

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.: 2010-10540
Issue No.: 2009
Case No.: [REDACTED]
Load No.: [REDACTED]
Hearing Date:
February 1, 2010
Oakland County DHS (04)

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 1, 2010. Claimant appeared and testified. 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 September 18, 2008, an application was filed on claimant's behalf for MA-P benefits. The application requested MA-P retroactive to June of 2008.

- 2) On May 14, 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 23, 2009, a hearing request was filed to protest the department's determination.
- 4) On November 21, 2008, another application was filed on claimant's behalf for MA-P benefits. This application requested MA-P retroactive to August of 2008.
- 5) On May 14, 2009, the department denied the November 21, 2008, application based upon the belief that claimant did not meet the requisite disability criteria.
- 6) On August 11, 2009, a hearing request was filed to protest the denial of claimant's November 21, 2008, application.
- 7) Claimant, age 53, has a high-school education.
- 8) Claimant last worked in approximately 2005 as landscape laborer. Claimant has also performed relevant work as a stock person. Claimant's relevant work history consists exclusively of unskilled work activities requiring heavy manual labor.
- 9) Claimant was hospitalized [REDACTED] as a result of left lower extremity weakness. His discharge diagnosis was questionable cerebrovascular accident versus transient ischemic attack with left lower extremity weakness; an incidental finding of a four mm subfrontal left-sided enhancing mass; and history of chronic hepatitis.
- 10) Claimant was hospitalized [REDACTED] as a result of left-sided weakness. His discharge diagnosis was stroke; hypertension; hyperlipidemia; and history of alcohol and drug abuse.

- 11) Claimant was hospitalized [REDACTED] as a result of left-sided weakness. His discharge diagnosis was left-sided weakness; hypertension; hypercholesterolemia; and hepatitis C.
- 12) Claimant was re-hospitalized [REDACTED] as a result of left-sided weakness and numbness. A CT scan of the head demonstrated a right NCA infarct. An MRI of the head confirmed an ischemic infarct. Claimant was discharged with cerebrovascular accident; poorly controlled hypertension; dislipidemia; chronic hepatitis; polysubstance abuse; alcohol abuse; current tobaccoism and smoking; history of recurrent transient ischemic attacks; poor medical compliance; and left shoulder pain with tenosynovitis.
- 13) Claimant was re-hospitalized [REDACTED]. His discharge diagnosis was hematemesis secondary to erosive esophagitis; possible aspiration pneumonia; hypertension; hyponatremia; acute renal failure; history of hepatitis C infection; history of cerebrovascular infarction with left-sided weakness; history of polysubstance abuse; gastroesophageal reflux disease; and dyslipidemia.
- 14) Claimant was hospitalized [REDACTED]. His discharge diagnosis was lower gastrointestinal bleed; status post failed esophageal variceal banding; status post transjugular intrahepatic portosystemic shunt procedure; hypertension; history of polysubstance abuse; and history of urinary tract infection.
- 15) Claimant was hospitalized [REDACTED] with complaints of left-sided weakness. His discharge diagnosis was transient ischemic attack; somatoform disorder; resolved hyperkalemia; hypertension; dyslipidemia;

hepatitis C; recent gastrointestinal bleed; depression; chronic substance abuse; and non-compliance with treatment.

- 16) At the time of the hearing, claimant had no medical insurance or access to ongoing medical care.
- 17) Claimant currently suffers from recurrent cerebrovascular accidents versus transient ischemic attacks with ongoing complaints of left-sided weakness; low back pain secondary to mild stenosis at L4-L5 (see MRI of [REDACTED]); hepatitis C; and hypertension.
- 18) Claimant has severe limitations upon his ability to walk, stand, lift, push, pull, reach, carry, and handle. Claimant's limitations have lasted or are expected to last twelve months or more.
- 19) 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 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 (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 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 presented the required medical data and evidence necessary to support a finding that he is not, at this point, capable of such work activities.

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.

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).

The medical record indicates that claimant has experienced numerous cerebrovascular accidents and/or transitory ischemic accidents which have resulted in ongoing left-sided weakness. On

[REDACTED], claimant's treating family physician diagnosed claimant with hepatitis C, chronic low back pain, hypertension, and cerebrovascular accident with left-sided weakness.

The physician opined that claimant was incapable of lifting any amount of weight and required the use of a cane for ambulation. On [REDACTED], the treating physician continued his diagnosis and reiterated his belief that claimant was incapable of lifting any amount of weight. He cited the claimant's ongoing problem with left-sided weakness.

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

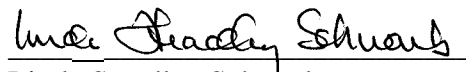
that, given claimant's age, education, and work experience, there are significant numbers of jobs in the national economy which the claimant could perform despite claimant's limitations.

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

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 June of 2008.

Accordingly, the department is ordered to initiate a review of the September 18, 2008, and the November 21, 2008, applications, 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 representatives 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 March of 2011.


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

Date Signed: March 29, 2010

Date Mailed: March 30, 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.

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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

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