: none"> • The risk factors of the following claimed ailments are not related to the working conditions of the appellant. <p>1. Diverticulitis</p> <ul style="list-style-type: none"> • "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). • "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. • "Eating a low-fiber diet mostly made up of processed foods may be a 	<p>June 6, 2017</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>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"> • “Diverticulitis is caused by small pieces of stool (feces) that become trapped in these pouches, causing infection or inflammation.” <p>2. Hepatic (Liver) Abscess- hematogenous spread of bacteria; disease of the biliary tract</p> <p>3. “Cholangitis 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"> • “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. • “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 <p>Reference: Medline plus Medical Encyclopedia</p> <p>4. “Choledocholithiasis is the presence of at least one gallstone in the common bile duct. The stone may be made up of <u>bile pigments</u> or</p>	

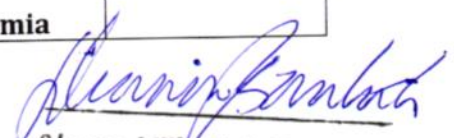
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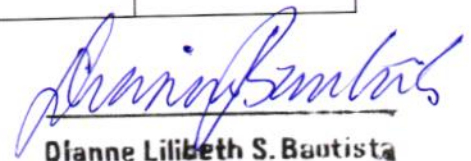
Title of the Case/ Nature of Appeal	TRC Recommendation	End of 20 working days PCT
	<p>calcium and cholesterol salts.</p> <ul style="list-style-type: none"> • “About 1 in 7 people with gallstones will develop stones in the common bile duct. This is the small tube that carries bile from the gallbladder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

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 Board Secretary III

<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"> Risk factors are not related to the working conditions of the appellant <p>5. Pulmonary Tuberculosis</p> <ul style="list-style-type: none"> Non-satisfaction of any of the conditions for compensability of PTB 	
<p>1.6. JUANIZA, Anthony D. vs. SSS</p> <p>SM-19631-0509-17</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>For Modification</p> <p>1. For award- injury sustained by the appellant</p> <p>Basis: Special Errand Rule (compensability of injury sustained by an employee while on official business)</p> <p>2. For denial-Osteosarcoma</p> <p>Reason for denial: no causal relationship</p> <ul style="list-style-type: none"> 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. 	<p>June 6, 2017</p>
<p>I.7. LOMBOY, Vivian M. vs. SSS</p> <p>SM-19633-0509-17</p> <p>Nature of claim: <i>disability benefits due to Essential Hypertension, stage II; Dyslipidemia; Angina Pectoris; Diabetes Mellitus</i></p>	<p>For Denial</p> <p>Reason for denial: no causal relationship</p> <ul style="list-style-type: none"> Non-satisfaction of the conditions for compensability of Cardiovascular diseases; 	<p>June 6, 2017</p>

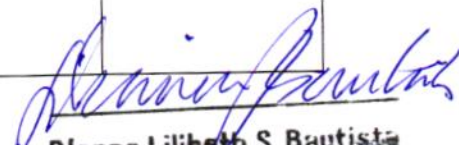
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Board Secretary III

Title of the Case/ Nature of Appeal	TRC Recommendation	End of 20 working days PCT
<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"> • Diabetes Mellitus and its complications are not considered work-connected; • The diabetic condition of the appellant caused the manifestation of her Hypertension and Angina. • 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"> 1. Angina Pectoris (<i>chest discomfort or pain</i>)- Atherosclerosis (common disorder of the arteries); long-term smoking; inhalation of carbon monoxide in a closed area 2. Dyslipidemia (<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. 	
<p>I.8. NAMORO, Mildred H. vs. SSS</p> <p>Manuel A. Namoro-deceased</p> <p>SM-19634-0509-17</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;">For Denial</p> <p>Reason for denial: no causal relationship</p> <ul style="list-style-type: none"> • 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. 	<p style="text-align: center;">June 6, 2017</p>

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Dianne Lilibeth S. Bautista
 Board Secretary III

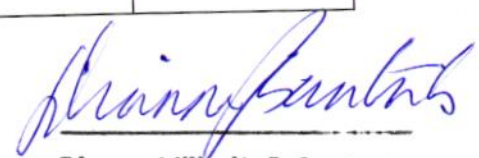
Title of the Case/ Nature of Appeal	TRC Recommendation	End of 20 working days PCT
Occupation of the Covered Member: Main Warehouse Supervisor (Philex Mining Corp.)		
<p>1.9. PATUGAD, Josephine B. vs. SSS</p> <p>(Marcos G. Patugad-deceased)</p> <p>SM-19621-0417-17</p> <p><i>Nature of claim: death benefits 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;">For Denial</p> <p>Reason for denial: no causal relationship</p> <ul style="list-style-type: none"> • Non-satisfaction of any of the conditions for compensability of Cardiovascular Diseases and Pulmonary Tuberculosis; • Diabetes Mellitus and its complications are not considered as work-related 	June 6, 2017
<p>1.10. MAGHINANG, Ma. Lorelei vs. SSS</p> <p>SM-19628-0509-17</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;">For Denial</p> <p>Reasons for denial:</p> <p>1. Superior Semi-Circular Canal Dehiscence Syndrome (SSCDS)</p> <ul style="list-style-type: none"> • <i>No causal relationship; risk factors are not related to the working conditions of the appellant as Call Center Agent;</i> • <i>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.</i> • <i>Malformation of the semicircular canal during embryology cause</i> 	June 6, 2017

