

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.: 2009-31783  
Issue No.: 2009  
Case No.: [REDACTED]  
Load No.: [REDACTED]  
Hearing Date:  
October 5, 2009  
Wayne County DHS (82)

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 October 5, 2009. Claimant appeared and testified. Claimant was represented by [REDACTED]. Following the hearing, the record was kept open for the 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 April 10, 2009, an application was filed on claimant's behalf for MA-P benefits. The application did not request retroactive medical coverage.

- 2) On June 2, 2009, the department denied claimant's application for benefits based upon the belief that claimant did not meet the requisite disability criteria.
- 3) On July 7, 2009, a hearing request was filed to protest the department's determination.
- 4) Claimant, age 56, has a high-school education.
- 5) Claimant last worked in March of 2009 performing cleaning and janitorial work. Claimant has also performed relevant work as a machine operator. Claimant's relevant work history consists exclusively of unskilled work activities requiring a great deal of walking, standing, and/or heavy lifting.
- 6) Claimant has a history of insulin-dependent diabetes mellitus, hypertension, and hyperlipidemia.
- 7) Claimant was hospitalized [REDACTED] with complaints of chest pain. He was diagnosed with bilateral pulmonary infiltrate with left-sided pneumonia and left-sided pleural effusion, rule out empyema; microscopic hematuria; chronic obstructive pulmonary disease; uncontrolled diabetes mellitus; atherosclerotic heart disease; hypertension; and hyperlipidemia. Claimant was transferred to [REDACTED] so that he could undergo a heart catheterization and then decortication.
- 8) Claimant was hospitalized at [REDACTED] from [REDACTED] [REDACTED]. His discharge diagnosis was empyema of the left chest; pneumonia; anemia; pneumothorax; status post thoracotomy with decortication of the left lung and status post three chest tube placements. Other comorbidities included coronary atherosclerosis status post angioplasty of the left circumflex; type II

diabetes; essential hypertension; chronic obstructive pulmonary disease; and tobacco use disorder.

- 9) Claimant continues to suffer with coronary atherosclerosis, insulin-dependent diabetes mellitus, essential hypertension, chronic obstructive pulmonary disease, tobacco use disorder, and ongoing recovery from his extensive chest surgical intervention.
- 10) Claimant continues to experience severe limitations with regard to his ability to walk, stand, sit, lift, carry, and handle. Claimant's limitations are expected to last twelve months or more.
- 11) Claimant's complaints and allegations concerning his impairments and limitations, when considered in light of all objective medical evidence, as well as the record as a whole, reflect an individual who has, at best, 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 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 (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.

In this case, claimant has presented the required medical data and evidence necessary to support a finding that claimant has significant physical limitations upon his 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 his past employment. Claimant has provided the required medical data and evidence necessary to support a finding that he 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 (6<sup>th</sup> 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.

The undersigned Administrative Law Judge finds that claimant's residual functional capacity for work activities on a regular and continuing basis does, at best, include the ability to meet the physical and mental demands required to perform simple, unskilled, sedentary work.

Sedentary work is defined as follows:

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).

Claimant was hospitalized throughout most of [REDACTED] as a result of pneumonia, empyema, and pneumothorax. He underwent heart catheterization with angioplasty as well as a thoracotomy with decortication of the left lung and three chest tube placements. Claimant's recovery from his extensive surgery has been slow. On [REDACTED], claimant's treating internist opined that claimant was occasionally limited to lifting ten pounds or less and limited to standing and walking less than two hours in an eight-hour work day. The physician opined that claimant was incapable of fine manipulation with the bilateral upper extremities. On [REDACTED], claimant was seen by a consulting internist for the [REDACTED]. The consultant provided the following diagnoses:

1. Diabetes mellitus, not well controlled but without complications so far.
2. History of hypertension, currently under control.
3. Asymptomatic coronary artery disease, status post two angioplasties.
4. Status post pneumonia, with left-sided empyema, etc. as described.

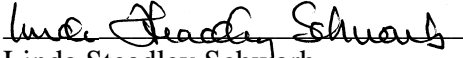
Given his recent history, I believe he is not quite ready to return to full time work activities unless of the lightest nature.

On [REDACTED], claimant's treating neurologist opined that claimant was incapable of lifting any amount of weight and limited to standing and walking less than two hours in an eight-hour work day. The physician indicated that claimant was incapable of fine manipulation with the bilateral upper extremities. It is the opinion of this Administrative Law Judge, after careful consideration of the entire hearing record, that claimant is unlikely to be capable of work activities greater than sedentary work for at least twelve months following his pneumonia and subsequent surgeries from [REDACTED]. Given the hearing record, the undersigned finds that, at best, claimant is capable of sedentary work activities. Considering that claimant, at age 56, is of advanced age, has a high-school education, has an unskilled work history, and has a maximum sustained work capacity which is limited to sedentary work, this Administrative Law Judge finds that claimant's impairments do prevent him from engaging in other work. See 20 CFR, Part 404, Subpart P, Appendix 2, Table 1, Rule 201.04. The record fails to support the finding that claimant has the residual functional capacity for substantial gainful activity. The department has failed to provide vocational evidence which establishes that, given claimant's age, education, and work experience, there are significant numbers of jobs in the national economy which claimant could perform despite his limitations. Accordingly, the undersigned concludes that claimant is 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 claimant meets the definition of medically disabled under the Medical Assistance program as of April of 2009.

Accordingly, the department is ordered to initiate a review of the April 10, 2009, application, if it has not already done so, to determine if all other non medical eligibility criteria are met. The department shall inform claimant and his authorized representative 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 July of 2010.

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

Date Signed: February 23, 2010

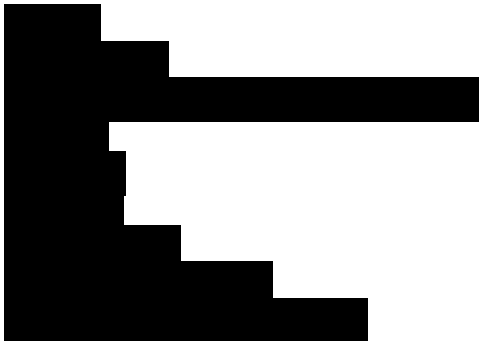
Date Mailed: February 24, 2010

**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.

LSS/pf

cc:

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