

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.: 2009-14382
Issue No.: 2009
Case No.: [REDACTED]
Load No.: [REDACTED]
Hearing Date:
April 13, 2009
Oakland County DHS (4)

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 April 13, 2009. The claimant appeared and testified. The claimant was represented by [REDACTED].

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 29, 2008, an application was filed on claimant's behalf for MA-P benefits. The application requested MA-P retroactive to May 2008.
- (2) On October 24, 2008, the department denied claimant's application for benefits based upon the belief that claimant did not meet the requisite disability criteria.

- (3) On January 20, 2009, a hearing request was filed to protest the department's determination.
- (4) Claimant, age 47, has a high school education.
- (5) Claimant last worked in May 2007 as a shift manager at a [REDACTED]. Claimant has also performed relevant work as a department manager for food services at a [REDACTED]; a bartender; and a flower shop worker.
- (6) Claimant has a history of alcohol and tobacco abuse.
- (7) Claimant was hospitalized [REDACTED] through [REDACTED] with a diagnosis of alcohol withdrawal.
- (8) Claimant had an emergency room visit on [REDACTED] for a cough and noncardiac chest pain.
- (9) Claimant was hospitalized [REDACTED] through [REDACTED] for chest pain. She underwent a heart catheterization with findings of minimal to mild disease other than a 100% occlusion of the mid circumflex. Claimant underwent a thrombectomy followed by coronary angioplasty and stent placement.
- (10) Claimant had an emergency room visit on [REDACTED] for alcoholic gastritis.
- (11) Claimant underwent a bone marrow biopsy on [REDACTED] and was found to have thrombocytosis, probably reactive in nature. (See Department Exhibit 1, page 177.)
- (12) Claimant was hospitalized [REDACTED] through [REDACTED] as a result of alcohol abuse with alcohol withdrawal.
- (13) Claimant was hospitalized [REDACTED] through [REDACTED] with a diagnosis of alcohol abuse with alcohol withdrawal.

- (14) Claimant had an emergency room visit on [REDACTED] for acute alcohol intoxication.
- (15) Claimant suffers from coronary artery disease; post myocardial infarction with thrombectomy followed by angioplasty and stent placement; thrombocytosis, probably reactive in nature; alcohol abuse, in questionable remission (see [REDACTED] cardiology follow up notes); and tobacco abuse (1 ½ packs of cigarettes per day per [REDACTED] cardiology follow up notes; 1 pack per day per [REDACTED] cardiology follow up notes.).
- (16) Claimant's complaints and allegations concerning her 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 the very least, has the physical and mental capacity to engage in simple, unskilled, sedentary 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 general, the claimant has the responsibility to prove that she is disabled.

Claimant's impairment must result from anatomical, physiological, or psychological abnormalities which can be shown by medically acceptable clinical and laboratory diagnostic techniques. A physical or mental impairment must be established by medical evidence consisting of signs, symptoms, and laboratory findings, not only claimant's statement of symptoms. 20 CFR 416.908; 20 CFR 416.927. Proof must be in the form of medical evidence showing that the claimant has an impairment and the nature and extent of its severity. 20 CFR 416.912. Information must be sufficient to enable a determination as to the nature and limiting effects of the impairment for the period in question, the probable duration of the impairment and the residual functional capacity to do work-related physical and mental activities. 20 CFR 416.913.

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 mean 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 claimant has significant physical limitations upon claimant's ability to

perform basic work activities such as walking and standing for prolonged periods of time and lifting extremely 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 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).

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 claimant may not be capable of the prolonged walking and standing and/or heavy lifting required by her past relevant employment. Claimant has presented the required medical data and evidence necessary to suggest that she 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).

This Administrative Law Judge finds that, at that very least, claimant's residual functional capacity for work activities on a regular and continuing basis does include that ability to meet the physical and mental demands required to perform simple, unskilled sedentary work activities. Sedentary work is defined as follows:

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).

There is insufficient objective medical evidence, signs, and symptoms to support a determination that claimant is incapable of performing the physical and mental activities necessary for a wide range of sedentary work. Claimant has had numerous hospitalizations and/or emergency room visits because of intoxication and alcohol abuse. She did suffer a myocardial infarction in April 2008 which required cardiac catheterization and thrombectomy followed by angioplasty and stent placement. A bone marrow biopsy on [REDACTED], diagnosed thrombocytosis, probably reactive in nature. During a cardiac follow up visit on [REDACTED], claimant reported that she was smoking 1 ½ packs of cigarettes per day. During a cardiac follow up visit on [REDACTED], claimant report that she was smoking 1 pack of cigarettes per day. During that visit, claimant acknowledged that she had "just come off of a drinking binge." Thus, claimant's testimony at the hearing that she had been completely sober

for 4 months is somewhat questionable. Based upon an examination on [REDACTED], claimant's primary care provider [REDACTED] diagnosed claimant with post myocardial infarction, thrombocytosis, coronary artery disease, and anxiety with insomnia. The physician opined that claimant's condition was stable. He indicated that claimant was capable of lifting up to 20 lbs as well as capable of repetitive activities with the bilateral upper and lower extremities. The physician noted that "all movements are normal." On [REDACTED], claimant's treating cardiologist opined that claimant had a therapeutic classification on the New York Heart Classification of Class C. [Patients with a cardiac disease whose ordinary physical activity should be moderately restricted, and whose more strenuous efforts should be discontinued.] The treating cardiologist gave her a functional capacity of Class II. [Patients with cardiac disease resulting in slight limitation of physical activity.] After a review of claimant's hospital records, reports from claimant's treating physicians, and test results, claimant has failed to establish limitations which would compromise her ability to perform a wide range of sedentary work activities on a regular and continuing basis. See Social Security Rulings 83-10 and 96-9p. The record fails to support the position that claimant is incapable of sedentary work activities.

Considering that claimant, at age 47, is a younger individual, has a high school education, has a skilled work history in which the work skills may not be currently transferable due to physical limitations, and has sustained work capacity for sedentary work, this Administrative Law Judge finds that claimant's impairments do not prevent her from doing other work. See 20 CFR, Part 404, Subpart P, Appendix 2, Table 1, Rule 201.18. Accordingly, the undersigned must find that claimant is not presently disabled for purposes of 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 of Human Services properly determined that claimant is not “disabled” for purposes of the Medical Assistance program.

Accordingly, the department’s determination in this matter is HEREBY, AFFIRMED.

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

Date Signed: 07/21/09

Date Mailed: 07/22/09

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 the Circuit within 30 days of the receipt 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.

LSS/jlg

cc:

