

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: 2007-13605

Issue No: 2009; 4031

Case No: [REDACTED]

Load No: [REDACTED]

Hearing Date:

August 16, 2007

Clare 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 August 16, 2007.

ISSUE

Whether the Department of Human Services (department) properly determined that claimant has not established disability for purposes of 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) October 30, 2006, claimant applied for MA and SDA. Claimant submitted medical records for department consideration.

(2) February 20, 2007, the Medical Review Team denied claimant's application.

Department Exhibit (Department) A.

(3) February 28, 2007, the department sent claimant written notice that the application was denied. Department C.

(4) March 7, 2007, the department received claimant's timely request for hearing.

(5) May 23, 2007, the State Hearing Review Team (SHRT) denied claimant's application. Department B.

(6) August 16, 2007, the in-person hearing was held. Before the close of the record, the claimant requested the record be left open for additional medical evidence. Claimant waived her right to a timely hearing decision. January 29, 2008, after review of all medical evidence, the SHRT again denied claimant's application. SHRT Decision, 5/23/07.

(7) Claimant asserts disability based on impairments caused by tremors, back pain, chronic fatigue, depression, and anxiety.

(8) Claimant testified at hearing. Claimant is 49 years old, 5'4" tall, and weighs 110 pounds. Claimant completed 12th grade and one year of college. She is able to read, write, and perform basic math.

(9) Claimant's past relevant employment has been as a retail cashier. Claimant is temporarily being paid to do child care by [REDACTED]. The department witness stated that claimant does not provide actual care for the child, only claimant's presence is required.

(10) August 29, 2006, claimant underwent a neurologic exam. Treatment notes were prepared that indicate claimant reports tremors, numbness in her hand, and chronic back pain. Doctor opines that claimant's tremors appear to be myoclonic activity that can be stopped or decreased by claimant's voluntary effort. All other systems were nonfocal. Department A,

pages 48-50. September 6, 2006, claimant underwent EMG testing that revealed normal EMG of the upper and lower extremities with very mild evidence of bilateral median nerve compression at the wrists with no evidence of peripheral neuropathy or radiculopathy. Department A, pages 39-42. June 11, 2007, claimant underwent a neurologic exam. Claimant's neurologist wrote a letter to claimant's family physician that states claimant reports tremors in both arms and legs at rest and in action. EOM's are full without nystagmus. Pupils are normal and reactive. No field cuts are noted. No abnormalities are noted in the disks or retina. Bifacial movements and sensations are normal. Bilateral hearing is normal. Doctor observed no tremors during exam. Motor strength appears normal in both upper and lower extremities. Claimant uses cane to walk and has a peculiar shuffling gait. She manages to tandem walk but falls to one side or the other. Romberg is 1+. Reflexes are brisk in both upper and lower extremities. No clonus was noted. Plantar reflexes are flexor. Doctor stated that claimant's abnormal gait could be related to anxiety and that claimant has a significant dependency on narcotics that could result in chronic headaches and pain. Doctor believes claimant is depressed. Claimant A, pages 88-92. June 28, 2007, claimant underwent an MRI of the brain and a neurologic exam that revealed 4 or 5 white matter intensities in the brain. All other systems in the brain appear normal. Doctor notes that claimant is suspect for MS but does not fulfill the [REDACTED]'s criteria for this diagnosis. Doctor suspects gait abnormalities and dizziness is due to cross reactions from her medications. Doctor advised claimant to wean herself off her [REDACTED], then [REDACTED], and finally [REDACTED]. Claimant A, pages 86-87. December 15, 2006, claimant's neurosurgeon wrote a letter to claimant's family physician indicating the neurosurgeon's opinion that claimant's pain, tremors, decreased and blurry vision are not related to problems of the cervical spine. Department A, page 78.

(11) June 19, 2007, claimant underwent visual evoked response testing which revealed a normal visual evoked response. Claimant A, page 95.

