

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: 2008-13208
Issue No: 2009; 4031
Case No: [REDACTED]
Load No: [REDACTED]
Hearing Date:
May 13, 2008
Macomb County DHS

ADMINISTRATIVE LAW JUDGE: Janice Spodarek

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, a telephone hearing was held on May 13, 2008.

ISSUE

Did the Department of Human Services (DHS) properly deny claimant's Medical Assistance (MA-P) and State Disability Assistance (SDA) application?

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 11/7/07, claimant applied for MA-P and SDA with the Michigan DHS.
- (2) Claimant did not apply for retro MA.
- (3) On 11/28/07, the MRT denied.
- (4) On 12/5/07, the DHS issued notice.

(5) On 12/19/07, claimant filed a hearing request.

(6) Claimant has an SSI application pending with the Social Security Administration (SSA). Claimant testified that she has applied for Social Security three to four times and has never been approved. Claimant is alleging that she has new evidence. Jurisdiction is proper.

(7) On 4/9/08, the State Hearing Review Team (SHRT) denied claimant. Pursuant to claimant's request to hold the record open for the submission of new and additional medical documentation, on 6/11/09, SHRT once again denied claimant. The undersigned Administrative Law Judge was on an extended leave of absence from 8/1/08, returning full time on 2/1/09. None of the Administrative Law Judge's pending cases were reassigned while the Administrative Law Judge was on leave and no protected time afforded before or after the leave for issuing decisions.

(8) As of the date of application, claimant was a 55-year-old female standing 5' 4" tall and weighing 149 pounds. Claimant has a 7th grade education.

(9) Claimant does not have an alcohol/drug abuse problem or history.

(10) Claimant has a driver's license and can drive a motor vehicle.

(11) Claimant is not currently working. On the form requesting work history, claimant completely crossed it off. At the administrative hearing, claimant testified that she has not worked in approximately four years. Claimant's work history was for a very short time in her life where she was selling used furniture. Claimant's work history is unskilled.

(12) Claimant alleges disability on the basis of arthritis, high blood pressure, asthma.

(13) The 4/9/08 SHRT findings and conclusions of its decision are adopted and incorporated by reference herein. That decision states in part:

Internist noted hypertension, degenerative disc disease, arthritis as diagnosis.... According to 12/07 consult exam, ... blood pressure 168/90 and lungs were clear. Gait normal. Did not have any neurological deficits, but did have some tenderness. Range of motion full. No evidence of a disabling impairment. Denied due to lack of severity. Exhibit 18.

(14) The 6/11/09 subsequent SHRT decision is adopted and incorporated by reference herein. SHRT denied claimant once again on the basis of a non-severe impairment pursuant to 20 CFR 416.920(c).

(15) Other medical evidence includes:

- (a) A December 12, 2007 [REDACTED] evaluation finding generally many areas of normal evaluation(s) including vital signs, HEENT, neck, respiratory, cardiovascular, abdomen, skin, extremities, and bones and joints.
- (b) A 4/7/06 radiology report of the left knee found negative left femur and left knee.
- (c) A 4/7/06 MRI of the left femur found a negative left femur and left knee.
- (d) A 4/7/06 radiology report: 'Intravenous Urogram I IVU/IVP' found no evidence for hydronephrosis. Normal appearance in the upper tracts.
- (e) A DHS-49 completed October 9, 2007 contains many non-legible sections. There is no disabling impairment or problems listed in those sections which are legible.
- (f) New medical includes an MRI of the lumbar spine dated 3/31/08, finding disc herniation with normal disc space height. Mild disc bulge without focal disc herniation, foraminal or central canal stenosis.

(16) Claimant testified at the administrative hearing that she can use a microwave, and does not need any assistance with her bathroom and grooming needs. Claimant does laundry.

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).

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).

Statutory authority for the SDA program states in part:

- (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.

In order to receive MA benefits based upon disability or blindness, claimant must be disabled or blind as defined in Title XVI of the Social Security Act (20 CFR 416.901). DHS, being authorized to make such disability determinations, utilizes the SSI definition of disability when making medical decisions on MA applications. MA-P (disability), also is known as Medicaid, which is a program designated to help public assistance claimants pay their medical expenses. Michigan administers the federal Medicaid program. In assessing eligibility, Michigan utilizes the federal regulations.

Relevant federal guidelines provide in pertinent part:

"Disability" is:

...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.

The federal regulations require that several considerations be analyzed in sequential order:

...We follow a set order to determine whether you are disabled. We review any current work activity, the severity of your impairment(s), your residual functional capacity, your past work, and your age, education and work experience. If we can find that you are disabled or not disabled at any point in the review, we do not review your claim further.... 20 CFR 416.920.

The regulations require that if disability can be ruled out at any step, analysis of the next step is not required. These steps are:

1. If you are working and the work you are doing is substantial gainful activity, we will find that you are not disabled regardless of your medical condition or your age, education, and work experience. 20 CFR 416.920(b). If no, the analysis continues to Step 2.
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 416.909(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 that meets the duration requirement? If no, the analysis continues to Step 4. If yes, MA is approved. 20 CFR 416.920(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. Sections 200.00-204.00(f)?
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? This step considers the residual functional capacity, age, education, and past work experience to see if the client can do other work. If yes, the analysis ends and the client is ineligible for MA. If no, MA is approved. 20 CFR 416.920(g).

At application claimant has the burden of proof pursuant to:

...You must provide medical evidence showing that you have an impairment(s) and how severe it is during the time you say that you are disabled. 20 CFR 416.912(c).

Federal regulations are very specific regarding the type of medical evidence required by claimant to establish statutory disability. The regulations essentially require laboratory or clinical medical reports that corroborate claimant's claims or claimant's physicians' statements regarding disability. These regulations state in part:

...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 sure, X-rays);
- (4) Diagnosis (statement of disease or injury based on its signs and symptoms)... 20 CFR 416.913(b).

...Statements about your pain or other symptoms will not alone establish that you are disabled; there must be medical signs and laboratory findings which show that you have a medical impairment.... 20 CFR 416.929(a).

...The medical evidence...must be complete and detailed enough to allow us to make a determination about whether you are disabled or blind. 20 CFR 416.913(d).

Medical findings consist of symptoms, signs, and laboratory findings:

- (a) **Symptoms** are your own description of your physical or mental impairment. Your statements alone are not enough to establish that there is a physical or mental impairment.
- (b) **Signs** are anatomical, physiological, or psychological abnormalities which can be observed, apart from your statements (symptoms). Signs must be shown by medically acceptable clinical diagnostic techniques. Psychiatric signs are medically demonstrable phenomena which indicate specific psychological abnormalities e.g., abnormalities of behavior, mood, thought, memory, orientation, development, or perception. They must also be shown by observable facts that can be medically described and evaluated.
- (c) **Laboratory findings** are anatomical, physiological, or psychological phenomena which can be shown by the use of a medically acceptable laboratory diagnostic techniques. Some of these diagnostic techniques include chemical tests,

electrophysiological studies (electrocardiogram, electroencephalogram, etc.), roentgenological studies (X-rays), and psychological tests. 20 CFR 416.928.

It must allow us to determine --

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

Information from other sources may also help us to understand how your impairment(s) affects your ability to work. 20 CFR 416.913(e).

...You can only be found disabled if you are unable 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. See 20 CFR 416.905. Your impairment must result from anatomical, physiological, or psychological abnormalities which are demonstrable by medically acceptable clinical and laboratory diagnostic techniques.... 20 CFR 416.927(a)(1).

Applying the sequential analysis herein, claimant is not ineligible at the first step as claimant is not currently working. 20 CFR 416.920(b). The analysis continues.

The second step of the analysis looks at a two-fold assessment of duration and severity. 20 CFR 416.920(c). This second step is a *de minimus* standard. Ruling any ambiguities in claimant's favor, this Administrative Law Judge (ALJ) finds that claimant meets both.

After a careful review of the credible and substantial evidence on the whole record, this Administrative Law Judge concurs with both SHRT decisions finding that claimant's medical evidence does not rise to statutory disability on the basis of Step 2 of the analysis pursuant to 20 CFR 416.290(c)--non-severe.

In reaching this conclusion, it is noted that claimant's exam by the Sierra Medical Group generally found claimant to be within normal limits. Claimant's most recent MRI did not show

any significant or severe problems which would rise to statutory disability as it is defined under the law. There are a number of MRI reports which simply do not show a severe impairment which would interfere with the ability of an individual to engage in work or work-like settings. Taken as a whole, the medical evidence in this case simply does not show a sufficient disabling impairment which would meet the statutory requirements pursuant to 20 CFR 416.913. Symptoms are not corroborated pursuant to 20 CFR 416.927. Under 20 CFR 416.912, claimant has the burden of proof. Claimant has not come forth with sufficient medical documentation to corroborate any complaints of pain pursuant to 20 CFR 416.929. As a whole, statutory disability is not shown and thus, the department's denial is upheld.

DECISION AND ORDER

The Administrative Law Judge, based upon the above findings of fact and conclusions of law, decides that the department's actions were correct.

Accordingly, the department's determination in this matter is UPHELD.

/s/ _____
Janice Spodarek
Administrative Law Judge
for Ismael Ahmed, Director
Department of Human Services

Date Signed: 9/11/2009

Date Mailed: 9/14/2009

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.

JS/cv

cc:

