

STATE OF MICHIGAN  
STATE OFFICE OF ADMINISTRATIVE HEARINGS AND RULES

ADMINISTRATIVE HEARINGS FOR THE  
DEPARTMENT OF HUMAN SERVICES

IN THE MATTER OF: [REDACTED],  
Claimant

Reg. No: 2007-9643  
Issue No: 2009  
Case No: [REDACTED]  
Load No: [REDACTED]  
Hearing Date:  
December 11, 2007  
Ingham County DHS

ADMINISTRATIVE LAW JUDGE: Jana A. Bachman

HEARING DECISION

This matter is before the undersigned Administrative Law Judge pursuant to MCL 400.9; and MCL 400.37 upon claimant's request for a hearing. After due notice, an in-person hearing was held on December 11, 2007. Claimant was represented by [REDACTED]

ISSUE

Whether the Department of Human Services (department) properly determined that claimant has not established disability for purposes of Medical Assistance (MA).

FINDINGS OF FACT

The Administrative Law Judge, based upon the competent, material and substantial evidence on the whole record, finds as material fact:

(1) February 23, 2007, claimant applied for MA. Claimant submitted medical records for department consideration.

(2) May 3, 2007, the Medical Review Team denied claimant's application.

Department Exhibit (Department) A.

(3) May 8, 2007, the department sent claimant written notice that the application was denied.

(4) July 31, 2007, the department received claimant's timely request for hearing.

(5) November 6, 2007, the State Hearing Review Team (SHRT) denied claimant's application. Department B.

(6) December 11, 2007, the in-person hearing was held. Prior to the close of the record, the claimant requested the record be left open for additional medical evidence. Claimant waived the right to a timely hearing decision. March 11, 2008, after review of all medical evidence, the SHRT again denied claimant's application. SHRT Decision, 3/11/08.

(7) Claimant asserts disability based on impairments caused by heart disease, bad back, torn rotator cuff, and numbness in the legs.

(8) Claimant testified at hearing. Claimant is 52 years old, 5'4" tall, and weighs 228 pounds. Claimant completed the 8<sup>th</sup> grade and has limited reading, writing, and math skills. Claimant has a driver's license and is able to drive.

(9) Claimant's past relevant employment has been as a cashier, security guard and factory worker. Claimant currently works 20 to 24 hours per week as a cashier at a gas station.

(10) June 13, 2006, claimant was examined by her cardiologist and treatment notes were prepared that state claimant is post stent-assisted angioplasty after suffering anterior wall myocardial infarction. She had atypical chest pain and repeat catheterization revealed patent stent. Objective medical testing revealed claimant to be status post anterior wall myocardial infarction without evidence of ischemia and hyperlipidemia. Department A, page 13-14.

(11) November 12, 2006, claimant presented to emergency room complaining of chest pain. Objective medical testing revealed stable coronary artery disease, normal left ventricular ejection fraction, gastroesophageal reflux, chronic obstructive pulmonary disease, hypertension, hyperlipidemia, history of myocardial infarction, and status post CVA. Claimant was discharged November 14, 2006. March 26, 2007, claimant presented to emergency room (ER) complaining of chest pain. EKG revealed sinus bradycardia with poor R wave progression but no significant ST-T change from previous EKG. Claimant A, pages 18-25. May 17, 2007, claimant underwent a cardiovascular stress test that revealed negative exercise electrocardiogram to 5 METS with no remarkable ECG changes in an individual who has below average level of exercise tolerance for age. Claimant A, page 4.

(12) In April 2007, claimant reported to her physician that her feet and hands swell when she is on her feet all day and she becomes shaky with numbness in her legs. Claimant A, page 10. June 6, 2007, claimant underwent x-rays of the right foot that revealed the visualized osseous structures are osteopenic; posterior and plantar calcaneal spurs; degenerative changes involving the 1<sup>st</sup> MTP joint and interphalangeal joint of the right 1<sup>st</sup> toe Claimant A, page 6. June 20, 2007, claimant again underwent x-rays of the right foot that revealed mild osteoarthritis involving the first MTP joint and IP joint of the great toe and 4mm. benign appearing exostosis medial base of the distal phalanx. X-rays of the right ankle revealed mild soft tissue swelling

anterior to the tibial talar joint without evidence of joint effusion; no acute boney or joint space abnormalities, small plantar and posterior calcaneal spurs. Claimant A, pages 7-8.

(13) September 24, 2007, claimant reported to her physician that she had shoulder pain. Claimant A, page 16. October 12, 2007 MRI of the right shoulder revealed full thickness rotator cuff tear involving the anterior fibers with mild retraction; tendinopathy/partial thickness tearing of the posterior fibers; somewhat abnormal morphology to the anterior superior labrum, which is suspicious for tear, however, evaluation of the labrum is limited without dedicated arthrography; degenerative changes of the shoulder and acromioclavicular joint. Claimant A, page 9.

(14) April 16, 2007, claimant underwent an independent physical exam and a report was prepared that states, in pertinent part, decreased breath sounds at bases of lungs bilaterally with scattered expiratory wheezes; tenderness over the lower lumbar area with slight decreased extension of 15 degrees but normal flexion; some tenderness in the mid epigastrium without rebound; decreased abduction of both of the shoulders to 100 degrees. All other exam findings were within normal limits. Doctor opines that claimant may have had TIA three weeks prior to exam. Claimant reports history of atherosclerotic heart disease. Department A, pages 3-5.

#### CONCLUSIONS OF LAW

The Medical Assistance (MA) program is established by Title XIX of the Social Security Act and is implemented by Title 42 of the Code of Federal Regulations (CFR). The Department of Human Services (DHS or department) administers the MA program pursuant to MCL 400.10, *et seq.*, and MCL 400.105. Department policies are found in the Program Administrative Manual (PAM), the Program Eligibility Manual (PEM) and the Program Reference Manual (PRM).

Pursuant to Federal Rule 42 CFR 435.540, the Department of Human Services uses the federal Supplemental Security Income (SSI) policy in determining eligibility for disability under the Medical Assistance program. Under SSI, disability is defined as:

...the inability to do any substantial gainful activity by reason of any medically determinable physical or mental impairment which can be expected to result in death or which has lasted or can be expected to last for a continuous period of not less than 12 months.... 20 CFR 416.905

A set order is used to determine disability. Current work activity, severity of impairments, residual functional capacity, past work, age, or education and work experience is reviewed. If there is a finding that an individual is disabled or not disabled at any point in the review, there will be no further evaluation. 20 CFR 416.920.

If an individual is working and the work is substantial gainful activity, the individual is not disabled regardless of the medical condition, education and work experience. 20 CFR 416.920(c).

If the impairment or combination of impairments do not significantly limit physical or mental ability to do basic work activities, it is not a severe impairment(s) and disability does not exist. Age, education and work experience will not be considered. 20 CFR 416.920.

Statements about pain or other symptoms do not alone establish disability. There must be medical signs and laboratory findings which demonstrate a medical impairment.... 20 CFR 416.929(a).

...Medical reports should include –

- (1) Medical history.
- (2) Clinical findings (such as the results of physical or mental status examinations);

- (3) Laboratory findings (such as blood pressure, X-rays);
- (4) Diagnosis (statement of disease or injury based on its signs and symptoms)... 20 CFR 416.913(b).

In determining disability under the law, the ability to work is measured. An individual's functional capacity for doing basic work activities is evaluated. If an individual has the ability to perform basic work activities without significant limitations, he or she is not considered disabled. 20 CFR 416.994(b)(1)(iv).

Basic work activities are the abilities and aptitudes necessary to do most jobs. Examples of these include --

- (1) Physical functions such as walking, standing, sitting, lifting, pushing, pulling, reaching, carrying, or handling;
- (2) Capacities for seeing, hearing, and speaking;
- (3) Understanding, carrying out, and remembering simple instructions;
- (4) Use of judgment;
- (5) Responding appropriately to supervision, co-workers and usual work situations; and
- (6) Dealing with changes in a routine work setting. 20 CFR 416.921(b).

Medical findings must allow a determination of (1) the nature and limiting effects of your impairment(s) for any period in question; (2) the probable duration of the impairment; and (3) the residual functional capacity to do work-related physical and mental activities. 20 CFR 416.913(d).

Medical evidence may contain medical opinions. Medical opinions are statements from physicians and psychologists or other acceptable medical sources that reflect judgments about the nature and severity of the impairment(s), including your symptoms, diagnosis and prognosis,

what an individual can do despite impairment(s), and the physical or mental restrictions. 20 CFR 416.927(a)(2).

All of the evidence relevant to the claim, including medical opinions, is reviewed and findings are made. 20 CFR 416.927(c).

For mental disorders, severity is assessed in terms of the functional limitations imposed by the impairment. Functional limitations are assessed using the criteria in paragraph (B) of the listings for mental disorders (descriptions of restrictions of activities of daily living, social functioning; concentration, persistence, or pace; and ability to tolerate increased mental demands associated with competitive work).... 20 CFR, Part 404, Subpart P, App. 1, 12.00(C).

If an individual fails to cooperate by appearing for a physical or mental examination by a certain date without good cause, there will not be a finding of disability. 20 CFR 416.994(b)(4)(ii).

When determining disability, the federal regulations require that several considerations be analyzed in sequential order. If disability can be ruled out at any step, analysis of the next step is not required. These steps are:

1. Does the client perform Substantial Gainful Activity (SGA)? If yes, the client is ineligible for MA. If no, the analysis continues to Step 2. 20 CFR 416.920(b).
2. Does the client have a severe impairment that has lasted or is expected to last 12 months or more or result in death? If no, the client is ineligible for MA. If yes, the analysis continues to Step 3. 20 CFR 416.920(c).
3. Does the impairment appear on a special listing of impairments or are the client's symptoms, signs, and laboratory findings at least equivalent in severity to the set of medical findings specified for the listed impairment? If no, the analysis continues to Step 4. If yes, MA is approved. 20 CFR 416.290(d).

4. Can the client do the former work that he/she performed within the last 15 years? If yes, the client is ineligible for MA. If no, the analysis continues to Step 5. 20 CFR 416.920(e).
5. Does the client have the Residual Functional Capacity (RFC) to perform other work according to the guidelines set forth at 20 CFR 404, Subpart P, Appendix 2, Sections 200.00-204.00? If yes, the analysis ends and the client is ineligible for MA. If no, MA is approved. 20 CFR 416.920(f).

At Step 1, claimant is not engaged in substantial gainful activity and so is not disqualified from receiving disability at Step 1.

At Step 2, the objective medical evidence of record indicates that claimant has heart disease and is post myocardial infarction and stent placement. Objective cardiac testing reveal normal left ventricular ejection fraction and no evidence of ischemia. Finding of Fact (FOF) 10-11. Claimant's right foot is osteopenic and mildly arthritic. She has some soft tissue swelling and calcaneal spurs. FOF 12. In September 2007, claimant was found to have rotator cuff tear on the right shoulder with degenerative changes of the shoulder and acromioclavicular joint. FOF 13. Claimant has COPD with decreased breath sounds bilaterally and scattered expiratory wheezes. Medical evidence of record indicates claimant may have had TIA during March 2007. FOF 14.

At Step 2, the objective medical evidence of record is not sufficient to establish that claimant has severe impairments that have lasted or are expected to last 12 months or more and prevent employment at any job for 12 months or more. Therefore, claimant is disqualified from receiving disability at Step 2.

At Step 3, claimant's impairments do not rise to the level necessary to be specifically disabling by law.



At Step 4, claimant's past relevant employment has been as a cashier, security guard, and factory worker. See discussion at Step 2, above. FOF 10-14.

At Step 4, the objective medical evidence of record is not sufficient to establish that claimant has functional impairments that prevent claimant, for a period of 12 months or more, from engaging in a full range of duties required by claimant's past relevant employment as a cashier and security guard. Therefore, claimant is disqualified from receiving disability at Step 4.

Although claimant is disqualified at Step 4, the Administrative Law Judge will proceed through the Step 5 sequential evaluation process, *arguendo*, to determine whether claimant has the residual functional capacity to perform some other less strenuous work than required by claimant's past relevant employment.

The residual functional capacity is what an individual can do despite limitations. All impairments will be considered in addition to ability to meet certain demands of jobs in the national economy. Physical demands, mental demands, sensory requirements and other functions will be evaluated.... 20 CFR 416.945(a).

To determine the physical demands (exertional requirements) of work in the national economy, we classify jobs as sedentary, light, medium and heavy. These terms have the same meaning as they have in the Dictionary of Occupational Titles, published by the Department of Labor.... 20 CFR 416.967.

Sedentary work. Sedentary work involves lifting no more than 10 pounds at a time and occasionally lifting or carrying articles like docket files, ledgers, and small tools. Although a sedentary job is defined as one which involves sitting, a certain amount of walking and standing

is often necessary in carrying out job duties. Jobs are sedentary if walking and standing are required occasionally and other sedentary criteria are met. 20 CFR 416.967(a).

Light work. Light work involves lifting no more than 20 pounds at a time with frequent lifting or carrying of objects weighing up to 10 pounds. Even though the weight lifted may be very little, a job is in this category when it requires a good deal of walking or standing, or when it involves sitting most of the time with some pushing and pulling of arm or leg controls....

20 CFR 416.967(b).

Medium work. Medium work involves lifting no more than 50 pounds at a time with frequent lifting or carrying of objects weighing up to 25 pounds. If someone can do medium work, we determine that he or she can also do sedentary and light work. 20 CFR 416.967(c).

Heavy work. Heavy work involves lifting no more than 100 pounds at a time with frequent lifting or carrying of objects weighing up to 50 pounds. If someone can do heavy work, we determine that he or she can also do medium, light, and sedentary work. 20 CFR 416.967(d).

At Step 5, see discussion at Step 2, above. FOF 10-14.

At Step 5, the objective medical evidence of record is sufficient to establish that claimant retains the residual functional capacity to perform at least light work activities. Considering claimant's Vocational Profile (closely approaching advanced age, limited education, and history of unskilled work) and relying on Vocational Rule 202.10, claimant is not disabled. Therefore, claimant is disqualified from receiving disability at Step 5.

Claimant does not meet the federal statutory requirements to qualify for disability. Therefore, claimant does not qualify for Medical Assistance based on disability and the department properly denied claimant's application.

DECISION AND ORDER

The Administrative Law Judge, based upon the above findings of fact and conclusions of law, decides that claimant has not established disability for Medical Assistance.

Accordingly, the department's action is HEREBY UPHELD.

/s/  
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Jana A. Bachman  
Administrative Law Judge  
for Ismael Ahmed, Director  
Department of Human Services

Date Signed: September 2, 2009

Date Mailed: September 3, 2009

**NOTICE:** Administrative Hearings may order a rehearing or reconsideration on either its own motion or at the request of a party within 30 days of the mailing date of this Decision and Order. Administrative Hearings will not order a rehearing or reconsideration on the Department's motion where the final decision cannot be implemented within 90 days of the filing of the original request.

The Claimant may appeal the Decision and Order to Circuit Court within 30 days of the receipt of the Decision and Order or, if a timely request for rehearing was made, within 30 days of the receipt date of the rehearing decision.

JAB/db

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