

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: 2009-17521
Issue No: 2009/4031
Case No: [REDACTED]
Load No: [REDACTED]
Hearing Date:
June 10, 2009
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 June 10, 2009. Claimant appeared and testified.

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) and State Disability Assistance (SDA) 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) On November 24, 2008, claimant filed an application for MA-P and SDA benefits. Claimant requested retroactive medical coverage to August of 2008.

(2) On February 10, 2009, the department denied claimant's application for benefits based upon the belief that claimant did not meet the requisite disability criteria.

(3) On February 17, 2009, claimant filed a hearing request to protest the department's determination.

(4) Claimant, age 49, has a 10th grade education.

(5) Claimant last worked in [REDACTED] folding, sorting, and packaging uniforms. Claimant has had no other relevant work experience. Claimant relevant work history consists exclusively of unskilled work activities.

(6) Claimant has a history of deep vein thrombosis with pulmonary embolus, sarcoidosis, and pacemaker placement secondary to sick sinus syndrome.

(7) Claimant currently suffers from sarcoidosis; inflammatory polyarthritis; fibromyalgia; severe osteoarthritis of the knees, hips, and lower back; and severe spinal stenosis of the lumbar spine.

(8) Claimant has severe limitations upon her ability to walk, stand, sit, lift, carry, and handle. Claimant's limitations have lasted or are expected to last 12 months or more.

(9) Claimant 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 is so impaired as to be incapable of engaging in any substantial gainful activity on a regular and continuing bases.

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 she has significant physical limitations upon her ability to perform basic work activities such as walking, standing, sitting, lifting, pushing, reaching, carrying, or handling. 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 is not capable of the walking, standing, lifting, or carrying required by her past employment. Claimant has presented the required medical data and evidence necessary to support a finding 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). 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.

Claimant has a history of deep vein thrombosis with pulmonary embolus as well as pacemaker placement secondary to sick sinus syndrome and sarcoidosis. On [REDACTED] claimant was seen by a consulting internist for the Disability Determination Service. The consultant provided the following impressions:

1. PACEMAKER INSERTATION: The examining has a history of pacemaker insertion due to sick sinus syndrome. She does use nitroglycerin spray as needed for her chest pain. She states that she has constant dull achy chest pain on a daily bases in the midsternal area. She has used nitroglycerin at least 20 times in the last 30 days.
2. SARCOIDOSIS: The examining has a history of sarcoidosis since the 1990's. She states she has chronic shortness of breath and dyspnea on exertion. She uses inhalers as well as steroids for this particular problem.
3. CHRONIC HEADACHES: The examining has a history of chronic headaches. She states she did have an MRI and CT scan in the past. The examinee is taking Vicodin every other day, as needed, for her chronic headaches.
4. CHRONIC BACK AND LEG PAIN: The examining has a history of chronic back and leg pain along with carpal tunnel syndrome. She states she also has fibromyalgia. She has had multiple studies done. She takes pain pills on a daily bases for this problem.
5. PULMONARY EMBOLUS: The examinee states she has had a pulmonary embolus, blood clot in the lung. She was admitted [REDACTED]. She is currently taking Coumadin 5 mg, alternating between 5 and 7.5.

On [REDACTED] x-rays of claimant's bilateral knees, bilateral ribs and pelvis documented degenerative osteoarthritic changes. On [REDACTED], claimant's treating rheumatologist diagnosed claimant with sarcoidosis, osteoarthritis, fibromyalgia, and history of deep vein thrombosis. The rheumatologist limited claimant to occasionally lifting less than 10 pounds as well as standing and walking less than 2 hours in an 8 hour work-day and sitting less than 6 hours in an 8 hours work-day. Due to diffuse myalgia and tenderness of the joints, the rheumatologist indicated that claimant was incapable of operating foot or leg controls with the bilateral lower extremities and incapable of reaching or pushing/pulling with the bilateral upper extremities. The physician noted that claimant had difficulties with comprehension, sustained concentration, and social interaction. On [REDACTED], a CT of the lumbar spine documented degenerative neural foraminal narrowing seen at multiple levels in the lumbar spine with central canal stenosis at L3-L4 and L4-L5 as well as central canal narrowing at L2-3. On [REDACTED], claimant's treating rheumatologist indicated that claimant suffers from sarcoidosis, inflammatory polyarthritis, fibromyalgia, severe osteoarthritis of the knee, hips, and lower back as well as severe spinal stenosis. The physician noted that claimant requires urgent care because of the severity of her pain.

After careful review of claimant's extensive medical record and the Administrative Law Judge's personal interaction with claimant at the hearing, this Administrative Law Judge finds that claimant's exertional and non-exertional impairments render claimant unable to engage in a full range of even sedentary work activities on a regular and continuing basis. 20 CFR 404, Subpart P. Appendix 11, Section 201.00(h). See Social Security Ruling 83-10; *Wilson v Heckler*, 743 F2d 216 (1986). The department has failed to provide vocational evidence which establishes that claimant has the residual functional capacity for substantial gainful activity and

that, given claimant's age, education, and work experience, there are significant numbers of jobs in the national economy which the claimant could perform despite claimant's limitations.

Accordingly, this Administrative Law Judge concludes that claimant is disabled for purposes of the MA program.

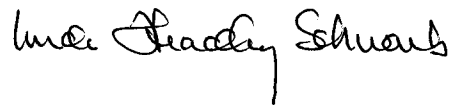
The State Disability Assistance (SDA) program which provides financial assistance for disabled persons is established by 2004 PA 344. The Department of Human Services (DHS or department) administers the SDA program pursuant to MCL 400.10, *et seq.*, and MAC R 400.3151-400.3180. Department policies are found in the Program Administrative Manual (PAM), the Program Eligibility Manual (PEM) and the Program Reference Manual (PRM).

A person is considered disabled for purposes of SDA if the person has a physical or mental impairment which meets federal SSI disability standards for at least 90 days. Receipt of SSI or RSDI benefits based upon disability or blindness or the receipt of MA benefits based upon disability or blindness (MA-P) automatically qualifies an individual as disabled for purposes of the SDA program. Other specific financial and non-financial eligibility criteria are found in PEM Item 261. In as much as claimant has been found "disabled" for purposes of the MA, she must also be found "disabled" for purposes of MA, she must also be found "disabled" for purposes of SDA benefits.

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 and State Disability Assistance programs as of August of 2008.

Accordingly, the department is ordered to initiate a review of the November 24, 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 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 June of 2010.



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

Date Signed: 11/03/09

Date Mailed: 11/03/09

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 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.

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