

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: 2008-30442
Issue No: 2009
Case No: [REDACTED]
Load No: [REDACTED]
Hearing Date:
December 3, 2008
Wayne County DHS

ADMINISTRATIVE LAW JUDGE: Linda Steadley Schwarb

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 hearing was held on December 3, 2008. Claimant appeared and testified. Claimant was represented by [REDACTED]. Following the hearing, the record was kept open for the receipt of additional medical evidence. Additional documents were received and reviewed.

ISSUE

Did the Department of Human Services (DHS or department) properly determine that claimant is not "disabled" for purposes of the Medical Assistance (MA-P) program?

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 July 10, 2008, an application was filed on claimant's behalf for MA-P benefits. The application requested MA-P retroactive to June of 2008.

(2) On July 30, 2008, the department denied claimant's application for benefits based upon the belief that claimant did not meet the requisite disability criteria.

(3) On September 3, 2008, a hearing request was filed to protest the department's determination.

(4) Claimant, age 55, is a college graduate with a degree in mechanical drawing. Claimant reports that mechanical drawing is now done by computer.

(5) Claimant last worked in 2004 as a crane operator. Claimant has also performed relevant work as a press operator. Claimant's relevant work history consists exclusively of unskilled work activities.

(6) Claimant has a history of fusion and graft in the lumber spine at L4, L5, and S1. He has also had a Greenfield filter placed as a result of deep vein thrombosis of the lower extremities.

(7) Claimant was [REDACTED] through [REDACTED] following complaints of chest pain. His final diagnosis was coronary artery disease, unstable angina status-post percutaneous transluminal coronary angioplasty with stenting of the proximal left anterior descending artery. Secondary diagnoses including newly-diagnosed Type II diabetes mellitus, hypertension, and hyperlipidemia.

(8) Claimant currently suffers with coronary artery disease, post-angioplasty and stenting; Type II diabetes mellitus; hypertension; chronic low back pain, post-fusion and graft at L4, L5, and S1; obesity; gastroesophageal reflux disease; cannabis dependence; alcohol dependence; and history of learning disorder.

(9) Claimant has severe limitations upon his ability to walk and stand for prolonged periods of time and lift heavy objects. Claimant's limitations have lasted or are expected to last 12 months or more.

(10) Claimant's complaints and allegations concerning his impairments and limitations, when considered in light of all objective medical evidence, as well as the record as a whole, reflect an individual who, at best, has the physical and mental capacity to engage in unskilled light work activities on a regular and continuing basis.

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).

Federal regulations require that the department use the same operative definition for "disabled" as used for Supplemental Security Income (SSI) under Title XVI of the Social Security Act. 42 CFR 435.540(a).

"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

In determining whether an individual is disabled, 20 CFR 416.920 requires the trier of fact to follow a sequential evaluation process by which current work activity, the severity of the impairment(s), residual functional capacity, and vocational factors (i.e., age, education, and work experience) are assessed in that order. When a determination that an individual is or is not disabled can be made at any step in the sequential evaluation, evaluation under a subsequent step is not necessary.

First, the trier of fact must determine if the individual is working and if the work is substantial gainful activity. 20 CFR 416.920(b). In this case, claimant is not working. Therefore, claimant may not be disqualified for MA at this step in the sequential evaluation process.

Secondly, in order to be considered disabled for purposes of MA, a person must have a severe impairment. 20 CFR 416.920(c). A severe impairment is an impairment which significantly limits an individual's physical or mental ability to perform basic work activities. Basic work activities means 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).

The purpose of the second step in the sequential evaluation process is to screen out claims lacking in medical merit. *Higgs v. Bowen* 880 F2d 860, 862 (6th Cir, 1988). As a result, the department may only screen out claims at this level which are "totally groundless" solely from a medical standpoint. The *Higgs* court used the severity requirement as a "*de minimus* hurdle" in the disability determination. The *de minimus* standard is a provision of a law that allows the court to disregard trifling matters.

In this case, claimant has presented the required medical data and evidence necessary to support a finding that he has significant physical limitations upon his ability to perform basic work activities such as walking and standing for long periods of time and lifting heavy objects. Medical evidence has clearly established that claimant has an impairment (or combination of impairments) that has more than a minimal effect on claimant's work activities. See Social Security Rulings 85-28, 88-13, and 82-63.

In the third step of the sequential consideration of a disability claim, the trier of fact must determine if the claimant's impairment (or combination of impairments) is listed in Appendix 1 to Subpart P of 20 CFR, Part 404. This Administrative Law Judge finds that the claimant's medical record will not support a finding that claimant's impairment(s) is a "listed impairment" or equal to a listed impairment. See Appendix 1 to Subpart P of 20 CFR, Part 404, Part A. Accordingly, claimant cannot be found to be disabled based upon medical evidence alone. 20 CFR 416.920(d).

In the fourth step of the sequential consideration of a disability claim, the trier of fact must determine if the claimant's impairment(s) prevents her from doing past relevant work. 20 CFR 416.920(e). It is the finding of this Administrative Law Judge, based upon the medical evidence and objective, physical and psychological findings, that claimant is not capable of the walking, standing, and heavy lifting required by his past employment. Claimant has presented the required medical data and evidence necessary to support a finding that he is not, at this point, capable of performing such work.

In the fifth step of the sequential consideration of a disability claim, the trier of fact must determine if the claimant's impairment(s) prevents claimant from doing other work. 20 CFR 416.920(f). This determination is based upon the claimant's:

- (1) residual functional capacity defined simply as “what can you still do despite your limitations?” 20 CFR 416.945;
- (2) age, education, and work experience, 20 CFR 416.963-.965; and
- (3) the kinds of work which exist in significant numbers in the national economy which the claimant could perform despite his/her limitations. 20 CFR 416.966.

See *Felton v DSS* 161 Mich. App 690, 696 (1987). Once claimant reaches Step 5 in the sequential review process, claimant has already established a *prima facie* case of disability. *Richardson v Secretary of Health and Human Services*, 735 F2d 962 (6th Cir, 1984). At that point, the burden of proof is on the state to prove by substantial evidence that the claimant has the residual functional capacity for substantial gainful activity.

The undersigned Administrative Law Judge finds that claimant’s residual functional capacity for work activities on a regular and continuing basis does, at best, include the ability to perform the physical and mental demands required to perform unskilled light work activities.

Light work is defined as follows:

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).

In this matter, claimant has a history of fusion and graft of lumbar spine at L4, L5, and S1. He also has had a Greenfield filter placed as a result of deep vein thrombosis. On [REDACTED] claimant was hospitalized for chest pain. He underwent coronary angioplasty with stenting. His discharge diagnosis was coronary artery disease, unstable angina status-post percutaneous transluminal coronary angioplasty with stenting of the proximal left anterior descending artery. Secondary diagnoses included newly-diagnosed Type II diabetes mellitus,

hypertension, hyperlipidemia, and insurance issues. On November 10, 2008, claimant's treating primary care physician [REDACTED] diagnosed claimant with hypertension, diabetes, hyperlipidemia, gastroesophageal reflux disease, and obesity. The physician opined that claimant was limited to standing and walking less than 2 hours in an 8-hour workday and sitting less than 6 hours in an 8-hour workday. [REDACTED] indicated that claimant was incapable of pushing/pulling with the bilateral upper extremities. The treating physician noted that claimant did have limitations with regard to reading and writing. Claimant was seen by a consulting internist for the department on December 23, 2008. The consultant diagnosed claimant with hypertension, controlled; obesity; Type II diabetes; and chronic lower back pain, post-surgery. An x-ray of the lumbar spine documented the post-surgical findings at L4, L5, and S1 as well as arthritic findings in the bilateral hips. The consultant opined that claimant could sit less than 6 hours in an 8-hour workday. Claimant was also seen by a consulting psychologist for the department on December 23, 2008. The consultant provided a diagnosis of history of learning disorder; cannabis dependence: continuous; and alcohol dependence: continuous. The consultant gave claimant a GAF score of 50. Claimant's complaints and allegations concerning his impairments and limitations, when considered in light of all objective medical evidence, as well as the record as a whole, reflect an individual who has the physical and mental capacity to engage in simple, unskilled, light work activities on a regular and continuing basis.

Considering that claimant, at age 55, is of advanced age, has a high school education and additional education which does not provide direct entry into skilled work, has an unskilled work history, and has a maximum sustained work capacity which is limited to light work, the undersigned finds that claimant's impairments do prevent him from engaging in other work. See 20 CFR, Part 404, Subpart P, Appendix 2, Table 2, Rule 202.04. The record fails to support the finding that claimant has the residual functional capacity for substantial gainful activity. The

department has failed to provide vocational evidence which establishes that, given claimant's age, education, and work experience, there are significant numbers of jobs in the national economy which claimant could perform despite his limitations. Accordingly, the undersigned concludes that claimant is disabled for purposes of the MA program. It is noted that even if claimant were to be limited to sedentary work, he would still be found disabled. See Med-Voc Rule 201.04.

DECISION AND ORDER

The Administrative Law Judge, based upon the above findings of fact and conclusions of law, decides that claimant meets the definition of medically disabled under the Medical Assistance program as of June of 2008.

Accordingly, the department is ORDERED to initiate a review of the July 10, 2008 application, if it has not already done so, to determine if all other non-medical eligibility criteria are met. The department shall inform claimant and his authorized representative of its determination in writing. Assuming that claimant is otherwise eligible for program benefits, the department shall review claimant's continued eligibility for program benefits in March of 2010.

/s/
Linda Steadley Schwarb
Administrative Law Judge
for Ismael Ahmed, Director
Department of Human Services

Date Signed: 6/11/09

Date Mailed: 6/15/09

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.

LSS/cv

cc:

A large black rectangular redaction box covers the names of the recipients listed in the 'cc:' field. The redaction is complete, obscuring all text in this section.