

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

IN THE MATTER OF:



Reg. No.: 2010-25618
Issue No.: 2009
Case No.: [REDACTED]
Load No.: [REDACTED]
Hearing Date: June 2, 2010
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 June 2, 2010. 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 November 30, 2009, an application was filed on claimant's behalf for MA-P benefits. The application did not request retroactive medical coverage.
2. On December 22, 2009, the department denied claimant's application for benefits based upon the belief that claimant did not meet the requisite disability criteria.
3. On Mach 4, 2010, a hearing request was filed to protest the department's determination.
4. Claimant, age 51, has seventh-grade education.

5. Claimant's last relevant work was performed in 2007 as a general laborer. Claimant has an unskilled work history. His past work involved heavy manual labor activities.
6. Claimant has a history of alcohol dependence, crack cocaine use, and tobacco abuse.
7. Claimant was hospitalized [REDACTED] as a result of chest pain, shortness of breath, and cramping in his bilateral calves. Claimant underwent heart catheterization on [REDACTED] which revealed an ejection fraction of 40% with anterior hypokinesia; left main artery with 80% distal stenosis; left circumflex artery with 100% occlusion; right coronary artery with 100% occlusion; and distal superficial femoral artery with 90% disease in the right lower extremity and left total occlusion of the mid superficial femoral artery. On [REDACTED], claimant underwent coronary artery graft bypass x 3.
8. On [REDACTED], claimant underwent peripheral angioplasty with stent placement of the left superficial femoral artery.
9. On [REDACTED], claimant again underwent peripheral angioplasty and had stent placement at the right common iliac and right superficial femoral artery.
10. Claimant currently suffers from alcohol dependence, tobacco abuse, hypertension, coronary artery occlusive disease with history of coronary artery graft bypass x 3 and severe bilateral peripheral vascular disease with history of angioplasty and stent placement at the right and left superficial femoral artery and the right common iliac. .
11. Claimant has severe limitations upon his ability to walk, stand, and lift. Claimant's limitations have lasted or are expected to last twelve months or more.
12. 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 is limited to unskilled sedentary work 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 (BAM), the Program Eligibility Manual (BEM) 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 he has significant physical limitations upon his ability to perform basic work activities such as walking, standing, and lifting. 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 findings, that claimant is not capable of the walking, standing, and lifting as 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 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.

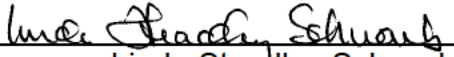
In this case, claimant is a homeless person with a history of tobacco abuse, alcohol dependence, and crack cocaine use. He was hospitalized in [REDACTED] as the result of increasing chest pain, shortness of breath, and cramping in his bilateral calves. Heart catheterization documented an ejection fraction of 40%, left main artery with 80% stenosis, left circumflex artery with 100% occlusion, right coronary artery with 100% occlusion, and distal superficial femoral artery with 90% disease on the right and left total occlusion of the mid superficial femoral artery. Claimant underwent coronary artery graft and bypass x 3 on [REDACTED]. On [REDACTED], claimant underwent peripheral angioplasty with stent placement at the left superficial femoral artery. On [REDACTED], claimant underwent peripheral angioplasty with stent placement at the right common iliac and right superficial femoral artery. On [REDACTED], claimant's treating cardiologist opined that claimant was limited to standing and walking less than two hours in an eight-hour work day as a result of blockages in the artery of his lower legs. Claimant was seen by a consulting internist for the department on [REDACTED]. Unfortunately, it appears that the consultant was not provided copies of claimant's medical record. The treating source's opinion, which is well supported by medically acceptable clinical diagnostic techniques, must be given controlling weight. See 20 CFR 416.927. Given the hearing record, the undersigned finds that, at best, claimant is capable of unskilled sedentary work activities. The record will not support a finding that claimant is capable of a good deal of walking or standing such as would be required for light work activities. See 20 CFR 416.967(b). Light work activities require the ability to stand or walk at least six hours in an eight hour work day. See Social Security Ruling 83-10. Also, see Social Security Ruling 83-14 which suggests that the major difference between sedentary and light work, especially for those individuals at an unskilled level, is that most light work jobs will require the ability to stand or walk most of the day. Thus, claimant must be found to be limited to sedentary work activities.

Considering that claimant, at age 51, is closely approaching advanced age, has a seventh-grade 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 impairment does prevent him from engaging in other work. See 20 CFR, Part 404, Subpart P, Appendix 2, Table 1, Rule 201.09. The record fails to support a finding that claimant has the residual functional capacity for substantial gainful activity. The department has failed to provide vocational evidence which establishes that claimant, given his age, education, and work experience, would find 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 November of 2009.

Accordingly, the department is ordered to initiate a review of the November 30, 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 August of 2011.


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

Date Signed: August 10, 2010

Date Mailed: August 12, 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:

