

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: 2008-4097  
Issue No: 2009  
Case No: [REDACTED]  
Load No: [REDACTED]  
Hearing Date:  
February 14, 2008  
Allegan County DHS

ADMINISTRATIVE LAW JUDGE: Carmen G. Fahie

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 Thursday, February 14, 2008. The claimant personally appeared and testified with her family friend, [REDACTED] as a witness.

ISSUE

Did the department properly deny the claimant's application for Medical Assistance (MA-P) and retroactive Medical Assistance?

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 31, 2007, the claimant applied for MA-P and retroactive MA-P to April 2007.

(2) On September 4, 2007, the Medical Review Team (MRT) denied the claimant's application for MA-P and retroactive MA-P stating that the claimant was capable of performing past relevant work under 20 CFR 416.920(E).

(3) On September 6, 2007, the department caseworker sent the claimant a notice that her application was denied.

(4) On September 20, 2007, the department received a hearing request from the claimant, contesting the department's negative action.

(5) On January 15, 2008, the State Hearing Review Team (SHRT) considered the submitted objective medical evidence in making its determination of MA-P and retroactive MA-P eligibility for the claimant. The SHRT report reads in part:

The objective medical evidence presented does not establish a disability at the listing or equivalence level. The collective medical evidence shows that the claimant is capable of performing a wide range of light work.

The claimant retains the physical residual functional capacity to perform light work. The claimant's past work was light (cashier). Therefore, the claimant retains the capacity to perform her past relevant work. MA-P is denied per 20 CFR 416.920(e). Retroactive MA-P was considered in this case and is also denied.

(6) During the hearing on February 14, 2008, the claimant requested permission to submit additional medical information that needed to be reviewed by SHRT. Additional medical information was received from the local office on May 22, 2008 and forwarded to SHRT for review on May 30, 2008.

(7) On June 24, 2008, the SHRT considered the newly submitted objective medical evidence in making its determination of MA-P and retroactive MA-P. The SHRT report reads in part:

The objective medical evidence presented does not establish a disability at the listing or equivalence level. The collective medical evidence shows that the claimant is capable of performing a wide range of light work.

The claimant retains the physical residual functional capacity to perform light work. The claimant's past work was light (cashier). Therefore, the claimant retains the capacity to perform her past relevant work. MA-P is denied per 20 CFR 416.920(e). Retroactive MA-P was considered in this case and is also denied.

(8) The claimant is a 48 year-old woman whose date of birth is [REDACTED]

The claimant is 5' 3" tall and weighs 118 pounds. The claimant has lost 18 pounds in the past year because she was sick. The claimant has a high school diploma. The claimant can read and write and do basic math. The claimant was last employed as a lead technician installer in April 2007. The claimant has also been employed as a customer service representative, service cashier, housekeeper, and salesperson.

(9) The claimant's alleged impairments are finger on the left hand torn tendon, right shoulder rotator cuff torn cartilage, and right kneecap issues.

#### 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).

"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.

...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.

...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).

...[The impairment]...must have lasted or must be expected to last for a continuous period of at least 12 months. We call this the duration requirement. 20 CFR 416.909.

...If you do not have any impairment or combination of impairments which significantly limits your physical or mental ability to do basic work activities, we will find that you do not have a severe impairment and are, therefore, not disabled. We will not consider your age, education, and work experience. 20 CFR 416.920(c).

[In reviewing your impairment]...We need reports about your impairments from acceptable medical sources.... 20 CFR 416.913(a).

...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).

...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).

... [The record must show a severe impairment] which significantly limits your physical or mental ability to do basic work activities....  
20 CFR 416.920(c).

...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).

...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).

...Evidence that you submit or that we obtain 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 your impairment(s), including your symptoms, diagnosis and prognosis, what you can still do despite impairment(s), and your physical or mental restrictions. 20 CFR 416.927(a)(2).

...In deciding whether you are disabled, we will always consider the medical opinions in your case record together with the rest of the relevant evidence we receive. 20 CFR 416.927(b).

After we review all of the evidence relevant to your claim, including medical opinions, we make findings about what the evidence shows. 20 CFR 416.927(c).

...If all of the evidence we receive, including all medical opinion(s), is consistent, and there is sufficient evidence for us to decide whether you are disabled, we will make our determination or decision based on that evidence. 20 CFR 416.927(c)(1).

...If any of the evidence in your case record, including any medical opinion(s), is inconsistent with other evidence or is internally inconsistent, we will weigh all of the evidence and see whether we can decide whether you are disabled based on the evidence we have. 20 CFR 416.927(c)(2).