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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, Otorhynology and Facial Plastic Surgery, Drugs and Diseases, emedicine.medscape.com/article/857914-overview)</p> <p>2. Incidental Findings</p> <p>a. Sensorineural Hearing Loss</p> <ul style="list-style-type: none"> • no causal relationship; non-satisfaction of any of the conditions for compensability of Hearing Loss; • 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. <p>b. Presbyopia of both eyes</p> <ul style="list-style-type: none"> • 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, https://www.aao.org/eye-health/diseases/what-is-presbyopia) <p>c. Lumbar Spondylolisthesis</p> <ul style="list-style-type: none"> • No causal relationship; non-satisfaction of any of the conditions for compensability of Musculoskeletal Disorders; 	

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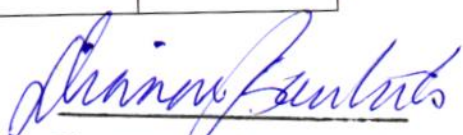
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<i>Title of the Case/ Nature of Appeal</i>	<i>TRC Recommendation</i>	<i>End of 20 working days PCT</i>
	<ul style="list-style-type: none"> • There is no substantial evidence showing that the working conditions of the appellant entailed repetitive handling of mechanical tools, instruments, and equipment and/or lifting and carrying of heavy objects. • In this case, the etiology of the claimed ailment points only to degeneration which is not related to any type of employment. <p>d. Carpal Tunnel Syndrome</p> <ul style="list-style-type: none"> • No causal relationship; <i>non-satisfaction of any of the conditions for compensability of Musculoskeletal Disorders;</i> • 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; • "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) 	

II. GSIS (Medical Cases)

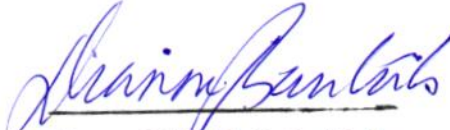
<i>Title of the Case/ Nature of Appeal</i>	<i>TRC Recommendation</i>	<i>End of 20 working days PCT</i>
<p>II.1. CUSTODIO, Sherwin L. vs. GSIS</p> <p>GM-19625-0509-17</p>	<p>For Denial</p> <p>Reason for denial: no causal relationship</p>	<p>June 6, 2017</p>

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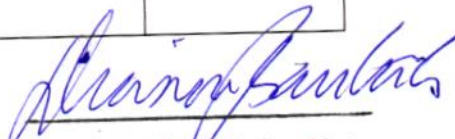
<p>Nature of claim: disability <i>benefits due to Left Main Coronary Artery Disease; S/P (status-post) CA with PCI; Takayasu Arteritis; S/P NSTEMI</i></p> <p>Occupation of the covered member: Admin Officer I (Records Officer I [Municipality of Malvar, Batangas])</p>	<ul style="list-style-type: none"> • 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> • Takayasu Arteritis and its complications, such as Stroke and heart diseases, have no causal relationship with the working conditions of the appellant; • 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. 	
<p>II.2. CONCHA, Chantus Marie J. vs. GSIS</p> <p>(PO2 Jaynard A. Concha-deceased)</p> <p>GM-19636-0510-17</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;">For Denial</p> <p>Reason for denial: no causal relationship</p> <ul style="list-style-type: none"> • 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. • 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. • 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> 	<p style="text-align: right;">June 6, 2017</p>
<p>II.3. COLUMBRETIS, Ma. Nelia vs. GSIS</p>	<p style="text-align: center;">For Denial</p> <p>Reason for denial: No causal relationship</p>	<p style="text-align: right;">June 6, 2017</p>

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

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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:

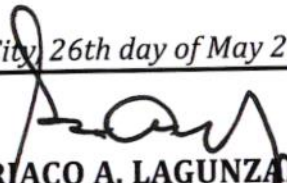
RESOLVED FURTHER, that the entire original records of the following cases;

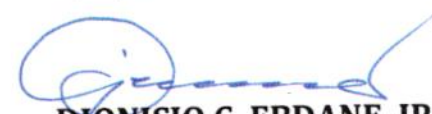
1. **SIBULO, Mary Ann P. vs. SSS (SM-19627-0509-17);**
2. **JUANIZA, Anthony D. vs. SSS (SM-19631-0509-17);**
3. **ALVARADO, Gil J. vs. SSS (SM-19632-0509-17)**

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;

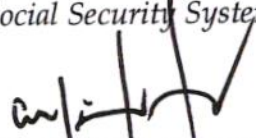
RESOLVED FINALLY, that the SSS and the GSIS be duly furnished with copies of this Resolution and Decisions on the abovementioned cases for compliance and for guidance purposes.

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

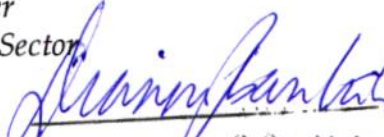

CIRIACO A. LAGUNZA III
 Chairperson-Alternate
 Department of Labor and Employment


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

Member-Designate
Social Security System


CARLITO P. ROBLE
 Member
 Employees' Sector

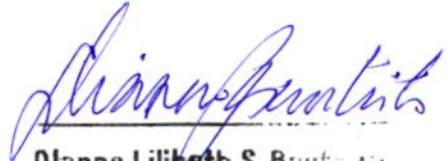
VACANT CERTIFIED TRUE COPY
 Member
 Employees' Sector


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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