(12) November 25, 2006, claimant underwent an MRI of the cervical spine that revealed multilevel degenerative disc disease with bulging disc spur complexes at the C4-5 through C6-7 levels with associated mild central canal stenosis. The bulging discs slightly touch the ventral cord at C4-C5 and C5-C6 but no significant cord compression. Associated moderate left foramen narrowing at C4-5 and mild to moderate bilateral foramen narrowing at C5-6 and C6-7. Claimant A, pages 112-113. June 8, 2007 CT scan and myelogram of the lumbar spine revealed normal lumbar myelogram and CT scan with the exception of degenerative narrowing at L3-L4. Claimant A, page 115-116. June 5, 2007, claimant underwent x-rays of her left hip that revealed a normal left hip. Claimant A, page 119. June 5, 2007, claimant underwent x-rays of her pelvis that revealed a normal pelvis. Claimant A, page 120.

(13) January 31, 2007, claimant underwent an independent psychological exam. A narrative report was prepared that states an AXIS I diagnosis of adjustment disorder with depressed mood. The mental health professional observed claimant to be depressed, but oriented X3 with spontaneous and well-organized thoughts. Department A, pages 74-77. March 19, 2007 through July 31, 2007, claimant received services from [REDACTED] [REDACTED]). Treatment records indicate an AXIS I diagnosis of Major depressive disorder, recurrent, moderate. At initial assessment, claimant was noted to have catatonic/rigid posture, histrionic, over-dramatic manner, and dysphoric mood. March 27, 2007 treatment notes indicate claimant's affect is depressed, her appetite is poor, and she has decreased energy. All other systems are within normal limits. Later treatment notes indicate claimant has depressed affect,

fatigue, difficulty thinking, deciding, or concentrating, and psychological distress. Claimant A, pages 123-149.

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 may have very mild carpal tunnel syndrome at the wrists bilaterally and walks with a slow limping gait supported by a cane. The objective medical evidence of record indicates that claimant has multilevel degenerative disc disease at C4-5 through C6-7 with mild central canal stenosis and mild to moderate foraminal narrowing. Claimant has narrowing at L3 and L4. Her neurologic physical exams and objective medical testing are normal. Doctors opine that claimant's tremors are myoclonic that increase with anxiety. Doctors opine that claimant's tremors, blurry vision, and chronic pain may be side effects of overmedication and narcotic dependency. Claimant was advised to reduce the different types of medication she takes.

Claimant's family physician, a D.O. indicates that claimant has a bad hip and back resulting in severe physical restrictions. These opinions are not consistent with the objective medical evidence of record and the neurology reports. The neurologists who examined claimant and conducted objective medical testing do not indicate a bad hip and also state that claimant's physical problems are not due to cervical problems. As a specialist, the neurologist opinions will be given the greater legal weight over the family physician who is not a specialist. Finding of Fact 10-12.

At Step 2, claimant has depression. She is oriented x3 with spontaneous and well-organized thoughts. Claimant is noted to have a rigid posture, a histrionic manner and dysphoric mood. Claimant reports that she has fatigue, difficulty thinking, deciding, or concentrating and psychological distress. Finding of Fact 13.

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 retail cashier. The objective medical evidence of record does not indicate claimant has severe physical or mental impairments. However, claimant is observed to have a limping, shuffling gait and uses a cane to ambulate. This condition appears to be of a nature that would prevent claimant from standing on her feet for long periods of time. See discussion at Step 2, above. Finding of Fact 9-13.

At Step 4, the objective medical evidence of record is 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. Therefore, claimant is not disqualified from receiving disability at Step 4.

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, the objective medical evidence of record indicates that claimant has a shuffling, limping gait and uses a cane to ambulate. No neurologic reason for this is found in the objective medical record. Neurologists opine that claimant's tremors, blurry vision, and chronic pain are likely due to narcotic overmedication. Claimant has depression and is oriented x3 with logical and organized thought patterns. See discussion at Step 2, above. Finding of Fact 10-13.

At Step 5, the objective medical evidence of record is sufficient to establish that claimant retains the residual functional capacity to perform at least simple light activities. Considering claimant's Vocational Profile (closely approaching advanced age, high school education, and history of unskilled work) and relying on Vocational Rule 202.13, 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.

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.

After careful examination of the record and for reasons discussed at Steps 2, 3, and 5, above, the Administrative Law Judge decides that claimant does not have severe impairments that prevent work for 90 days or more. Therefore, claimant does not qualify for SDA based on disability and the department properly denied his 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 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: May 12, 2009

Date Mailed: May 13, 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:

A large black rectangular redaction box covering several lines of text in the cc field.