STATE OF MICHIGAN STATE OFFICE OF ADMINISTRATIVE HEARINGS AND RULES

ADMINISTRATIVE HEARINGS FOR THE DEPARTMENT OF HUMAN SERVICES

IN THE MATTER OF:

Claimant

Reg. No: 2010-2830 Issue No: 2009; 4031

Case No:

Load No: Hearing Date:

January 5, 2010

Genesee County DHS

ADMINISTRATIVE LAW JUDGE: Landis Y. Lain

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, an in-person hearing was held on January 5, 2010. Claimant personally appeared and testified.

ISSUE

Did the Department of Human Services (the department) properly deny claimant's application for Medical Assistance (MA-P) and State Disability Assistance (SDA)?

FINDINGS OF FACT

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

- On May 21,2009, claimant filed an application for Medical Assistance and State
 Disability Assistance benefits alleging disability.
- (2) On August 26, 2009, the Medical Review Team denied claimant's application stating that claimant could perform other work.

- (3) On September 1, 2009, the department caseworker sent claimant notice that his application was denied.
- (4) On September 8, 2009, claimant filed a request for a hearing to contest the department's negative action.
- (5) On October 27, 2009, the State Hearing Review Team again denied claimant's application stating in its analysis and recommendation: The claimant's blood pressure was elevated on examination but his previous cardiac workup was normal. There was no evidence of heart failure on examination. He does have right knee pain and evidence of mild degenerative arthritis. However, he is able to walk without assistance. His diabetes is not well controlled but there was no evidence of an organ damage. The claimant's impairments do not meet/equal the intent or severity of a Social Security listing. The medical evidence of record indicates that the claimant retains the capacity to perform a wide range of light work. In lieu of detailed work history, the claimant will be returned to other work. Therefore, based on the claimant's vocational profile of a younger individual, limited education and a history of unskilled work, MA-P is denied using Vocational Rule 202.17 as a guide. Retroactive MA-P was considered in this case and is also denied. SDA is denied per PEM 261 because the nature and severity of the claimant's impairments would not preclude work activity at the above stated level for 90 days.
- (6) Claimant is a 47-year-old man whose birth date is . Claimant is 5' 10" tall and weighs 240 pounds. Claimant recently gained 15 pounds. Claimant attended the 8th grade and is able to read and write a little and is able to add and subtract and count money.

- (7) Claimant last worked for a paint garage doing physical work and construction, rust proofing and detailing approximately 5 years before the hearing. Claimant has worked on a farm.
- (8) Claimant alleges as disabling impairments: Knee surgeries and right knee problems, hypertension, diabetes mellitus and tumors in his neck as well as anxiety disorder. CONCLUSIONS OF LAW

The State Disability Assistance (SDA) program which provides financial assistance for disabled persons is established by 2004 PA 344. The Department of Human Services (DHS or department) administers the SDA program pursuant to MCL 400.10, *et seq.*, and MAC R 400.3151-400.3180. Department policies are found in the Program Administrative Manual (PAM), the Program Eligibility Manual (PEM) and the Program Reference Manual (PRM).

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).

Pursuant to Federal Rule 42 CFR 435.540, the Department of Human Services uses the federal Supplemental Security Income (SSI) policy in determining eligibility for disability under the Medical Assistance program. Under SSI, 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 set order is used to determine disability. Current work activity, severity of impairments, residual functional capacity, past work, age, or education and work experience is reviewed. If there is a finding that an individual is disabled or not disabled at any point in the review, there will be no further evaluation. 20 CFR 416.920.

If an individual is working and the work is substantial gainful activity, the individual is not disabled regardless of the medical condition, education and work experience. 20 CFR 416.920(c).

If the impairment or combination of impairments do not significantly limit physical or mental ability to do basic work activities, it is not a severe impairment(s) and disability does not exist. Age, education and work experience will not be considered. 20 CFR 416.920.

Statements about pain or other symptoms do not alone establish disability. There must be medical signs and laboratory findings which demonstrate a medical impairment.... 20 CFR 416.929(a).

...Medical reports should include –

- (1) Medical history.
- (2) Clinical findings (such as the results of physical or mental status examinations);
- (3) Laboratory findings (such as blood pressure, X-rays);
- (4) Diagnosis (statement of disease or injury based on its signs and symptoms).... 20 CFR 416.913(b).

In determining disability under the law, the ability to work is measured. An individual's functional capacity for doing basic work activities is evaluated. If an individual has the ability to perform basic work activities without significant limitations, he or she is not considered disabled. 20 CFR 416.994(b)(1)(iv).

Basic work activities are 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).

Medical findings must allow a determination of (1) the nature and limiting effects of your impairment(s) for any period in question; (2) the probable duration of the impairment; and (3) the residual functional capacity to do work-related physical and mental activities. 20 CFR 416.913(d).

Medical evidence may contain medical opinions. Medical opinions are statements from physicians and psychologists or other acceptable medical sources that reflect judgments about the nature and severity of the impairment(s), including your symptoms, diagnosis and prognosis, what an individual can do despite impairment(s), and the physical or mental restrictions. 20 CFR 416.927(a)(2).

All of the evidence relevant to the claim, including medical opinions, is reviewed and findings are made. 20 CFR 416.927(c).

The Administrative Law Judge is responsible for making the determination or decision about whether the statutory definition of disability is met. The Administrative Law Judge

reviews all medical findings and other evidence that support a medical source's statement of disability.... 20 CFR 416.927(e).

A statement by a medical source finding that an individual is "disabled" or "unable to work" does not mean that disability exists for the purposes of the program. 20 CFR 416.927(e).

When determining disability, the federal regulations require that several considerations be analyzed in sequential order. If disability can be ruled out at any step, analysis of the next step is <u>not</u> required. These steps are:

- 1. Does the client perform Substantial Gainful Activity (SGA)? If yes, the client is ineligible for MA. If no, the analysis continues to Step 2. 20 CFR 416.920(b).
- 2. Does the client have a severe impairment that has lasted or is expected to last 12 months or more or result in death? If no, the client is ineligible for MA. If yes, the analysis continues to Step 3. 20 CFR 416.920(c).
- 3. Does the impairment appear on a special listing of impairments or are the client's symptoms, signs, and laboratory findings at least equivalent in severity to the set of medical findings specified for the listed impairment? If no, the analysis continues to Step 4. If yes, MA is approved. 20 CFR 416.290(d).
- 4. Can the client do the former work that he/she performed within the last 15 years? If yes, the client is ineligible for MA. If no, the analysis continues to Step 5. 20 CFR 416.920(e).
- 5. Does the client have the Residual Functional Capacity (RFC) to perform other work according to the guidelines set forth at 20 CFR 404, Subpart P, Appendix 2, Sections 200.00-204.00? If yes, the analysis ends and the client is ineligible for MA. If no, MA is approved. 20 CFR 416.920(f).

At Step 1, claimant is not engaged in substantial gainful activity and has not worked for approximately 5 years. Claimant is not disqualified from receiving disability at Step 1.

The objective medical evidence on the record indicates that a physical examination conducted indicates that claimant appeared to be younger than the stated age. He

appeared to be in no acute distress but he was cooperative in answering questions and following commands. His immediate, recent and remote memory were intact with normal concentration. The claimant's insight and judgment were both appropriate. The claimant provided a good effort during the examination. His blood pressure was 170/110. His pulse was 88 and regular. Respiratory rate was 12. Weight was 237 pounds and his height 67 inches without shoes. His skin was normal. His visual acuity in his right eye equal 20/40 and left eye equal 20/40 without corrective lenses. Pupils were round, equal and reactive to light.

The claimant could hear conversational speech without limitation or aid. The neck was supple without masses. Breath sounds were clear to auscultation and symmetrical. There is no accessory muscle use. There is regular rate and rhythm without enlargement. There was a normal S1 and S2. The abdomen was obese. There is no organomegaly or masses. Bowel sounds were normal.

In the vascular system there was no clubbing or cyanosis appreciated. There was no edema present. The peripheral pulses were intact. There is no evidence of joint laxity, crepitance, or effusion in the musculoskeletal area. Grip strength remained intact. Dexterity was unimpaired. The claimant could pick up a coin, button clothing and open a door. The claimant had no difficulty getting on and off the examination table, no difficulty heal and toe walking, mild difficulties squatting, mild difficulty hopping on the left and moderate difficulty hopping on the right. There was tenderness over the tibial plateau of the right knew. There is some synovial thickening in the patellar joint. Range of motion studies indicated that claimant had normal dorsolumbar spine ranges, normal cervical spine ranges, normal shoulder range of motion, normal elbow range of motion, normal hip range of motion, as well as knees and ankles and wrists range of motion. Hands and fingers, MP joints, PIP joins and DIP joints were all normal.

Cranial nerves were intact. Motor strength and tone were normal. Sensory was intact to light touch and pinprick. Reflexes were 2+ and symmetrical. Romberg testing was negative. The claimant walked with a mild right limp without the use of an assist device. The conclusion was right knee pain and mild degenerative arthritis in the knee. Weight reduction and continued pain meds would be indicated. Claimant also had diabetes and his sugars continued to be elevated but there were no findings of sequela. His cardiac workup was normal. There were no findings of heart failure. His blood pressure remained moderately elevated and his prognosis was fair. (pgs. 21-23)

In claimant was admitted to the hospital for 3 days with acute chest pain and acute myocardial infarction, ruled out hypertension, type 2 diabetes mellitus and gastroesophageal reflux disease. His cardiac enzymes were negative and his potassium was 4.4 and blood sugar 102. He was on chest pain protocol and there was a stress test conducted which was negative with ejection fraction of 70%. Claimant was sent home in a stable condition with the indication to stop smoking and do a very low cholesterol diet and exercise program. (pg. 35)

A right knee x-ray indicate mild degenerative changes involving the medial tibiofemoral joint space with no acute fracture, dislocation, or focal destructive process identified. There was mild degenerative narrowing of the joint space with some mild marginal spurring. (pg. 44)

Claimant testified on the record that he lives with his son and his mother and that he is divorced and he has no children under 18 that live with him. Claimant has no income but was receiving Food Assistance Program benefits from the Genesee Health Plan. Claimant does not have a driver's license but his mother takes him where he needs to go. Claimant is able to cook daily and cook things like spaghetti, hamburger and hot dogs. Claimant roughly shops 2 times a

month and needs help with lifting. Claimant testified that he does clean his home by doing dishes and laundry and that he likes to fish but hasn't been in about 6 years. Claimant testified that he can stand for ½ hour, sit for an hour, walk a ½ mile and is able to shower and dress himself, tie his shoes and touch his toes, but cannot squat. Claimant testified that his level of pain on a scale from 1 to 10 without medication was a 10 and with medication was a 5 to a 6. Claimant stated that he is right-handed and that his hands and arms are fine, that he has arthritis in his left leg. Claimant testified the heaviest weight he can carry is a gallon of milk and that he watches television 8 to 10 hours a day.

At Step 2, claimant has the burden of proof of establishing that he has a severely restrictive physical or mental impairment that has lasted or is expected to last for the duration of at least 12 months. There is insufficient objective clinical medical evidence in the record that claimant suffers a severely restrictive physical or mental impairment. Claimant has reports of pain in multiple areas of his body; however, there are no insufficient corresponding clinical findings that support the reports of symptoms and limitations made by the claimant. There is no medical finding that claimant has any muscle atrophy or trauma, abnormality or injury that is consistent with a deteriorating condition. In short, the claimant has restricted himself from tasks associated with occupational functioning based upon his reports of pain (symptoms) rather than medical findings. Reported symptoms are an insufficient basis upon which a finding that claimant has met the evidentiary burden of proof can be made. This Administrative Law Judge finds that the medical record is insufficient to establish that claimant has a severely restrictive physical impairment.

There is no evidence in the record indicating claimant suffers mental limitations resulting from his reportedly anxiety ridden state. There is no Mental Residual Functional Capacity Assessment in the record. The evidentiary record is insufficient to find that claimant suffers a severely restrictive mental impairment. For these reasons, this Administrative Law Judge finds that claimant has failed to meet his burden of proof at Step 2. Claimant must be denied benefits at this step based upon his failure to meet the evidentiary burden.

If claimant had not been denied at Step 2, the analysis would proceed to Step 3 where the medical evidence of claimant's condition does not give rise to a finding that he would meet a statutory listing in the code of federal regulations.

If claimant had not already been denied at Step 2, this Administrative Law Judge would have to deny him again at Step 4 based upon his ability to perform past relevant work.

Claimant's past relevant work was light work. This Administrative Law Judge finds that there is there is insufficient objective medical evidence contained in the file upon which this Administrative Law Judge could base a finding that claimant is unable to perform work which he has engaged in, in the past. Therefore, if claimant had not already been denied at Step 2, he would again be denied at Step 4.

The Administrative Law Judge will continue to proceed through the sequential evaluation process to determine whether or not claimant has the residual functional capacity to perform some other less strenuous tasks than in his prior jobs.

At Step 5, the burden of proof shifts to the department to establish that claimant does not have residual functional capacity.

The residual functional capacity is what an individual can do despite limitations. All impairments will be considered in addition to ability to meet certain demands of jobs in the national economy. Physical demands, mental demands, sensory requirements and other functions will be evaluated.... 20 CFR 416.945(a).

To determine the physical demands (exertional requirements) of work in the national economy, we classify jobs as sedentary, light, medium and heavy. These terms have the same meaning as they have in the *Dictionary of Occupational Titles*, published by the Department of Labor... 20 CFR 416.967.

Sedentary work. 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).

Light work. Light work involves lifting no more than 20 pounds at a time with frequent lifting or carrying of objects weighing up to 10 pounds. Even though the 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....

20 CFR 416.967(b).

Claimant has submitted insufficient objective medical evidence that he lacks the residual functional capacity to perform some other less strenuous tasks than in his prior employment or that he is physically unable to do light or sedentary tasks if demanded of him. Claimant's activities of daily living do not appear to be very limited and he should be able to perform light or sedentary work even with his impairments. Claimant has failed to provide the necessary

objective medical evidence to establish that he has a severe impairment or combination of impairments which prevent him from performing any level of work for a period of 12 months.

The claimant's testimony as to his limitations indicates that he should be able to perform light or sedentary work.

Claimant testified on the record that he does have anxiety.

For mental disorders, severity is assessed in terms of the functional limitations imposed by the impairment. Functional limitations are assessed using the criteria in paragraph (B) of the listings for mental disorders (descriptions of restrictions of activities of daily living, social functioning; concentration, persistence, or pace; and ability to tolerate increased mental demands associated with competitive work).... 20 CFR, Part 404, Subpart P, App. 1, 12.00(C).

There is insufficient objective medical/psychiatric evidence contained in the file of depression or a cognitive dysfunction that is so severe that it would prevent claimant from working at any job. In addition, claimant was oriented to time, person and place during the hearing and was able to answer all the questions at the hearing. This Administrative Law Judge finds that claimant does not have any functional limitations and is therefore not considered disabled based upon a mental impairment.

Claimant's complaints of pain, while profound and credible, are out of proportion to the objective medical evidence contained in the file as it relates to claimant's ability to perform work. Therefore, Administrative Law Judge finds that the objective medical evidence on the record does not establish that claimant has no residual functional capacity. Claimant is disqualified from receiving disability at Step 5 based upon the fact that he has not established by objective medical evidence that he cannot perform light or sedentary work even with his impairments. Under the Medical-Vocational guidelines, a younger individual (age 47), with a

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less than high school education and an unskilled work history who is limited to light work is not

considered disabled.

The department's Program Eligibility Manual contains the following policy statements

and instructions for caseworkers regarding the State Disability Assistance program: to receive

State Disability Assistance, a person must be disabled, caring for a disabled person or age 65 or

older. PEM, Item 261, p. 1. Because the claimant does not meet the definition of disabled under

the MA-P program and because the evidence of record does not establish that claimant is unable

to work for a period exceeding 90 days, the claimant does not meet the disability criteria for

State Disability Assistance benefits either.

DECISION AND ORDER

The Administrative Law Judge, based upon the above findings of fact and conclusions

of law, decides that the department has appropriately established on the record that it was acting

in compliance with department policy when it denied claimant's application for Medical

Assistance, retroactive Medical Assistance and State Disability Assistance benefits. The claimant

should be able to perform a wide range of light or sedentary work even with his impairments.

The department has established its case by a preponderance of the evidence.

Accordingly, the department's decision is AFFIRMED.

Landis Y. Lain Administrative Law Judge

for Ismael Ahmed, Director

Department of Human Services

Date Signed: March 15, 2010

Date Mailed:_

March 16, 2010 _

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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.

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