

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.: 2010-9317
Issue No.: 2009
Case No.: [REDACTED]
Load No.: [REDACTED]
Hearing Date: March 3, 2010
Macomb County DHS (12)

ADMINISTRATIVE LAW JUDGE: Colleen M. Mamelka

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 in Clinton Township, Michigan on Wednesday, March 3, 2010. The Claimant appeared, along with [REDACTED], and testified. The Claimant was represented by [REDACTED] of [REDACTED]. [REDACTED] appeared on behalf of the Department.

During the hearing, the Claimant waived the time period for the issuance of this decision in order to allow for the submission of additional medical records. The new evidence was received, reviewed, and entered as Exhibits A through H. This matter is now before the undersigned for a final decision.

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 upon the competent, material, and substantial evidence on the whole record, finds as material fact:

1. The Claimant submitted applications for public assistance seeking MA-P benefits on May 8, 2009, August 5, 2009, and January 8, 2010.
2. On July 13, 2009, the Medical Review Team ("MRT") denied the May 2009 application. (Exhibit 1, pp. 89, 90)

3. On August 12, 2009, the Department sent an Eligibility Notice to the Claimant informing him of the MRT denial. (Exhibit 3)
4. On October 27, 2009, the Department received the Claimant's timely written request for hearing. (Exhibit 2)
5. On December 6, 2009, the State Hearing Review Team ("SHRT") found the Claimant not disabled. (Exhibit 4)
6. The Claimant alleged physical disabling impairments due to back, hand, and knee pain, arthritis, disc herniation, shortness of breath, chronic pancreatitis, diabetes, feet abscess, and headaches.
7. The Claimant has not alleged any mental disabling impairment(s).
8. At the time of hearing, the Claimant was 43 years old with a [REDACTED] birth date; was 6'1" in height; and weighed 235 pounds.
9. The Claimant is a high school graduate with an employment history as a contractor/supervisor.

CONCLUSIONS OF LAW

The Medical Assistance ("MA") program is established by the 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 (formerly known as the Family Independence Agency) administers the MA program 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 applicants 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 (i.e. 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 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 three to step four. 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 four and five. 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)

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 therefore is not ineligible for disability 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 back, hand, and knee pain, arthritis, disc herniation, shortness of breath, chronic pancreatitis, diabetes, feet abscess, and headaches. In support of his claim, some records from 2008 were submitted which document treatment for pancreatitis secondary to alcohol abuse, GERD, hypertension, and diabetes mellitus.

On [REDACTED], the Claimant presented to the hospital with intractable nausea, vomiting, and abdominal pain. The Claimant was discharged on February 16th with the diagnosis of mild diabetic ketoacidosis secondary to chronic pancreatitis, history of

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alcohol abuse, gastroesophageal reflux disease ("GERD"), and hypertensive cardiovascular disease.

On [REDACTED], the Claimant presented to the hospital with complaints of abdominal pain. The Claimant was discharged on [REDACTED] with the diagnosis of intractable abdominal pain, nausea, and vomiting secondary to pancreatitis. Secondary diagnoses were history of chronic pancreatitis from alcohol abuse, anion gap metabolic acidosis (resolved), hypomagnesemia, diabetes mellitus, anemia, and hypertensive cardiovascular disease.

On [REDACTED], the Claimant was admitted to the hospital with complaints of abdominal pain, nausea, and vomiting. The Claimant was discharged on [REDACTED] with the diagnoses of intractable abdominal pain secondary to chronic pancreatitis. Secondary diagnoses include type 2 diabetes mellitus (poorly controlled), hypertensive cardiovascular disease, diabetic gastroparesis, hypokalemia, hypomagnesemia, long history of alcohol abuse, and GERD.

On [REDACTED], the Claimant presented to the hospital with complaints of nausea, vomiting, and hyperglycemia. The Claimant was discharged on [REDACTED] with the diagnosis of severe lactic acidosis with anion gap metabolic acidosis secondary to severe hyperglycemia.

On [REDACTED], the Claimant was admitted to the hospital with complaints of abdominal pain and vomiting. The discharge summary was not submitted.

On [REDACTED], the Claimant was admitted to the hospital with complaints of abdominal pain, nausea, and vomiting. The Claimant was discharged on [REDACTED] with the diagnosis of intractable nausea, vomiting, and abdominal pain secondary to pancreatitis. Secondary diagnoses were history of narcotic abuse with withdrawal, type 2 diabetes mellitus (uncontrolled), hypertensive cardiovascular disease, and history of chronic pancreatitis secondary to alcohol abuse.

On [REDACTED], the Claimant presented to the hospital with complaints of abdominal pain, nausea, and vomiting. The Claimant was discharged on [REDACTED] with the diagnosis of intractable nausea, vomiting, and abdominal pain secondary to chronic pancreatitis and diabetic gastroparesis. Secondary diagnoses were hypertensive urgency, type 2 diabetes (uncontrolled), history of diabetic ketoacidosis, chronic pancreatitis secondary to alcohol abuse, and polysubstance abuse.

On [REDACTED], the Claimant was admitted to the hospital with complaints of abdominal pain, nausea, and vomiting. The discharge summary was not submitted so it is not clear how long the Claimant remained in the hospital and what the discharge diagnoses were.

On [REDACTED], the Claimant was admitted to the hospital with complaints of abdominal pain, nausea, and vomiting. The Claimant was discharged with the diagnosis of acute intractable abdominal pain with intrahepatic cholestasis secondary to cholecystitis requiring a cholecystectomy. Secondary diagnoses were alcoholic hepatitis, type 2 diabetes mellitus, peptic ulcer disease, thrombocytopenia, history of alcohol abuse, and chronic pancreatitis secondary to alcohol abuse.

On [REDACTED], the Claimant was admitted to the hospital with abdominal pain. The Claimant was discharged on [REDACTED] with the diagnoses of acute intractable nausea and vomiting secondary to a severe duodenitis and gastroparesis. Secondary diagnoses included recent cholecystitis, acute on pancreatitis, long history of alcohol abuse, tobacco abuse, type 2 diabetes (poorly controlled), and hypertensive cardiovascular disease.

On [REDACTED], the Claimant presented to the hospital with complaints of abdominal pain. The Claimant was discharged on [REDACTED] with the diagnosis of intractable abdominal pain secondary to pancreatitis. The Claimant agreed to desist from alcohol.

On [REDACTED], the Claimant presented to the hospital with complaints of abdominal pain, and acute alcohol intoxication. The Claimant was discharged on [REDACTED] with the diagnosis of acute alcohol intoxication with pancreatitis. The secondary diagnoses were uncontrolled type 2 diabetes mellitus, history of alcohol abuse, chronic abdominal pain (resolved), anion gap metabolic acidosis, and chronic narcotic abuse.

On [REDACTED], the Claimant presented to the hospital with complaints of abdominal pain secondary to pancreatitis. The Claimant was discharged on [REDACTED] with the diagnosis of intractable abdominal pain secondary to pancreatitis (improved). Secondary diagnoses were type 2 diabetes mellitus poorly controlled, history of diabetic ketocidosis (multiple times), long history of alcohol abuse, chronic pancreatitis secondary to alcohol abuse, hypertensive cardiovascular disease, and normocytic normochromic anemia.

On [REDACTED], the Claimant attended a consultative evaluation. The diagnoses were status post cervical fusion without functional limitations orthopedically; chronic alcoholism and chronic pancreatitis without evidence of hepatitis or hepatic failure; diabetes mellitus (well controlled) without evidence of neuropathy, retinopathy, or nephropathy; and exogenous obesity.

On [REDACTED], the Claimant presented to the hospital with complaints of abdominal pain. The Claimant was discharged on [REDACTED] with the diagnoses of

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acute on chronic pancreatitis, intractable abdominal pain, nausea and vomiting secondary to acute pancreatitis, diabetes, alcohol abuse, narcotic dependence, hypertension, and GERD.

On this same date, a consultative psychiatric evaluation was performed. The diagnoses were depressive disorder and dependent personality trait. Alcohol abuse was not ruled out. The Global Assessment Functioning ("GAF") was 49 and the prognosis was guarded.

On [REDACTED], the Claimant presented to the hospital with complaints of abdominal pain. A CT of the abdomen revealed circumferential thickening of the duodenal bulb and descending duodenum. The following day, a esophagogastroduodenoscopy with biopsy was performed without complication. The post-operative diagnoses were duodenitis, gastritis, esophageal ulcer, and small hiatal hernia. The discharge summary was not submitted so it is not clear when the Claimant was discharged and what the diagnoses were.

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 medical evidence establishing that he does have some physical impairment(s) that affect his 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 disabling impairment(s) due to chronic back pain with compression fractures and deformity, degenerative disc disease, and high blood pressure.

Listing 1.00 (musculoskeletal system), Listing 3.00 (respiratory system), Listing 4.00 (cardiovascular system), Listing 5.00 (digestive system), Listing 9.00 (endocrine system), Listing 14.00 (immune system disorders), were considered in light of the objective evidence. Ultimately, it is found that the Claimant's impairment(s) do not meet the intent and severity requirement of a listing therefore the Claimant can not be found disabled or not disabled at Step 3. Accordingly, the Claimant's eligibility under Step 4 is considered. 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 is 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 additionally 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, i.e. 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 with the demands of past relevant work. *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 (i.e. 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.*

The Claimant's prior work history consists of work as a contractor/supervisor. In light of the Claimant's testimony and in consideration of the Occupational Code, the Claimant's prior work is classified as semi- skilled, medium work.

The Claimant testified that he can lift/carry less than 10 pounds; can walk a few blocks; can sit for about 20 minutes; can stand for approximately ½ hour; and is unable to bend or squat. The consultative evaluation found no functional limitations orthopedically and the Claimant denied any mental impairment(s). There was no evidence of imposed restrictions by the Claimant's treating physician. If the impairment or combination of impairments does not limit 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/hospitalizations, and current limitations, it is found that the Claimant may not able to return to past relevant therefore Step 5 of the 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 43 years old thus considered a younger individual for MA-P purposes. The Claimant is a high school graduate. 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 to 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

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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).

In this case, the evidence reveals that the Claimant was hospitalized primarily due to pancreatitis secondary to alcohol abuse. The records also note the Claimant's narcotic dependence. In consideration of the Claimant's impairment(s) as detailed above, it is found that the substance abuse is a contributing factor material to the determination of disability. 20 CFR 416.935 In light of the foregoing, it is found that the Claimant maintains the physical and mental capacities to meet the demands of at least sedentary work as defined in 20 CFR 416.967(a). After review of the entire record finding no contradiction with the Claimant's nonexertional impairments and using the Medical-Vocational Guidelines [20 CFR 404, Subpart P, Appendix II] as a guide, specifically Rule 201.28, it is found that the Claimant is not disabled for purposes of the MA-P program at Step 5.

DECISION AND ORDER

The Administrative Law Judge, based upon the above findings of fact and conclusions of law finds the Claimant not disabled for purposes of the MA-P benefit program.

Accordingly, it is ORDERED:

The Department's determination is AFFIRMED.

Colleen M. Mamelka

Colleen M. Mamelka
Administrative Law Judge
For Ismael Ahmed, Director
Department of Human Services

Date Signed: 12/28/2010

Date Mailed: 12/28/2010

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.

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