

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: 2007-30965
Issue No: 2009/4031
Case No: [REDACTED]
Load No: [REDACTED]
Hearing Date:
March 26, 2008
Muskegon 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 March 26, 2008. Claimant was represented by [REDACTED].

ISSUE

Whether the Department of Human Services (department) properly determined that claimant is not disabled for Medical Assistance (MA) and State Disability Assistance (SDA).

FINDINGS OF FACT

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

- (1) During August 2007, claimant was receiving MA and SDA. Claimant's assistance was due for medical review.
- (2) August 27, 2007, the Medical Review Team (MRT) denied claimant's medical review. Department Exhibit A.

(3) August 30, 2007, the department sent claimant written notice that the medical review was denied.

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

(5) December 6, 2007, the State Hearing Review Team (SHRT) denied claimant's medical review. Department Exhibit B.

(6) March 26, 2008, the in-person hearing was held. Prior to the close of the record, claimant submitted additional medial evidence. Claimant waived the right to a timely hearing decision. July 16, 2008, following review of all medial evidence, the SHRT again denied claimant's medical review. SHRT Decision, 7-16-08.

(7) Claimant asserts disability based on impairments caused by heart disease and depression.

(8) Claimant testified at hearing. Claimant is 48 years old, 6'2" tall, and weighs 253 pounds. Claimant completed high school and is able to read, write, and perform basic math. Claimant's driver's license is revoked. Claimant cares for his needs at home.

(9) Claimant's past relevant employment has been as a factory worker, in electronics, in photography, and doing general labor.

(10) At last positive decision in August 2006, claimant had been treated at hospital for congestive heart failure exacerbation; medication noncompliance; hypertension; cardiomyopathy with ejection fraction of 30 percent; status post repair dissecting thoracic aneurysm and aortic valve replacement; history of alcohol abuse; hyperlipidemia; and history of asthma with ongoing tobacco abuse. Blood pressure was measured at 168/112. Chest x-rays revealed congestive heart failure. Objective cardiovascular exam revealed claimant's heart to have regular rate and rhythm, S1, S2. A loud 3/6 systolic ejection murmur radiating to his left axilla could be heard. Carotids

are 2+ and symmetric bilaterally. There is a thrill over the left carotid and what doctor believed was radiation of a heart murmur up into the left carotid. Pedal pulses are 2+ and symmetric bilaterally and there is no lower extremity edema or varicosities noted. Claimant was restarted on his medications and improved within 24 hours. Department Exhibit A, pgs 26-36. Also at last positive decision, during May 2006 claimant was treated at hospital for ventricular tachycardia and cardiomyopathy with ejection fraction of 30 percent. Claimant underwent successful placement of a dual chamber automatic implantable cardioverter/defibrillator. Department Exhibit A, pgs 1-25.

(11) At review, the objective medical evidence of record indicates that claimant has undergone objective cardiac testing that revealed the following: normal sinus rhythm; dilated left atrium at 5/4 cm with increased left atrial volume index at 45 ccs per m²; no mitral valve prolapse or stenosis; mild mitral regurgitation; left ventricle normal size based on body surface area; borderline left ventricular hypertrophy with wall thickness measuring 1.1 to 2, 1.2 to 2 cm; left ventricular systolic dysfunction with an estimated ejection fraction of .40; basilar septum and basilar inferior wall appeared to be more hypokinetic than other areas visualized; aortic valves sclerosis with evidence for stenosis; mild to perhaps moderate aortic insufficiency; thickened walls of the aorta consistent with known aortic replacement; right ventricle normal size and function; no tricuspid regurgitation. When compared to a previous echocardiogram dated May 2006, there has been improvement in left ventricular function where the previous echo showed an ejection fraction of .30 and current echo shows ejection fraction of .40. Mild to moderate aortic insufficiency is noted with no evidence for tricuspid regurgitation. Department Exhibit A, pgs 145-147. Physical exam conducted on January 4, 2008, revealed claimant to be alert and in no acute distress with normal posture and normal gait. Lungs were auscultation with

no adventitious sounds; heart had regular rate and rhythm; auscultation revealed no murmurs; left shoulder range of motion was decreased and movements were painful. Department Exhibit A, Physical Exam Notes, 1-4-08.

(12) At review, on August 20, 2006, claimant underwent a psychiatric examination and a narrative report was prepared. AXIS I diagnoses were alcohol abuse in unknown remission and depressive disorder. GAF was assessed at 55. Report indicates that claimant smelled strongly of alcoholic beverage upon entering the exam room but denied drinking that day. Oriented x 3 with clear and understandable speech. He tended to ramble. Claimant indicated an early suicide attempt and stated he thinks about suicide now. Claimant also denied current suicidal ideation or intent. He has never had a psychiatric admission. Affect was flat and he was able to remain seated throughout the exam. Memory, fund of information, calculation, abstract thinking, and judgment appear to be within normal limits. Department Exhibit A, Psychiatric Report, 8-20-06.

