

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. 2008-28709
Issue No. 2009
Case No. [REDACTED]
Load No. [REDACTED]
Hearing Date:
November 5, 2008
Wayne County DHS

ADMINISTRATIVE LAW JUDGE: Rhonda P. Craig

HEARING DECISION

This matter is before the undersigned Administrative Law Judge upon pursuant to MCL 400. 9; MCL 400.37 upon claimant's request for a hearing. After due notice, an in-person hearing was held on November 5, 2008 and claimant was represented by [REDACTED]

[REDACTED] The record closed on February 23, 2009.

ISSUE

Is claimant disabled under the Medical Assistance and State disability programs?

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 applied for Medical Assistance on January 16, 2008 retroactive to November 2007.
- (2) Claimant's impairments have been medically diagnosed as hypertension, non-insulin dependant diabetes, coronary artery disease with stent placement, hyperlipidemia, mild sclerotic disease, history of myocardial infarction ([REDACTED]) and viral pleurisy.

(3) Claimant's physical symptoms are constant pain in the left leg and hip, numbness in the left leg, chest pain (3-4 times a week), shortness of breath (upon exertion), excessive sweating, diarrhea (due to medication), and occasional swelling in the left leg.

(4) Claimant's impairments will last or have lasted for a continuous period of not less than 12 months.

(5) Claimant is 46 years of age.

(6) Claimant has a high school education.

(7) Claimant has employment experience as a construction worker and gas station attendant.

(8) Claimant has significant limitations on physical activities involving sitting, standing, walking, bending, lifting and stooping.

(9) Claimant occasionally uses a cane.

(10) The department found that claimant was not disabled and denied claimant's application on April 7, 2008.

(11) New medical evidence (marked new in the file) was received and entered at the hearing. It was submitted to the State Hearing Review Team for reconsideration. The State Hearing Review Team again determined the claimant was not disabled for the programs.

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 Department of Human Services conforms to state statute in administering the Medical Assistance program.

2000 PA 294, Sec. 604, of the statute states:

Sec. 604. (1) The department shall operate a state disability assistance program. Except as provided in subsection (3), persons eligible for this program shall include needy citizens of the United States or aliens exempted from the supplemental security income citizenship requirement who are at least 18 years of age or emancipated minors meeting 1 or more of the following requirements:

- (a) A recipient of supplemental security income, social security, or medical assistance due to disability or 65 years of age or older.
- (b) A person with a physical or mental impairment which meets federal supplemental security income 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.

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.

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).

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).

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).

Here, claimant's impairment or combination of impairments is severe but does not meet nor is it the equivalent of a listed impairment. Claimant is also unable to do past work. Therefore, the determination of disability will be based on claimant's residual functional capacity.

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).

Pursuant to 20 CFR 416.920 a five step sequential evaluation process is used to determine disability. An individual's current work activity, the severity of the impairment, the residual functional capacity, past work, age, education and work experience are evaluated. If an individual is found disabled or not disabled at any point no further review is made.

The first step is to determine if an individual is working and if that work is "substantial gainful activity" If the work is SGA, an individual is not considered disabled regardless of medical condition, age or other vocational factors. 20 CFR 416.920(b).

Secondly, the individual must have an impairment that must have lasted or must be expected to last for a continuous period of at least 12 months. This is the "durational requirement". 20 CFR 416.909.

The third step in the process is to assess whether the impairment or combination of impairments significantly limits an individual's physical or mental ability to perform basic work activities. If these abilities are not significantly limited, an individual does not have a severe impairment and is therefore not disabled. 20 CFR 416.920(c).

In the fourth step of the process, the social security listing in appendix 1 is used. If the impairment or combination of impairments meet or is the medically equivalent of a listed impairment as set forth in appendix 1. The individual is considered disabled. If not, vocational factors are considered. 20 CFR 416.920(d).

In the fifth step, an individual's residual functional capacity is considered in determining whether disability exists. An individual's age, education, work experience and skills are used to evaluate whether an individual has the residual functional capacity to perform work despite limitations. 20 CFR 416.920(e).

Here claimant has satisfied requirement as set forth in steps one, two and three of the sequential evaluation. However, claimant's impairments do not meet a listing as set forth in Appendix 1, 20 CFR 416.926. Therefore vocational factors will be considered to determine the claimant's residual functional capacity to do relevant work.

In the present case, claimant has been diagnosed with coronary artery disease. He had a myocardial infarction in [REDACTED]. He then received a stent to his obtuse marginal branch of the circumflex. He has mild sclerotic disease and viral pleurisy. The medical evidence indicates that his heart problems present an impairment that would not prevent work on at least a sedentary level. A Doppler study conducted on [REDACTED] indicates that claimant has "mild atheromatous plaquing of the bilateral carotid system without significant stenosis or ulceration". Another Doppler study conducted on [REDACTED] indicated "mild sclerotic disease but there appears to be biphasic inflow to the dorsal pedis and posterior tibial arteries bilaterally. High-grade proximal stenosis or segmental occlusive disease is not evident. The ankle brachial indexes remain normal". A New York Heart Classification was done by claimant's physician on [REDACTED]. He gave claimant a functional capacity class of "I" which indicated "Patients with cardiac disease but without resulting limitation of physical activity. Ordinary physical activity does not cause undue fatigue, palpitation, dyspnea or anginal pain". Claimant was given a therapeutic classification of B which indicates, "Patients with a cardiac disease whose ordinary physical activity need not be restricted, but who should be advised against severe or competitive physical

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.

RC/dj

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