[As Judge]...We are responsible for making the determination or decision about whether you meet the statutory definition of disability. In so doing, we review all of the medical findings and other evidence that support a medical source's statement that you are disabled.... 20 CFR 416.927(e).

...A statement by a medical source that you are "disabled" or "unable to work" does not mean that we will determine that you are disabled. 20 CFR 416.927(e).

...If you have an impairment(s) which meets the duration requirement and is listed in Appendix 1 or is equal to a listed impairment(s), we will find you disabled without considering your age, education, and work experience. 20 CFR 416.920(d).

...If we cannot make a decision on your current work activities or medical facts alone and you have a severe impairment, we will then review your residual functional capacity and the physical and mental demands of the work you have done in the past. If you can still do this kind of work, we will find that you are not disabled. 20 CFR 416.920(e).

If you cannot do any work you have done in the past because you have a severe impairment(s), we will consider your residual functional capacity and your age, education, and past work experience to see if you can do other work. If you cannot, we will find you disabled. 20 CFR 416.920(f)(1).

...Your residual functional capacity is what you can still do despite limitations. If you have more than one impairment, we will consider all of your impairment(s) of which we are aware. We will consider your ability to meet certain demands of jobs, such as physical demands, mental demands, sensory requirements, and other functions, as described in paragraphs (b), (c) and (d) of this section. Residual functional capacity is an assessment based on all of the relevant evidence.... 20 CFR 416.945(a).

...This assessment of your remaining capacity for work is not a decision on whether you are disabled, but is used as the basis for determining the particular types of work you may be able to do despite your impairment(s)... 20 CFR 416.945(a).

...In determining whether you are disabled, we will consider all of your symptoms, including pain, and the extent to which your symptoms can reasonably be accepted as consistent with objective medical evidence, and other evidence.... 20 CFR 416.929(a).

...In evaluating the intensity and persistence of your symptoms, including pain, we will consider all of the available evidence, including your medical history, the medical signs and laboratory findings and statements about how your symptoms affect you... We will then determine the extent to which your alleged functional limitations or restrictions due to pain or other symptoms can reasonably be accepted as consistent with the medical signs and laboratory findings and other evidence to decide how your symptoms affect your ability to work.... 20 CFR 416.929(a).

If you have more than one impairment, we will consider all of your impairments of which we are aware. We will consider your ability to meet certain demands of jobs, such as physical demands, mental demands, sensory requirements, and other functions as described in paragraphs (b), (c) and (d) of this section. Residual functional capacity is an assessment based upon all of the relevant evidence. This assessment of your capacity for work is not a decision on whether you are disabled but is used as a basis for determining the particular types of work you may be able to do despite your impairment. 20 CFR 416.945.

...When we assess your physical abilities, we first assess the nature and extent of your physical limitations and then determine your residual functional capacity for work activity on a regular and continuing basis. A limited ability to perform certain physical demands of work activity, such as sitting, standing, walking, lifting, carrying, pushing, pulling, or other physical functions (including manipulative or postural functions, such as reaching, handling, stooping or crouching), may reduce your ability to do past work and other work. 20 CFR 416.945(b).

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). At Step 1, the claimant is not engaged in substantial gainful activity and has not worked since April 2007. Therefore, the claimant is not disqualified from receiving disability at Step 1.

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 (6<sup>th</sup> 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.

The objective medical evidence on the record further substantiates the following:

On [REDACTED], the claimant was seen by her treating physician with a chief complaint of right shoulder pain with a torn rotator cuff where she needs surgery, but has no insurance. The pain is affecting her whole back and posture. The claimant has arthritis pain in the neck and shoulder. The claimant has herpes simplex, sinusitis maxillary, GERD, pain in shoulder, and fibromyalgia. The claimant smokes less than a half a pack of cigarettes per day. The claimant’s shoulder was normal to inspection and palpation, but she had reduced shoulder abduction, reduced shoulder adduction, and reduced shoulder extension. The claimant’s shoulder pain was worsening and her fibromyalgia was unchanged. (Department Exhibit 148-149)

On [REDACTED], the claimant was seen by an independent medical consultant for an independent medical evaluation on [REDACTED]. The claimant was currently complaining of having left middle finger pain and numbness with stiffness. The claimant was numb from the PIP joint level and distally. The claimant’s main complaint was left middle finger

numbness from the PIP joint distal and stiffness. The claimant was 5' 3" tall and weighed 119 pounds. The claimant maintained good eye contact where she offered her right hand in a prompt, firm handshake. The claimant was cooperative. The claimant's cervical spine had full range of motion and negative Spurling. The claimant's shoulders had full range of motion with negative Roos. The claimant was subjectively tender at the left thumb base CMC joint. There was a "pea-sized" cyst over the first dorsal compartment tendon in her "snuffbox" area. The claimant was negative for Finkelstein, Watson, and grind tests. The claimant had well-healed flat, non-sensitive bilateral open carpal tunnel release scars. The claimant had no trigger fingers or atrophy with normal intrinsic. The claimant had equal pinprick sensation. Jamar grip test showed a bell-shaped curve on the right with 90 pounds maximum and a flat response on the left at 10 to 15 pounds. There was a strong element of voluntary inhibition with rapid exchange grip test, markedly positive on the left increased to 45 pounds, and right at 100 pounds. The claimant's clinical examination was entirely normal in the upper right extremity with an excellent postoperative recovery reaching maximum medical improvement. There was no indication for further testing, surgery, or treatment, and full-duty use was recommended. The left upper extremity had good motion and no significant deficit was found. There was good sensation and provocative testing was negative. There was a strong element of voluntary inhibition revealed and a flat response, 10 to 15 pounds with the Jamar grip meter then increasing to 45 pounds. The claimant complained of mild stiffness in the finger, but still good grasp as the only significant finding. The pinprick sensation again was equal and good post carpal tunnel release. At this point, post injury and treatment for the middle finger has resulted in a good recovery. The claimant has no restriction and full-duty work was recommended. (Department Exhibit 95-103)

On [REDACTED], the claimant was seen by her treating physician as a follow-up to her ER visit for a shoulder injury. The claimant had a normal physical examination. The claimant's shoulder symptoms were onset approximately one to two months ago. The onset was sudden with symptoms localized in the right shoulder. The claimant stated that the condition had been worsening over the last few days. The claimant noted difficulty with activities of daily living, difficulty lifting, and difficulty reaching. The claimant's injury occurred six weeks ago with a re-injury two weekends ago. The claimant was alert, well-developed, and well-nourished. The claimant's affect was sad and exaggerated with mild distress. The claimant's gait was smooth with regular rhythm and symmetric stride noted. The claimant had shoulder swelling present with biceps tendon tenderness noted. The claimant had tenderness at her subacromial and subdeltoid bursa. The claimant did not have any shoulder erythema or masses. The claimant did have reduced shoulder abduction, adduction, shoulder extension, shoulder flexion, shoulder external rotation, and shoulder internal rotation. The claimant did have normal shoulder stability. The claimant was told to minimize activity. (Department Exhibit 122-123)

On [REDACTED], the claimant was given a MRI of her right shoulder. The radiologist's impression was there was no gross rotator cuff tear. However, there was a small amount of contrast material within the subdeltoid bursa that showed a suspected occult tear of the rotator cuff. This may be within the rotator cuff interval or possibly near the superior aspect of the subscapularis tendon. (Department Exhibit 124)

On [REDACTED], the claimant was treating by her treating physician for a chief complaint of multiple musculoskeletal pain that was particularly in the anterior right knee and the left middle finger. The left middle finger had interesting pain, which may be a radial nerve again. The claimant was said to have fibromyalgia at this point. The treating physician felt that

the right anterior knee was a problem, which may be internal derangement. The MRI scan of the right knee was negative. The claimant's right knee had crepitates on occasion, although not much today. There was retropatellar pain. The claimant's knee was grossly stable with no effusion. The left middle finger appeared basically unremarkable although she could not fully flex it. The claimant had an internal derangement of the right knee with anterior right knee pain. The claimant had a history of probable fibromyalgia. The claimant had pain in the left middle finger of unknown etiology. (Department Exhibit 138)

On [REDACTED], the claimant was given a MRI of the right knee as the result of right knee pain. The radiologist's impression was unremarkable MRI of the knee with no meniscal or ligamentus injury identified. (Department Exhibit 131)

At Step 2, the objective medical evidence in the record indicates that the claimant has established that she has a severe impairment. The claimant has right knee crepitates on occasion as documented by her treating physician on [REDACTED]. The MRI of her right shoulder on [REDACTED] showed an occult tear of the rotator cuff suspected within the subdeltoid bursa. The claimant had an independent medical examination on [REDACTED] that showed that she had no restrictions and full work duties were recommended. On [REDACTED], the claimant was seen by her treating physician where her shoulder was normal to inspection and palpation even though she had reduced range of motion and her fibromyalgia assessment was unchanged. Therefore, the claimant is not disqualified from receiving disability at Step 2. However, this Administrative Law Judge will proceed through the sequential evaluation process to determine disability because Step 2 is a *de minimus* standard.

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 of 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 of 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). This Administrative Law Judge finds that the claimant's impairments do not rise to the level necessary to be listed as disabling by law. Therefore, the claimant is disqualified from receiving disability at Step 3.

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 claimant 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 the claimant does have a driver's license but does not drive because of the effect of her medication. The claimant does cook two to three times a week, but has a problem with continuous stirring. The claimant does grocery shop once a week and every other week where she needs help carrying heavy items. The claimant does clean her own home by sweeping, dusting, wiping off counters, and rinsing dishes. The claimant doesn't do any outside work. Her hobbies are photography, reading, watching TV, and movies. The claimant felt that her condition has worsened in the past year because she is tired and there has been an increase of pain. The claimant stated that she had bipolar disorder and mood disorder where she is not taking medication or in therapy.

The claimant wakes up between 8:30 to 9:30 a.m. She makes coffee. She sits on the couch and watches TV. She uses the computer and reads. She makes the bed and picks up. She may talk on the phone. She listens to music. She goes to bed between 10:00 to 11:00 p.m.

The claimant felt that she could walk one block. She did not know how long she could stand. The claimant did not have a problem sitting. The heaviest weight she could carry and walk was 8-10 pounds. The claimant stated that her level of pain on a scale of 1 to 10 without medication was a 10 that decreases to a 3 with medication. The claimant smokes half a pack of cigarettes or less per day. The claimant stopped drinking alcohol as a teenager where she would drink occasionally. The claimant stopped using illegal or illicit drugs such as speed and marijuana when she was a teenager.

This Administrative Law Judge finds that the claimant has not established that she cannot perform any of her prior work. The claimant was previously employed as a customer service representative, service cashier, and salesperson, which are jobs that are performed at the light to sedentary level. The claimant should be able to perform those jobs with her current impairments. The claimant was last employed as a lead tech installer which was performed at the heavy level which required a lot of bending, lifting, and stooping to install the equipment, which the claimant would not be able to perform with her current level of impairments. Therefore, the claimant is disqualified from receiving disability at Step 4. However, the Administrative Law Judge will still proceed through the sequential evaluation process to determine whether or not the claimant has the residual functional capacity to perform some other less strenuous tasks than in her prior jobs.

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.

...To determine the physical exertion requirements of work in the national economy, we classify jobs as sedentary, light, medium, heavy, and very 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).

...To be considered capable of performing a full or wide range of light work, you must have the ability to do substantially all of these activities. If someone can do light work, we determine that he or she can also do sedentary work, unless there are additional limiting factors such as loss of fine dexterity or inability to sit for long periods of time. 20 CFR 416.967(b).

The claimant has submitted insufficient evidence that she lacks the residual functional capacity to perform some other less strenuous tasks than in her previous employment or that she is physically unable to do any tasks demanded of her. The claimant’s testimony as to her limitation indicates her limitations are exertional and non-exertional.



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).

In the instant case, the claimant stated that she has bipolar disorder and mood disorder. The claimant is not taking medication nor is she in therapy. The claimant had an independent medical examination on [REDACTED] where the independent medical consultant stated that the claimant maintained good eye contact, offering her right hand in a prompt, firm handshake. There was no painful alienation or guarding noted. The claimant moved freely. She was cooperative. As a result, there is insufficient medical evidence of a mental impairment that is so severe that it would prevent the claimant from working at any job.

At Step 5, the claimant should be able to meet the physical requirements of light work, based upon the claimant's physical abilities. Under the Medical-Vocational guidelines, a younger individual, with a high school education and an unskilled and skilled work history, who is limited to light work, is not considered disabled. 20 CFR 404, Subpart P, Appendix 2, Rule 202.22. The Medical-Vocational guidelines are not strictly applied with non-exertional impairments such as bipolar disorder and mood disorder. 20 CFR 404, Subpart P, Appendix 2, Section 200.00. Using the Medical-Vocational guidelines as a framework for making this decision and after giving full consideration to the claimant's physical and mental impairments, the Administrative Law Judge finds that the claimant can still perform a wide range of light activities and that the claimant does not meet the definition of disabled under the MA program.

DECISION AND ORDER

The Administrative Law Judge, based upon the above findings of fact and conclusions of law, decides that the department has appropriately established that it was acting in compliance with department policy when it denied the claimant's application for MA-P and retroactive MA-P. The claimant should be able to perform any level of light work. The department has established its case by a preponderance of the evidence.

Accordingly, the department's decision is **AFFIRMED**.

/s/  
Carmen G. Fahie  
Administrative Law Judge  
for Ismael Ahmed, Director  
Department of Human Services

Date Signed: July 8, 2009

Date Mailed: July 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 mailing 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.

CGF/vmc

cc:

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