

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: 2007-28487

Issue No: 2009

Case No: [REDACTED]

Load No: [REDACTED]

Hearing Date:

February 7, 2008

Calhoun 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 February 7, 2008. Claimant was represented by [REDACTED]

ISSUE

Whether the Department of Human Services (department) properly determined that claimant has not established disability for 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) On February 28, 2007, claimant applied for MA and retroactive MA.
- (2) April 4, 2007, the Medical Review Team (MRT) denied claimant's application.

Department Exhibit A.

(3) April 6, 2007, the department sent claimant written notice that her application was denied.

(4) July 3, 2007, the department received claimant's timely request for hearing.

(5) October 12, 2007, the State Hearing Review Team (SHRT) denied claimant's application. Department Exhibit B.

(6) February 7, 2008, the in-person hearing was held. Prior to the close of the record, claimant requested the record be extended for additional medical evidence. Claimant waived the right to a timely hearing decision. July 3, 2008, after review of all medical evidence, the SHRT again denied claimant's application. SHRT Decision, July 3, 2008.

(7) Claimant asserts disability based on impairments caused by diabetes, liver disease, rotator cuff injury, mood disorder, post traumatic stress disorder, depression, headache, Hepatitis C, fatigue, anxiety, insomnia, and carpal tunnel syndrome.

(8) Claimant testified at hearing. Claimant is 53 years old, 5'5" tall, and weighs 125 pounds. Claimant completed high school and one year of college. She is able to read, write, and perform basic math. Claimant has a driver's license and is able to drive. She cares for her needs at home.

(9) Claimant's past relevant employment has been performing general labor jobs.

(10) April 7, 2007, claimant underwent an annual psychological assessment. A report was prepared that indicates AXIS I diagnoses of mood disorder and post traumatic stress disorder. Clinician's summary indicates that claimant presents with anxiety, anger issues, depressed mood, tangential thoughts, chronic pain, and irritability. Claimant had been seen in the past but did not follow through with treatment services. Claimant was referred for psychiatric evaluation following three therapy sessions. Claimant Exhibit A, pgs 1-11. December 13, 2007,

claimant underwent a medication checkup. A report was prepared that indicates claimant's mental status is within normal limits with the exception of some incongruity of mood and affect. Overall, claimant's thought processes were clear and goal-directed. No suicidal ideation noted. No abnormal movements noted. Claimant Exhibit A, pgs 20-21. October 22, 2007 treatment notes indicate that claimant has a cooperative attitude. Speech and affect are congruent. Thought processing is lucid and rational. Mood is friendly. Cognition is normal. Attention is appropriate. Claimant is oriented x 4 with intact memory and no perceptual disturbances. Judgment and insight are good. Claimant Exhibit A, pgs 24-26.

(11) November 10, 2006, claimant underwent a liver biopsy and a report was prepared that indicates Portal Grade 1: inflammation only, Lobular Grade: 0: no activity, Fibrosis Stage: 1: confined to portal tracts. Department Exhibit A, pg 333.

(12) March 14, 2007, claimant's family physician completed a Medical Examination Report (DHS-49) following physical exam that took place on December 14, 2006. Claimant indicates diagnoses of chronic hepatitis, anxiety, hypertension, chronic kidney disease, dyslipidemia, depression, and migraine headaches. Doctor indicates a normal physical exam with the following exceptions: blood pressure 148/94; right upper quadrant tenderness; pressured speech; cries easily and frequently. Doctor indicates that claimant has mental limitations in the area of social interaction. Doctor was not able to assess claimant's physical capacities. Department Exhibit A, pgs 349, 351.

(13) March 15, 2007, claimant's urologist completed a Medical Examination Report (DHS-49). Doctor indicates that claimant had surgery to correct stress incontinence. Doctor indicates a normal physical exam with claimant okayed to return to normal activities. Department Exhibit A, pgs 347-348.

(14) December 13, 2005, claimant was examined by a pain specialist who indicates that claimant has migraine symptoms and takes a variety of medications. Department Exhibit A, pg 158.

(15) January 24, 2006, claimant was admitted to hospital complaining of seizure. Claimant was examined and determined to have seizures secondary to narcotic and benzodiazepine withdrawal. Claimant was diagnosed with drug abuse and dependence, Hepatitis C, renal insufficiency, chronic anemia, migraine headaches, chronic back pain, and hypertension. Claimant was treated and discharged January 25, 2006. Department Exhibit A, pgs 135-137.

(16) November 15, 2006, claimant visited her nephrologists and treatment notes were prepared that indicate that claimant has chronic kidney disease stage 3 with GFR of 35 ml/min by MDRD formula. This is secondary to analgesic nephropathy along with left sided renal artery stenosis confirmed by Doppler and MRA. Department Exhibit A, pgs 308-309. October 4, 2006, nephrology treatment notes indicate that overall claimant's renal function has remained stable. Notes indicate claimant has borderline diabetes and active Hepatitis C. Department Exhibit A, pgs 306-307.

(17) January 2, 2007, claimant visited her physician complaining of bilateral arm pain and weakness. Physical exam revealed epicondyle tenderness left. Diagnosis is tennis elbow. Department Exhibit A, pgs 266-267.

#### 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 suffers from migraine headaches that are treated with medication. Claimant has grade 3 renal failure. Claimant has Hepatitis C. The record does not indicate that claimant has severe limitations or impairments due to these conditions. At Step 2, claimant has mood disorder and post traumatic stress disorder. In April 2007, claimant presented with anxiety, anger, depressed mood, tangential thoughts, and irritability. In October, claimant's speech and affect were congruent. Thought processing was lucid and rational. Mood was friendly, cognition was normal, attention was appropriate, memory was intact, and claimant had no perceptual disturbances. Judgment and insight were good. Finding of Fact 10-17.

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 performing general labor. See discussion at Step 2 above. Finding of Fact 9-17.

At Step 4, the objective medical evidence of record is not sufficient to establish that claimant has functional impairments that prevent her, for a period of 12 months or more, from performing the duties required by her past relevant employment. Accordingly, claimant is 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, see discussion at Step 2 above. Finding of Fact 10-17.

At Step 5, the objective medical evidence of record is sufficient to establish that claimant that claimant is capable of performing work activities. Accordingly, claimant is not disabled and is disqualified from receiving disability at Step 5.

Claimant does not meet the federal statutory requirements to qualify for disability. Accordingly, claimant does not meet the disability requirements to qualify for Medical Assistance and the department properly denied her 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: December 4, 2009

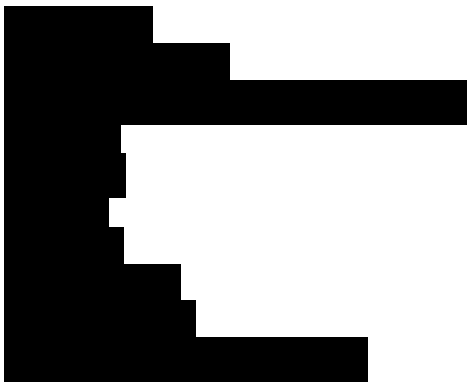
Date Mailed: December 8, 2009

**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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