STATE OF MICHIGAN STATE OFFICE OF ADMINISTRATIVE HEARINGS AND RULES

ADMINISTRATIVE HEARINGS FOR THE DEPARTMENT OF HUMAN SERVICES

IN THE MATTER OF:

Claimant

Reg. No:2008-1319Issue No:2009Case No:1000Load No:1000Hearing Date:13, 2008Genesee County DHS

ADMINISTRATIVE LAW JUDGE: Jay W. Sexton

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 in Flint on March 13, 2008. Claimant personally appeared and testified under oath.

Claimant was represented by

The department was represented by Leona Johnson (ES).

Claimant requested additional time to submit new medical evidence. Claimant's medical evidence was sent to the State Hearing Review Team (SHRT) on March 19, 2008. Claimant waived the timeliness requirement so that her new medical evidence could be reviewed by SHRT. After SHRT's second disability denial, the ALJ made the final decision below.

ISSUES

(1) Did claimant establish a severe mental impairment expected to preclude her from substantial gainful work, **continuously**, for one year (MA-P)?

(2) Did claimant establish a severe physical impairment expected to preclude her from substantial gainful work, **continuously**, for one year (MA-P)?

FINDINGS OF FACT

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

(1) Claimant is an MA applicant (February 15, 2007) who was denied by SHRT (November 29, 2007) due to claimant's failure to submit adequate medical evidence. Claimant submitted additional medical evidence (Exhibit C1, pages 99-101) in response to SHRT's request for more medical evidence.

(2) Claimant's vocational factors are: age--45; education--high school diploma, post-

high school education--an associate's degree from

(business);

work experience--grocery store manager, also was part owner and manager of a landscaping company.

(3) Claimant has not performed Substantial Gainful Activity (SGA) since when she worked as a grocery store manager.

(4) Claimant has the following unable-to-work complaints:

- - (a) Chronic Obstructive Pulmonary Disease;
 - (b) Unable to see out of either eye;
 - (c) Ventral hernia;
 - (d) Hypertension;
 - (e) Pancreatitis;
 - (f) Problematic PAP smear.

(5) SHRT evaluated claimant's medical evidence as follows:

OBJECTIVE MEDICAL EVIDENCE

Claimant was admitted due to shortness of breath and chest pain. She had a history of asthma, hypertension, chronic pancreatitis and alcoholism (page 36). She had a negative

stress test (page 37). Diagnosis included acute exacerbation of Chronic Obstructive Pulmonary Disease (COPD), urinary tract infection, atypical chest pain, hypertension--uncontrolled and smoking abuse (page 36).

An exam date of **boost** indicated that claimant drinks beer if available (page 6). Claimant was 5' 5" and 161 pounds. Her blood pressure was 131/87. She had no cyanosis or clubbing noted in the extremities. Lungs were clear to auscultation. No rhonchi or crackles were heard (page 7). Pulmonary function studies (PFS) showed claimant's best FEV1 was 1.98 and her best FVC was 3.12 (page 8).

ANALYSIS: Claimant was admitted in due to an exacerbation of COPD. In , claimant had PFS which showed an FEV1 of 1.98, which is above the listing level of 1.25 or less for her height. Her FVC of 3.12 is also above the listing level of 1.45 or less for her height. There is no evidence of end organ damage from her blood pressure. She reported left eye blindness and poor vision in her right eye. However, she appeared able to see well enough to get around. In , she stated she had to walk for any activity that she does. She had been doing this without (page 55) an assistive device. She was limited to $\frac{1}{2}$ a block by her shortness of breath. She did not indicate any limitation in seeing. However, because of her allegations of significant vision problems, additional visual information would be helpful in determining claimant's current level of function.

* * *

(6) Claimant lives alone and sleeps in vacant houses. Claimant performs the

following Activities of Daily Living (ADLs): dressing, bathing, cooking, dish washing, light cleaning (sometimes) and grocery shopping. Claimant does not use a cane, walker, wheelchair,

or shower stool. She does not wear braces on her arms or legs. Claimant was hospitalized six

times in

- (7) Claimant does not have a valid driver's license. Claimant is computer literate.
- (8) The following medical records are persuasive:
 - (a) A discharge summary was reviewed.

The physician provided the following discharge diagnosis:

- (1) Acute exacerbation of Chronic Obstructive Pulmonary Disease;
- (2) Urinary tract infection;
- (3) Atypical chest pain;
- (4) Hypertension, uncontrolled
- (5) Smoking abuse.

* * *

(9) The probative medical evidence does not establish an acute mental (nonexertional) mental condition expected to prevent claimant from performing all customary work functions for the required period of time. There is no evidence in the record that claimant has recently been evaluated by a Ph.D. psychologist or psychiatrist. Claimant did not submit a DHS-49D or 49E to establish her mental residual functional capacity.

(10) The probative medical evidence, standing alone, does not establish an acute (exertional) condition expected to prevent claimant from performing all customary work functions. The medical records do show that claimant has the following diagnoses: acute exacerbation of Chronic Obstructive Pulmonary Disease, urinary tract infection, atypical chest pain, hypertension, uncontrolled, and smoking abuse.

(11) Claimant's primary complaints are poor vision in both eyes. Claimant is able to function on a day-to-day basis, however.

(12) Claimant has applied for federal disability benefits with the Social SecurityAdministration. Her application is currently pending.

CONCLUSIONS OF LAW

CLAIMANT'S POSITION

Claimant thinks she is entitled to MA-P based on the impairments listed in paragraph #4, above.

DEPARTMENT'S POSITION

The department thinks that claimant's medical records are incomplete. The department recommended that claimant obtain a new complete physical examination, including a visual exam.

Claimant obtained a discharge summary, dated **sector**, from **sector**, which she submitted in lieu of a new physical examination.

LEGAL BASE

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;
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- (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).

The Administrative Law Judge is responsible for making the determination or decision about whether the statutory definition of disability is met. The Administrative Law Judge reviews all medical findings and other evidence that support a medical source's statement of disability.... 20 CFR 416.927(e).

A statement by a medical source finding that an individual is "disabled" or "unable to work" does not mean that disability exists for the purposes of the program. 20 CFR 416.927(e).

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 <u>not</u> required. These steps are:

- 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).

Claimant has the burden of proof to show by a preponderance of the medical evidence

in the record that her mental/physical impairments meet the department's definition of disability

for MA-P purposes. PEM 260. "Disability," as defined by MA-P standards is a legal term

which is individually determined by a consideration of all factors in each particular case.

<u>STEP 1</u>

The issue at Step 1 is whether claimant is performing Substantial Gainful Activity (SGA).

If claimant is working and is earning substantial income, she is not eligible for MA-P.

SGA is defined as the performance of significant duties over a reasonable period of time for pay.

Claimants who are working and performing Substantial Gainful Activity (SGA) are not disabled regardless of medical condition, age, education or work experience. 20 CFR 416.920(b).

The medical/vocational evidence of record shows that claimant is not currently performing SGA.

Claimant meets the Step 1 eligibility test.

<u>STEP 2</u>

The issue at Step 2 is whether claimant has impairments which meet the SSI definition of severity/duration.

Unless an impairment is expected to result in death, it must have lasted or be expected to last for a continuous period of at least 12 months from the date of application. 20 CFR 416.909.

Also, to qualify for MA-P, claimant must satisfy both the gainful work and the severity/duration criteria. 20 CFR 416.920(a).

If claimant does not have an impairment or combination of impairments which profoundly limit her physical and/or mental ability to do basic work activities, she does not meet the Step 2 criteria. 20 CFR 416.920(c).

SHRT found that claimant does not meet the severity and duration requirements.

Claimant does not meet the Step 2 eligibility test.

<u>STEP 3</u>

The issue at Step 3 is whether claimant meets the Listing of Impairments in the SSI regulations. Claimant does not allege disability based on a Listing.

Therefore, claimant does not meet the Step 3 eligibility test.

STEP 4

The issue at Step 4 is whether claimant is able to do her previous work. Claimant previously worked as a manager of a small grocery store. The medical evidence indicates that claimant would be able to return to her managerial position at a grocery store, if she had glasses which enabled her to read the orders and other forms of managerial paperwork.

Since claimant does not currently have any means for obtaining the glasses, she is unable to return to her job as a grocery store manager.

Claimant meets the Step 4 eligibility test.

STEP 5

The issue at Step 5 is whether claimant has the Residual Functional Capacity (RFC) to do other work. For purposes of this analysis, we classify jobs as sedentary, light, medium and heavy. These terms are defined in the *Dictionary of Occupational Titles*, published by the U.S. Department of Labor at 20 CFR 416.967.

The medical/vocational evidence of record, taken as a whole, establishes that claimant is able to perform unskilled sedentary work. Claimant is able to work as a ticket taker for a theatre, as a parking lot attendant, and as a greeter for **example**.

During the hearing, claimant testified that a major impediment to her return to work was her COPD (shortness of breath) in combination with her vision disorder and her hypertension. Evidence of poor vision, alone, is insufficient to establish disability for MA-P purposes. The Administrative Law Judge concludes that claimant's testimony about her vision impairment is credible but out of proportion to the objective medical evidence as it relates to claimant's ability to work.

In short, the Administrative Law Judge is not persuaded that claimant is totally unable to work based on her vision impairment in combination with her hypertension and COPD. Claimant currently performs numerous activities of daily living, walks several miles every day to go to appointments and is computer literate. This means that claimant is able to perform sedentary/light work (SGA).

Based on this analysis, the department correctly denied claimant's MA-P application.

DECISION AND ORDER

The Administrative Law Judge, based upon the above findings of fact and conclusions of law, decides that claimant does not meet the MA-P disability requirements under PEM 260. Claimant is not disabled for MA-P purposes based on Step 5 of the sequential analysis as described above.

Accordingly, the department's denial of claimant's MA-P application is, hereby,

AFFIRMED.

SO ORDERED.

<u>/s/</u>

Jay W. Sexton Administrative Law Judge for Ismael Ahmed, Director Department of Human Services

Date Signed: March 27, 2009

Date Mailed: __March 27, 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 mailing of the Decision and Order or, if a timely request for rehearing was made, within 30 days of the mailing date of the rehearing decision.

JWS/cv

