

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.: 2009-2272
Issue No.: 2009
Case No.: [REDACTED]
Load No.: [REDACTED]
Hearing Date:
February 5, 2009
Oakland County DHS (3)

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 February 5, 2009. The claimant appeared and testified. The claimant was represented by [REDACTED] of [REDACTED]. Following the hearing, the record was kept open for 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 January 19, 2007, an application was filed on claimant's behalf for MA-P benefits. The application requested MA-P retroactive to December 2006.

- (2) On June 1, 2007, the department denied claimant's application for benefits based upon the belief that claimant did not meet the requisite disability criteria.
- (3) On August 2, 2007, a hearing request was filed to protest the department's determination.
- (4) Claimant, age 50, has a 9th grade education.
- (5) Claimant last worked in October 2004 assembling window frames. Claimant has also worked as a shipping & receiving materials handler. Claimant's relevant work history consists exclusively of unskilled work activities.
- (6) Claimant has a history of chronic anemia and hypothyroidism.
- (7) Claimant was hospitalized [REDACTED] through [REDACTED] as a result of a pelvic mass. Claimant underwent a laparotomy with subtotal hysterectomy and left salpingo-oophorectomy, sigmoid resection with reanastomosis, and multiple blood transfusions. Her discharge diagnosis was pelvic mass endometrioma, tubo-ovarian abscess, uterine fibroids, chronic constipation, chronic anemia, blood loss anemia, umbilical hernia, hypothyroidism, hypopotassium, and ileus.
- (8) Claimant was rehospitalized [REDACTED] through [REDACTED] due to sepsis due to wound abscesses and subphrenic abscesses.
- (9) Claimant was hospitalized [REDACTED] through [REDACTED] with complaints of nausea, vomiting, and abdominal pain. She was diagnosed with small bowel obstruction and rectosigmoid narrowing requiring balloon dilation. A CT of the pelvis performed during the hospitalization documented a large ventral hernia containing loops of small bowel.
- (10) Claimant was hospitalized [REDACTED] for small bowel obstruction. She underwent a flexible sigmoidoscopy with balloon dilation. She was found to have stricture in the

sigmoid near anastomosis. The surgeon recommended repeat dilation in “about 3 months.”

- (11) Claimant was hospitalized [REDACTED] for stenosis in the sigmoid. She underwent flexible sigmoidoscopy with balloon dilation. The surgeon recommended redilation in about 6 weeks.
- (12) Claimant was rehospitalized [REDACTED] for stricture in the sigmoid area. She underwent flexible sigmoidoscopy with balloon dilation of the stricture. The surgeon recommended dilation in 3 months.
- (13) Claimant was hospitalized [REDACTED] for rectal sigmoid stricture. She underwent flexible sigmoidoscopy with balloon dilation. The surgeon recommended redilation in about 4 months.
- (14) Claimant currently suffers from hypothyroidism, gastroesophageal reflux disease, a large incisional ventral hernia, and recurrent stricture of the sigmoid near anastomosis requiring periodic flexible sigmoidoscopy with balloon dilation.
- (15) Claimant has severe limitations upon her ability to walk or stand for prolonged periods of time and/or lift heavy objects. Claimant’s limitations have lasted for 12 months or more.
- (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 is so impaired as to be incapable of engaging in any substantial gainful activity 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 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, standing, lifting, pushing, pulling, 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, carrying, or handling 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 you 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.

In this case, claimant has a history of chronic anemia and hypothyroidism. In December 2006 she underwent a hysterectomy and sigmoid resection with reanastomosis. She was rehospitalized in January 2007 as a result of sepsis due to wound abscess and subphrenic abscesses. She was rehospitalized in June 2007 as a result of small bowel obstruction due to stricture in the sigmoid requiring balloon dilation. During that hospitalization a CT of the pelvis documented a large ventral hernia containing loops of the small bowel. Since that time, claimant has periodically experienced stricture in the sigmoid requiring balloon dilation. Her large incisional ventral hernia has restricted claimant's ability to bend, stoop, lift, carry, push, or pull. Claimant was seen by a consulting internist for the department on [REDACTED]. The consultant provided the following diagnosis:

1. Ventral hernia.
2. History of stricture of the descending colon.
3. Peripheral neuropathy.
4. History of septic shock.

The consulting internist provided the following conclusion:

This lady now has a 9x12cm ventral hernia. She has developed peripheral neuropathy with absent bilateral ankle jerks without sensory or motor deficit. The patient can only perform sitting jobs without bending, lifting, pushing, pulling, or prolonged walking and standing.

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

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:

