

**STATE OF MICHIGAN
STATE OFFICE OF ADMINISTRATIVE HEARINGS AND RULES
ADMINISTRATIVE HEARINGS FOR THE
DEPARTMENT OF HUMAN SERVICES**

IN THE MATTER OF:

[REDACTED]

Reg. No.: 2010-17864
Issue No.: 2009
Case No.: [REDACTED]
Hearing Date: June 7, 2010
DHS County: Macomb (50-12)

ADMINISTRATIVE LAW JUDGE: Colleen M. Mamelka

AMENDED HEARING DECISION

This matter is before the undersigned Administrative Law Judge pursuant to MCL 400.9 and MCL 400.37 upon the Claimant's request for a hearing. After due notice, a hearing was held on Monday, June 7, 2010.

The original decision remains in full force except for where this decision conflicts with the previously issued decision. The final decision and order shall reflect this change. The only change made is in the DECISION AND ORDER section on page 11, Item 1; namely, the Department's determination is REVERSED (not AFFIRMED).

ISSUE

Whether the Department properly determined that the Claimant was not disabled for purposes of the Medical Assistance ("MA-P") benefit program?

FINDINGS OF FACT

The Administrative Law Judge, based on the competent, material, and substantial evidence on the whole record, finds as material fact:

1. The Claimant submitted an application for public assistance seeking MA-P benefits on December 9, 2008. (Exhibit 2)
2. On February 3, 2009, the Medical Review Team ("MRT") found the Claimant not disabled.
3. On February 23, 2009, the Department notified the Claimant of the MRT determination.

4. On May 21, 2009, the Department received the Claimant's timely written request for hearing.
5. The Claimant alleged physical disabling impairments due to hip pain status post hip replacement surgery, back pain, arthritis, chronic obstructive pulmonary disease ("COPD"), high blood pressure, hypoglycemia, irritable bowel syndrome, and closed head injury.
6. The Claimant alleged mental disabling impairments due to anxiety and depression.
7. At the time of hearing, the Claimant was 54 years old with an [REDACTED], birth date; was 5'1" in height and weighed 115 pounds.
8. The Claimant has a limited education with some past vocational training with an employment history as a bartender/waitress and as a retail salesperson.
9. The Claimant's impairments have lasted, or are expected to last, continuously for a period of 12 months or longer.

CONCLUSIONS OF LAW

The Medical Assistance ("MA") program is established by Subchapter XIX of Chapter 7 of The Public Health & Welfare Act, 42 USC 1397, and is administered by the Department, formerly known as the Family Independence Agency, pursuant to MCL 400.10 *et seq.* and MCL 400.105. Department policies are found in the Bridges Administrative Manual ("BAM"), the Bridges Eligibility Manual ("BEM"), and the Bridges Reference Manual ("BRM").

Disability is defined as 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(a). The person claiming a physical or mental disability has the burden to establish it through the use of competent medical evidence from qualified medical sources such as his or her medical history, clinical/laboratory findings, diagnosis/prescribed treatment, prognosis for recovery and/or medical assessment of ability to do work-related activities or ability to reason and make appropriate mental adjustments, if a mental disability is alleged. 20 CFR 413.913. An individual's subjective pain complaints are not, in and of themselves, sufficient to establish disability. 20 CFR 416.908; 20 CFR 416.929(a). Similarly, conclusory statements by a physician or mental health professional that an individual is disabled or

blind, absent supporting medical evidence, is insufficient to establish disability. 20 CFR 416.927.

When determining disability, the federal regulations require several factors to be considered including: (1) the location/duration/frequency/intensity of an applicant's pain; (2) the type/dosage/effectiveness/side effects of any medication the applicant takes to relieve pain; (3) any treatment other than pain medication that the applicant has received to relieve pain; and, (4) the effect of the applicant's pain on his or her ability to do basic work activities. 20 CFR 416.929(c)(3). The applicant's pain must be assessed to determine the extent of his or her functional limitation(s) in light of the objective medical evidence presented. 20 CFR 416.929(c)(2).

In order to determine whether or not an individual is disabled, federal regulations require a five-step sequential evaluation process be utilized. 20 CFR 416.920(a)(1). The five-step analysis requires the trier of fact to consider an individual's current work activity; the severity of the impairment(s) both in duration and whether it meets or equals a listed impairment in Appendix 1; residual functional capacity to determine whether an individual can perform past relevant work; and residual functional capacity along with vocational factors (e.g., age, education, and work experience) to determine if an individual can adjust to other work. 20 CFR 416.920(a)(4); 20 CFR 416.945.

If an individual is found disabled, or not disabled, at any step, a determination or decision is made with no need to evaluate subsequent steps. 20 CFR 416.920(a)(4). If a determination cannot be made that an individual is disabled, or not disabled, at a particular step, the next step is required. 20 CFR 416.920(a)(4). If an impairment does not meet or equal a listed impairment, an individual's residual functional capacity is assessed before moving from Step 3 to Step 4. 20 CFR 416.920(a)(4); 20 CFR 416.945. Residual functional capacity is the most an individual can do despite the limitations based on all relevant evidence. 20 CFR 945(a)(1). An individual's residual functional capacity assessment is evaluated at both Steps 4 and 5. 20 CFR 416.920(a)(4). In determining disability, an individual's functional capacity to perform basic work activities is evaluated and if found that the individual has the ability to perform basic work activities without significant limitation, disability will not be found. 20 CFR 416.994(b)(1)(iv). In general, the individual has the responsibility to prove disability. 20 CFR 416.912(a). An impairment or combination of impairments is not severe if it does not significantly limit an individual's physical or mental ability to do basic work activities. 20 CFR 416.921(a). The individual has the responsibility to provide evidence of prior work experience; efforts to work; and any other factor showing how the impairment affects the ability to work. 20 CFR 416.912(c)(3)(5)(6).

In addition to the above, when evaluating mental impairments, a special technique is utilized. 20 CFR 416.920a(a). First, an individual's pertinent symptoms, signs, and

laboratory findings are evaluated to determine whether a medically determinable mental impairment exists. 20 CFR 416.920a(b)(1). When a medically determinable mental impairment is established, the symptoms, signs and laboratory findings that substantiate the impairment are documented to include the individual's significant history, laboratory findings, and functional limitations. 20 CFR 416.920a(e)(2). Functional limitation(s) is assessed based upon the extent to which the impairment(s) interferes with an individual's ability to function independently, appropriately, effectively, and on a sustained basis. *Id.*; 20 CFR 416.920a(c)(2). Chronic mental disorders, structured settings, medication and other treatment, and the effect on the overall degree of functionality are considered. 20 CFR 416.920a(c)(1). In addition, four broad functional areas (activities of daily living; social functioning; concentration, persistence or pace; and episodes of decompensation) are considered when determining an individual's degree of functional limitation. 20 CFR 416.920a(c)(3). The degree of limitation for the first three functional areas is rated by a five point scale: none, mild, moderate, marked, and extreme. 20 CFR 416.920a(c)(4). A four point scale (none, one or two, three, four or more) is used to rate the degree of limitation in the fourth functional area. *Id.* The last point on each scale represents a degree of limitation that is incompatible with the ability to do any gainful activity. *Id.*

After the degree of functional limitation is determined, the severity of the mental impairment is determined. 20 CFR 416.920a(d). If severe, a determination of whether the impairment meets or is the equivalent of a listed mental disorder is made. 20 CFR 416.920a(d)(2). If the severe mental impairment does not meet (or equal) a listed impairment, an individual's residual functional capacity is assessed. 20 CFR 416.920a(d)(3).

As outlined above, the first step looks at the individual's current work activity. In the record presented, the Claimant is not involved in substantial gainful activity and, therefore, is not ineligible for disability benefits under Step 1.

The severity of the claimant's alleged impairment(s) is considered under Step 2. The claimant bears the burden to present sufficient objective medical evidence to substantiate the alleged disabling impairments. In order to be considered disabled for MA purposes, the impairment must be severe. 20 CFR 916.920(a)(4)(ii); 20 CFR 916.920(b). An impairment, or combination of impairments, is severe if it significantly limits an individual's physical or mental ability to do basic work activities regardless of age, education and work experience. 20 CFR 916.920(a)(4)(ii); 20 CFR 916.920(c). Basic work activities means the abilities and aptitudes necessary to do most jobs. 20 CFR 916.921(b). Examples 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.

Id.

The second step allows for dismissal of a disability claim obviously lacking in medical merit. *Higgs v Bowen*, 880 F2d 860, 862 (CA 6, 1988). The severity requirement may still be employed as an administrative convenience to screen out claims that are totally groundless solely from a medical standpoint. *Id.* at 863 *citing Farris v Sec of Health and Human Services*, 773 F2d 85, 90 n.1 (CA 6, 1985). An impairment qualifies as non-severe only if, regardless of a claimant's age, education, or work experience, the impairment would not affect the claimant's ability to work. *Salmi v Sec of Health and Human Services*, 774 F2d 685, 692 (CA 6, 1985).

In the present case, the Claimant alleges disability due to hip pain status post hip replacement surgery, back pain, arthritis, COPD, high blood pressure, hypoglycemia, irritable bowel syndrome, closed head injury, depression, and anxiety. In support of her claim, records from [REDACTED] were submitted which document treatment for COPD exacerbation.

On [REDACTED], the Claimant sought treatment for congestion and joint pain. The Claimant was treated and discharged with the diagnosis of asthma attack.

On [REDACTED], the Claimant sought treatment for breathing difficulty. The Claimant was treated and discharged with the diagnoses of acute respiratory distress and decompensated COPD.

On [REDACTED], the Claimant presented to the hospital with complaints of shortness of breath. The Claimant was discharged on [REDACTED] [REDACTED] with the

diagnoses of acute bronchitis, acute COPD with exacerbation, hypertension, anxiety, and migraine headaches.

On [REDACTED], the Claimant attended a follow-up appointment from her recent hospitalization. The Claimant was diagnosed with COPD with a history of chronic back pain.

On [REDACTED] the Claimant sought treatment for acute bronchitis, wheezing, and coughing.

On [REDACTED], the Claimant was diagnosed with exertional dyspnea and COPD/emphysema.

On [REDACTED], the Claimant was treated for an exacerbation of her COPD noting a history of chronic pain and hypertension.

On [REDACTED], the Claimant attended a consultative evaluation. Based on the examination, the Claimant was found able to work 2 to 4 hours at a time with some limitations in walking, standing, bending, and climbing stairs. The diagnoses were chronic bronchitis (moderate), COPD (moderate with steroid dependence), high blood pressure, chronic bilateral hip pain, chronic osteoarthritis of multiple joints, chronic fatigue syndrome, and depression (by history). The Pulmonary Function Test ("PFT") revealed the Forced Expiratory Volume at 1 second ("FEV₁") of .1.9, 1.6, 1.72 before bronchodilator and a Forced Vital Capacity ("FVC") of 3.09, 3.01, 3.14. The bronchodilator was not given because the predicted results exceeded 111%.

On [REDACTED], the Claimant was started on prescribed treatment for allergies with a history of bronchitis.

On [REDACTED], a Physical Residual Functional Capacity Assessment was performed. The Claimant was found able to occasionally lift/carry 20 pounds with frequently lifting/carrying of 10 pounds; stand and/or walk about 6 hours in an 8-hour workday; and was able to push and/or pull. The physician opined that the Claimant would be capable of working an 8-hour workday at a light level capacity.

On [REDACTED], a psychiatric evaluation was performed. The diagnoses were adjustment disorder with depressed and anxious mood with a Global Assessment Functioning ("GAF") of 60. The prognosis was good with treatment and she was found able to manage her finances independently.

On [REDACTED], the Claimant was diagnosed with affective disorders and anxiety-related disorders. The Mental Residual Functional Capacity Assessment showed the

Claimant was moderately limited in 2 of the 20 factors and not significantly limited in 18 factors. Ultimately, the Claimant was found capable of semi-skilled work.

On [REDACTED], the Claimant was treated for COPD. The PFT revealed the FEV₁ of 1.80 and 1.83 and a FVC of 3.14 and 3.22. The Claimant's lung age was 63.

On [REDACTED], a Medical Examination Report was completed on behalf of the Claimant. The current diagnoses were COPD, hypertension, depression, and anxiety. The Claimant was found able to occasionally lift/carry 20-25 pounds; frequently lift/carry up to 10 pounds; stand and/or walk about 6 hours in an 8-hour workday; sit about 6 hours; and able to perform repetitive actions with her extremities. No mental limitations were noted.

On [REDACTED], the Claimant was found able to retain the mental ability to carry out unskilled and some semi-skilled tasks and activities with ordinary supervision.

On [REDACTED], the Claimant was diagnosed with COPD and bronchitis which was stable. The PFT revealed a FEV₁ of 1.37 and the FVC of 3.10. After the bronchodilator the FEV₁ was 1.90 and FVC was 3.7. The FEV₁ was moderately reduced and the FEV₁/FVC ratio was severely reduced.

On [REDACTED], the Claimant was found able to occasionally lift/carry 20 pounds with frequent lifting/carrying of 10 pounds; stand and/or walk about 6 hours during an 8-hour workday; sit about 6 hours during this same time frame; and was able to push and/or pull. The Claimant was found able to perform light work.

On [REDACTED], the Claimant was treated for asthma exacerbation.

On [REDACTED] the Claimant was diagnosed with bronchitis and asthma exacerbation.

On [REDACTED], the Claimant was treated from asthma exacerbation and hypertension.

On [REDACTED], the Claimant was treated for asthma exacerbation.

On [REDACTED], the Claimant presented to the hospital for elective revision of the right total hip arthroplasty due to its failure. The procedure went without complication and the Claimant was discharged on [REDACTED] [REDACTED].

On [REDACTED], the Claimant attended a consultative evaluation. The Claimant was able to ambulate without an assistive device but was unable to tiptoe due to right hip

joint and low back pain. The PFT revealed the FEV₁ of .81, .67, .98, and .84 before bronchodilator and a FVC of 1.54, 1.44, 1.70 and 1.60. Ten minutes after the bronchodilator, the FEV₁ was 1.27, 1.27, 1.28, 1.29, and 1.27 and the FVC was 2.33, 2.36, 1.69, 2.43, 2.23. The diagnoses were bronchial asthma (not well controlled with current regime), hypertension (controlled), status post hip replacement with functional limitations orthopedically, and depression.

On [REDACTED], the Claimant attended a psychiatric evaluation. The diagnoses were post-traumatic stress disorder (chronic) and major depression. The Mental Residual Functional Capacity Assessment showed the Claimant was markedly limited in 5 of the 20 factors and moderately limited in 11 factors. The GAF was 35 and the prognosis was guarded.

As previously noted, the claimant bears the burden to present sufficient objective medical evidence to substantiate the alleged disabling impairment(s). As summarized above, the Claimant has presented some medical evidence establishing that she does have some physical limitations on her ability to perform basic work activities. The medical evidence has established that the Claimant has an impairment, or combination thereof, that has more than a *de minimis* effect on the Claimant's basic work activities. Further, the impairments have lasted continuously for twelve months; therefore, the Claimant is not disqualified from receipt of MA-P benefits under Step 2.

In the third step of the sequential analysis 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. The Claimant has alleged physical and mental disabling impairments due to hip pain status post hip replacement surgery, back pain, arthritis, COPD, high blood pressure, hypoglycemia, irritable bowel syndrome, closed head injury, anxiety, and depression.

Listing 1.00 (musculoskeletal system), Listing 3.00 (respiratory system), Listing 4.00 (cardiovascular system), Listing 5.00 (digestive system), Listing 11.00 (neurologic), and Listing 12.00 were considered in light of the objective medical evidence. Ultimately, it is found that the Claimant's impairment(s) does not meet the intent and severity requirement of a listed impairment; therefore, the Claimant cannot be found disabled, or not disabled, at Step 3. Accordingly, the Claimant's eligibility is considered under Step 4. 20 CFR 416.905(a)

The fourth step in analyzing a disability claim requires an assessment of the claimant's residual functional capacity ("RFC") and past relevant employment. 20 CFR 416.920(a)(4)(iv). An individual is not disabled if he/she can perform past relevant work. *Id.*; 20 CFR 416.960(b)(3). Past relevant work is work that has been performed within the past 15 years that was a substantial gainful activity and that lasted long enough for

the individual to learn the position. 20 CFR 416.960(b)(1). Vocational factors of age, education, and work experience, and whether the past relevant employment exists in significant numbers in the national economy are not considered. 20 CFR 416.960(b)(3). RFC is assessed based on impairment(s) and any related symptoms, such as pain, which may cause physical and mental limitations that affect what can be done in a work setting. RFC is the most that can be done, despite the limitations.

To determine the physical demands (exertional requirements) of work in the national economy, jobs are classified as sedentary, light, medium, heavy, and very heavy. 20 CFR 416.967. Sedentary work involves lifting of no more than 10 pounds at a time and occasionally lifting or carrying articles like docket files, ledgers, and small tools. 20 CFR 416.967(a). 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. *Id.* Jobs are sedentary if walking and standing are required occasionally and other sedentary criteria are met. Light work involves lifting no more than 20 pounds at a time with frequent lifting or carrying objects weighing up to 10 pounds. 20 CFR 416.967(b). Even though weight lifted may be very little, a job is in this category when it requires a good deal of walking or standing, or when it involves sitting most of the time with some pushing and pulling of arm or leg controls. *Id.* To be considered capable of performing a full or wide range of light work, an individual must have the ability to do substantially all of these activities. *Id.* An individual capable of light work is also capable of sedentary work, unless there are additional limiting factors such as loss of fine dexterity or inability to sit for long periods of time. *Id.* Medium work involves lifting no more than 50 pounds at a time with frequent lifting or carrying of objects weighing up to 25 pounds. 20 CFR 416.967(c). An individual capable of performing medium work is also capable of light and sedentary work. *Id.* Heavy work involves lifting no more than 100 pounds at a time with frequent lifting or carrying of objects weighing up to 50 pounds. 20 CFR 416.967(d). An individual capable of heavy work is also capable of medium, light, and sedentary work. *Id.* Finally, very heavy work involves lifting objects weighing more than 100 pounds at a time with frequent lifting or carrying objects weighing 50 pounds or more. 20 CFR 416.967(e). An individual capable of very heavy work is able to perform work under all categories. *Id.*

Limitations or restrictions which affect the ability to meet the demands of jobs other than strength demands (exertional requirements, e.g., sitting, standing, walking, lifting, carrying, pushing, or pulling) are considered nonexertional. 20 CFR 416.969a(a). In considering whether an individual can perform past relevant work, a comparison of the individual's residual functional capacity to the demands of past relevant work must be made. *Id.* If an individual can no longer do past relevant work, the same residual functional capacity assessment along with an individual's age, education, and work experience is considered to determine whether an individual can adjust to other work which exists in the national economy. *Id.* Examples of non-exertional limitations or

restrictions include difficulty function due to nervousness, anxiousness, or depression; difficulty maintaining attention or concentration; difficulty understanding or remembering detailed instructions; difficulty in seeing or hearing; difficulty tolerating some physical feature(s) of certain work settings (e.g., can't tolerate dust or fumes); or difficulty performing the manipulative or postural functions of some work such as reaching, handling, stooping, climbing, crawling, or crouching. 20 CFR 416.969a(c)(1)(i) – (vi). If the impairment(s) and related symptoms, such as pain, only affect the ability to perform the non-exertional aspects of work-related activities, the rules in Appendix 2 do not direct factual conclusions of disabled or not disabled. 20 CFR 416.969a(c)(2). The determination of whether disability exists is based upon the principles in the appropriate sections of the regulations, giving consideration to the rules for specific case situations in Appendix 2. *Id.*

Over the past 15 years, the Claimant worked as a bartender/waitress and as a retail salesperson. In light of the Claimant's testimony and in consideration of the Occupational Code, the Claimant's prior work history is considered semi-skilled, light work.

The Claimant testified that she is able to lift/carry less than 10 pounds; walk short distances with assistance; sit for extended periods; and has difficulties bending and/or squatting. The objective medical records somewhat contradict one another in that one record finds the Claimant able to work 2-4 hours a day noting limitations in walking, standing, bending, and climbing while others find her able to work an 8 hour shift and able to occasionally lift/carry 20 pounds with standing and/or walking at about 6 hours. The Claimant was found markedly limited in 5 of the 20 factors with moderate limitations in 11 factors. The most recent GAF score was 35 which equates to some impairment in reality testing or communication OR major impairment in several areas, such as work or school, family relations, judgment, thinking, or mood. If the impairment or combination of impairments does not limit an individual's physical or mental ability to do basic work activities, it is not a severe impairment(s) and disability does not exist. 20 CFR 416.920. In consideration of the Claimant's testimony, medical records, and current limitations, it is found that the Claimant is unable to return to past relevant employment; thus, Step 5 of the sequential analysis is required.

In Step 5, an assessment of the individual's residual functional capacity and age, education, and work experience is considered to determine whether an adjustment to other work can be made. 20 CFR 416.920(4)(v) At the time of hearing, the Claimant was 54 years old and, thus, considered to be closely approaching advanced age for MA-P purposes. The Claimant has a limited education. Disability is found if an individual is unable to adjust to other work. *Id.* At this point in the analysis, the burden shifts from the claimant to the Department to present proof that the claimant has the residual capacity for substantial gainful employment. 20 CFR 416.960(2); *Richardson v*

Sec of Health and Human Services, 735 F2d 962, 964 (CA 6, 1984). While a vocational expert is not required, a finding supported by substantial evidence that the individual has the vocational qualifications to perform specific jobs is needed to meet the burden. *O'Banner v Sec of Health and Human Services*, 587 F2d 321, 323 (CA 6, 1978). Medical-Vocational guidelines found at 20 CFR Subpart P, Appendix II, may be used to satisfy the burden of proving that the individual can perform specific jobs in the national economy. *Heckler v Campbell*, 461 US 458, 467 (1983); *Kirk v Secretary*, 667 F2d 524, 529 (CA 6, 1981) *cert den* 461 US 957 (1983). Individuals approaching advanced age (age 50-54) may be significantly limited in vocational adaptability if they are restricted to sedentary work. 20 CFR 416.963(d)

In this case, the evidence reveals that the Claimant suffers from asthma, COPD, acute bronchitis, back and hip pain status post hip replacement surgery x2, hypertension, anxiety, and depression noting several treatments/hospitalizations. The objective evidence places the Claimant at the sedentary/light level. In light of the foregoing, and in consideration of the combination of both physical and mental impairments, it is found that the Claimant maintains the residual functional capacity for work activities on a regular and continuing basis which includes the ability to meet the physical and mental demands required to perform sedentary work as defined in 20 CFR 416.967(a). After review of the entire record using the Medical-Vocational Guidelines [20 CFR 404, Subpart P, Appendix II] as a guide, specifically Rule 201.09, it is found that the Claimant is disabled for purposes of the MA-P program at Step 5.

DECISION AND ORDER

The Administrative Law Judge, based on the above findings of fact and conclusions of law, finds the Claimant disabled for purposes of the MA-P benefit program.

Accordingly, it is ORDERED:

1. The Department's determination is REVERSED.
2. The Department shall process that Claimant's December 9, 2008, application to determine if all other non-medical criteria are met and inform the Claimant and her Authorized Representative of the determination in accordance with Department policy.
3. The Department shall supplement for any lost benefits (if any) that the Claimant was entitled to receive if otherwise eligible and qualified in accordance with Department policy.

4. The Department shall review the Claimant's continued eligibility in April 2012 in accordance with Department policy.

Colleen M. Mamelka

Colleen M. Mamelka
Administrative Law Judge
For Maura Corrigan, Director
Department of Human Services

Date Signed: April 5, 2011

Date Mailed: April 5, 2011

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.

CMM/pf

cc:

