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

IN THE MATTER OF:



Reg No. 201052695 Issue No. 2009 Case No. Load No. Hearing Date: December 8, 2010 Ingham County DHS

ADMINISTRATIVE LAW JUDGE: Marlene B. Magyar

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, an in-person hearing was held on December 8, 2010. Claimant personally appeared and testified. She was represented by

ISSUE

Did the department properly determine claimant is not disabled by Medicaid (MA)/retro-MA eligibility standards?

FINDINGS OF FACT

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

- 1. Claimant is a divorced, 38-year-old high school graduate with three years of post-secondary education (1997) who resides with a roommate in a mobile home park in
- 2. In March 2010, claimant was hospitalized partially for a UTI and kidney stone flare-up (3/3/10-3/6/10), which passed uneventfully without need for surgical intervention (Department Exhibit #1, pgs 13-17).
- 3. On April 16, 2010, claimant's authorized representative filed a disability-based MA/retro-MA application on her behalf.

- 4. If approved, the medical expenses associated with claimant's hospitalization would have been covered by MA.
- 5. Claimant's disability application was not approved; consequently, her authorized representative filed a hearing request to dispute the department's finding she was not disabled under the applicable rules.
- 6. Claimant's hearing was held on December 8, 2010.
- 7. Claimant stands approximately 5'7" tall and weighs approximately 130 pounds; she is right-hand dominant, per self report.
- 8. Claimant acknowledged a polysubstance abuse history with in-patient treatment completed in 2006; she claimed no illicit drug abuse since then.
- 9. At claimant's hospital admission in March 2010 her drug screen was positive for and also, she admitted to recent use of within the last 72 hours (Department Exhibit #1, pgs 15 and 16).
- Claimant has a history of semi-skilled, sedentary work in office management (accounts payable/dispatch) and unskilled, light work (counter help/fast food), but she has not been employed in food service or anywhere else since December 2009 (Department Exhibit #1, pg 7).
- 12. Claimant alleges she is completely unable to engage in any type of substantial gainful work activity due to constant, excruciating, debilitating, chest, head, neck, back, shoulder, arm and right hand pain.
- 13. Absolutely no objective test results (e.g., x-rays, CT scans, MRIs, EMGs, brain scans, etc.) were submitted at hearing to establish the presence of any physical or mental impairments other than the March 2010 illicit substance abuse relapse.
- 14. Specifically, claimant's hospital discharge summary diagnoses her with ongoing polysubstance abuse and indicates only minimal pain medications would be authorized; counseling to address the illicit

relapse was recommended (Department Exhibit #1, pgs 10 and 17).

- 15. As of the hearing date, claimant was not taking any prescription medications; however, she said she has had periodic steroid pain injections in the past (2007-2009).
- 16. Claimant is fully independent in all self cares and activities of daily living except driving because she does not possess a valid driver's license.
- 17. Claimant reported she independently engages in as needed professional counseling with a personal friend to address her self-reported depression and PTSD symptoms.

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).

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

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 findinas. diagnosis/prescribed treatment, prognosis for recovery and/or medical assessment of ability to do work-related activities or ability to reason and to make appropriate mental adjustments, if a mental disability is being alleged, 20 CFR 416.913. An individual's subjective pain complaints are not, in and of themselves, sufficient to establish disability, 20 CFR 416.908 and 20 CFR 416.929. By the same token, a conclusory statement by a physician or mental health professional that an individual is disabled or blind is not sufficient without supporting medical evidence to establish disability. 20 CFR 416.929.

...We follow a set order to determine whether you are disabled. We review any current work activity, the severity of your impairment(s), your residual functional capacity, your past work, and your age, education and work experience. If we can find that you are disabled or not disabled at any point in the review, we do not review your claim further.... 20 CFR 416.920.

...If you are working and the work you are doing is substantial gainful activity, we will find that you are not disabled regardless of your medical condition or your age, education, and work experience. 20 CFR 416.920(b).

...If you do not have any impairment or combination of impairments which significantly limits your physical or mental ability to do basic work activities, we will find that you do not have a severe impairment and are, therefore, not disabled. We will not consider your age, education, and work experience. 20 CFR 416.920(c).

[In reviewing your impairment]...We need reports about your impairments from acceptable medical sources.... 20 CFR 416.913(a).

...Statements about your pain or other symptoms will not alone establish that you are disabled; there must be medical signs and laboratory findings which show that you have a medical impairment.... 20 CFR 416.929(a).

...You must provide medical evidence showing that you have an impairment(s) and how severe it is during the time you say that you are disabled. 20 CFR 416.912(c).

...[The impairment]...must have lasted or must be expected to last for a continuous period of at least 12 months. We call this the duration requirement. 20 CFR 416.909.

...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);
- Diagnosis (statement of disease or injury based on its signs and symptoms).... 20 CFR 416.913(b).

...The medical evidence...must be complete and detailed enough to allow us to make a determination about whether you are disabled or blind. 20 CFR 416.913(d).

Medical findings consist of symptoms, signs, and laboratory findings:

- (a) **Symptoms** are your own description of your physical or mental impairment. Your statements alone are not enough to establish that there is a physical or mental impairment.
- (b) Signs anatomical, physiological, are or psychological abnormalities which can be vour observed. apart from statements (symptoms). Signs must be shown by medically acceptable clinical diagnostic techniques. Psychiatric signs are medically demonstrable phenomena which indicate specific psychological abnormalities e.g., abnormalities of behavior, mood, thought, memorv. orientation. development, or perception. They must also be shown by observable facts that can be medically described and evaluated.
- (c) Laboratory findings are anatomical, physiological, or psychological phenomena which can be shown by the use of a medically acceptable laboratory diagnostic techniques. Some of these diagnostic techniques include chemical tests, electrophysiological studies (electrocardiogram, electroencephalogram,

etc.), roentgenological studies (X-rays), and psychological tests. 20 CFR 416.928.

It must allow us to determine --

- (1) The nature and limiting effects of your impairment(s) for any period in question;
- (2) The probable duration of your impairment; and
- (3) Your residual functional capacity to do workrelated physical and mental activities. 20 CFR 416.913(d).

...A statement by a medical source that you are "disabled" or "unable to work" does not mean that we will determine that you are disabled. 20 CFR 416.927(e).

[As Judge]...We are responsible for making the determination or decision about whether you meet the statutory definition of disability. In so doing, we review all of the medical findings and other evidence that support a medical source's statement that you are disabled.... 20 CFR 416.927(e).

Additionally, Social Security Ruling 96-4p (SSR 96-4p) states in relevant part:

A "symptom" is not a "medically determinable physical or mental impairment" and no symptom by itself can establish the existence of such an impairment. In the absence of a showing that there is a "medically determinable physical or mental impairment," an individual must be found not disabled at Step 2 of the sequential evaluation process. No symptom or combination of symptoms can be the basis for a finding of disability, no matter how genuine the individual's complaints may appear to be, unless there are medical signs and laboratory findings demonstrating existence of medicallv the а determinable physical or mental impairment.

In addition, 20 CFR 404.1529 and 416.929 provide that an individual's symptoms, such as pain, fatigue, shortness of breath, weakness, or nervousness, will not be found to affect the individual's ability to do 201052695/mbm

basic work activities...unless medical signs and laboratory findings show that there is a medically determinable physical or mental impairment(s) that could reasonably be expected to produce the symptom(s) alleged.

At the threshold level, claimant simply does not qualify for the MA/retro-MA coverage she seeks because neither she nor her authorized representative presented any objective medical records to establish the presence of a physical or mental condition supportive of disability status. In fact, the evidence of record establishes claimant is fully independent in all basic living activities except driving. Furthermore, claimant has had no hospitalizations except those three days in March 2010 for resolved kidney stones and a UTI. Consequently, this Administrative Law Judge concludes from the evidence of record, claimant is fully capable of working in a wide variety of unskilled jobs currently existing in the national economy, which is the standard to be applied in disability determination cases. As such, her disputed MA/retro-MA application must remain denied, based on lack of severity shown.

DECISION AND ORDER

The Administrative Law Judge, based upon the above findings of fact and conclusions of law, decides the department properly determined claimant is not disabled by MA/retro-MA eligibility standards.

Accordingly, the department's action is AFFIRMED.

/s/

Marlene B. Magyar Administrative Law Judge for Duane Berger, Acting Director Department of Human Services

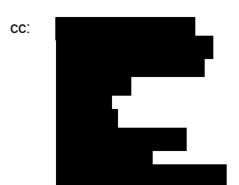
Date Signed: <u>January 6, 2011</u>

Date Mailed: January 6, 2011

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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 receipt 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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