(13) When comparing the objective medical evidence at review with the objective medical evidence provided at last positive decision, it appears that medical improvement of claimant's physical condition has occurred or that claimant was not disabled. At last positive decision, claimant was noted to have a number of dysfunctional areas in his cardiac function and was recovering from aorta replacement and implantation of a device to correct his tachycardia. At review, claimant's cardiac ejection fraction had improved to .40 and heart murmur could no longer be observed. Claimant had regular rate and rhythm in his heart. When comparing the objective medical evidence at review with the objective medical evidence provided at last positive decision, it appears that claimant has depression at review which was not noted at initial positive decision. In any case, claimant is oriented x 3 with cognitive functions within normal limits. GAF is assessed at 55 indicative of moderate symptoms or moderate difficulties. At

review, claimant has reduced range of motion and pain in his left shoulder due to an old injury.

Claimant is right hand dominant.

(14) Claimant's medical improvement is related to the ability to work.

(15) Claimant is capable of performing work activities.

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).

Medical improvement. Medical improvement is any decrease in the medical severity of your impairment(s) which was present at the time of the most recent favorable medical decision that you were disabled or continued to be disabled. A determination that there has been a decrease in medical severity must be based on changes (improvement) in the symptoms, signs and/or laboratory findings associated with your impairment(s)... 20 CFR 416.994(b)(1)(i).

Medical improvement not related to ability to do work. Medical improvement is not related to your ability to work if there has been a decrease in the severity of the impairment(s) as defined in paragraph (b)(1)(i) of this section, present at the time of the most recent favorable medical decision, but no increase in your functional capacity to do basic work activities as defined in paragraph (b)(1)(iv) of this section. If there has been any medical improvement in your impairment(s), but it is not related to your ability to do work and none of the exceptions applies, your benefits will be continued.... 20 CFR 416.994(b)(1)(ii).

Medical improvement that is related to ability to do work. Medical improvement is related to your ability to work if there has been a decrease in the severity, as defined in paragraph (b)(1)(i) of this section, of the impairment(s) present at the time of the most recent favorable medical decision **and** an increase in your functional capacity to do basic work activities as discussed in paragraph (b)(1)(iv) of this section. A determination that medical improvement related to your ability to do work has occurred does not, necessarily, mean that your disability will be found to have ended unless it is also shown that you are currently able to engage in substantial gainful activity as discussed in paragraph (b)(1)(v) of this section.... 20 CFR 416.994(b)(1)(iii).

Functional capacity to do basic work activities. Under the law, disability is defined, in part, as the inability to do any substantial gainful activity by reason of any medically determinable physical or mental impairment(s)... 20 CFR 416.994(b)(1)(iv).

...A decrease in the severity of an impairment as measured by changes (improvement) in symptoms, signs or laboratory findings can, if great enough, result in an increase in the functional capacity to do work activities.... 20 CFR 416.994(b)(1)(iv)(A).

When new evidence showing a change in signs, symptoms and laboratory findings establishes that both medical improvement has occurred and your functional capacity to perform basic work activities, or residual functional capacity, has increased, we say that medical improvement which is related to your ability to do work has occurred. A residual functional capacity assessment is also used to determine whether you can engage in substantial gainful activity and, thus, whether you continue to be disabled.... 20 CFR 416.994(b)(1)(iv)(A).

...Point of comparison. For purposes of determining whether medical improvement has occurred, we will compare the current medical severity of that impairment(s) which was present at the time of the most recent favorable medical decision that you were disabled or continued to be disabled to the medical severity of that impairment(s) at that time.... 20 CFR 416.994(b)(1)(vii).

...If medical improvement has occurred, we will compare your current functional capacity to do basic work activities (i.e., your residual functional capacity) based on the previously existing impairments with your prior residual functional capacity in order to determine whether the medical improvement is related to your ability to do work. The most recent favorable medical decision is the latest decision involving a consideration of the medical evidence and the issue of whether you were disabled or continued to be disabled which became final. 20 CFR 416.994(b)(1)(vi).

...Medical improvement. Medical improvement is any decrease in the medical severity of impairment(s) present at the time of the most recent favorable medical decision that you were disabled or continued to be disabled and is determined by a comparison of prior and current medical evidence which must show that there have been changes (improvement) in the symptoms, signs or laboratory findings associated with that impairment(s). 20 CFR 416.994(b)(2)(i).

The State Disability Assistance (SDA) program which provides financial assistance for disabled persons is established by 2004 PA 344. The Department of Human Services (DHS or department) administers the SDA program pursuant to MCL 400.10, *et seq.*, and MAC R

400.3151-400.3180. Department policies are found in the Program Administrative Manual (PAM), the Program Eligibility Manual (PEM) and the Program Reference Manual (PRM).

2004 PA 344, Sec. 604, establishes the State Disability Assistance program. It reads in part:

Sec. 604 (1) The department shall operate a state disability assistance program. Except as provided in subsection (3), persons eligible for this program shall include needy citizens of the United States or aliens exempt from the Supplemental Security Income citizenship requirement who are at least 18 years of age or emancipated minors meeting one or more of the following requirements:

- (a) Recipient of Supplemental Security Income, Social Security or Medical Assistance due to disability or 65 years of age or older.
 - (b) A person with a physical or mental impairment which meets federal SSI disability standards, except that the minimum duration of the disability shall be 90 days. Substance abuse alone is not defined as a basis for eligibility.
 - (c) A resident of an adult foster care facility, a home for the aged, a county infirmary, or a substance abuse treatment center.
 - (d) A person receiving 30-day post-residential substance abuse treatment.
 - (e) A person diagnosed as having Acquired Immunodeficiency syndrome (AIDs).
 - (f) A person receiving special education services through the local intermediate school district.
 - (g) A caretaker of a disabled person as defined in subdivision (a), (b), (e), or (f) above.
- (2) Applicants for and recipients of the State Disability Assistance program shall be considered needy if they:
- (a) Meet the same asset test as is applied to applicants for the Family Independence Program.

- (b) Have a monthly budgetable income that is less than the payment standard.
- (3) Except for a person described in subsection (1)(c) or (d), a person is not disabled for purposes of this section if his or her drug addiction or alcoholism is a contributing factor material to the determination of disability. 'Material to the determination of disability' means that, if the person stopped using drugs or alcohol, his or her remaining physical or mental limitations would not be disabling. If his or her remaining physical or mental limitations would be disabling, then the drug addiction or alcoholism is not material to the determination of disability and the person may receive State Disability Assistance. Such a person must actively participate in a substance abuse treatment program, and the assistance must be paid to a third party or through vendor payments. For purposes of this section, substance abuse treatment includes receipt of inpatient or outpatient services or participation in Alcoholics Anonymous or a similar program. 1995 PA 156, Sec. 605.
- (4) A refugee or asylee who loses his or her eligibility for the federal Supplemental Security Income program by virtue of exceeding the maximum time limit for eligibility as delineated in Section 402 of Title IV of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996, Public Law 104-193, 8 U.S.C. 1612, and who otherwise meets the eligibility criteria under this section shall be eligible to receive benefits under the State Disability Assistance program.

At Step 1, claimant's impairments do not meet or equal any Social Security listing.

Finding of Fact 11-15.

At Step 2, the objective medical evidence of record is sufficient to establish that claimant has medically improved at medical review. At last positive decision, claimant was recovering from heart surgery and had a number of critical dysfunctions in his cardiac function. At medical review, claimant's cardiac function had significantly improved and his physical condition is noted to be within normal limits with the exception of reduced range of motion and painful movement in his left shoulder. Finding of Fact 10-15.

At Step 3, claimant's medical improvement is related to the ability to perform work. Claimant's cardiac function is significantly improved. Accordingly, claimant is able to engage in activities that were difficult prior to his surgery and subsequent improvement. Finding of Fact 10-15.

At Step 4, claimant's medical improvement is related to the ability to perform work. See discussion at Steps 1-3 above. Finding of Fact 10-15.

At Step 5, claimant has current impairments that are not so severe as to prevent all employment. Claimant has depression and alcohol abuse with GAF of 55, indicative of moderate symptoms or difficulties. Claimant has reduced range of motion and pain on movement in his left shoulder due to an old injury. Claimant is right hand dominant. See discussion at Steps 1-4 above. Finding of Fact 10-15.

At Step 6, claimant's past relevant employment has been in factory work, photography, electronics, and general labor. The record appears to indicate that claimant would have difficulty performing a manufacturing job due to cardiac disease and pain and reduced motion in his left shoulder. Manufacturing generally requires heavy lifting and claimant would likely find difficulty in performing the strenuous work. The record does not appear to establish that claimant is incapable of performing the tasks required by his past job in photography or performing general labor that does not require heavy lifting or repetitive actions with the left shoulder. See discussions at Steps 1-5 above. Finding of Fact 10-15.

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 7, the medical evidence of record indicates that claimant has a non-exertional impairment: depression. The record appears to establish that claimant has the capability of performing simple work activities without interference from symptoms of depression. Claimant

has heart disease that appears to be stabilized with medication and past surgery. Claimant has pain an reduced range of motion in his left shoulder due to an old injury. See discussions at Steps 1-6 above. Finding of Fact 10-15.

At Step 7, the objective medical evidence of record establishes that claimant is capable of performing simple light work activities. Considering claimant's vocational profile (younger individual, high school graduate, and history of unskilled work) and relying on Vocational Rule 202.20, claimant is not disabled.

After careful examination of the record and for reasons discussed at Steps 1-7 above, the Administrative Law Judge decides that claimant does meet the federal statutory requirements for disability. Therefore, the claimant does not meet the disability requirements for MA based on disability. For reasons discussed at Steps 1-7 above, claimant does not have severe impairments that prevent all work for 90 days or more. Therefore, claimant does not meet the disability requirements for SDA based on disability.

DECISION AND ORDER

The Administrative Law Judge, based upon the above findings of fact and conclusions of law, decides that the department properly determined claimant is not disabled for purposes of Medical Assistance and State Disability Assistance.

Accordingly, the department's action is, hereby, UPHELD.

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

Date Signed: December 10, 2009

Date Mailed: December 11, 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

cc:

