

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: 2010-3895  
Issue No: 2009; 4031

[REDACTED]

**ADMINISTRATIVE LAW JUDGE:** Suzanne L. Morris for Jana Bachman

**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 telephone hearing was held on December 10, 2009 by Administrative Law Judge [REDACTED], who has since left employment with the State Office of Administrative Hearings and Rules. This hearing was completed by Administrative Law Judge [REDACTED] rris after reviewing the record. Claimant personally appeared and testified.

**ISSUE**

Did the Department of Human Services (the department) properly deny claimant's application for Medical Assistance (MA-P), retro MA 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:

- (1) On July 10, 2009, claimant filed an application for Medical Assistance and State Disability Assistance benefits alleging disability.
- (2) On August 11, 2009, the Medical Review Team denied claimant's application stating that claimant was capable of performing other work, pursuant to Vocational Rule 202.13.
- (3) On August 20, 2009, the department caseworker sent claimant notice that his application was denied.

- (4) On September 15, 2009, claimant filed a request for a hearing to contest the department's negative action.
- (5) On November 3, 2009, the State Hearing Review Team again denied claimant's application stating that the claimant's impairments do not meet/equal the intent of severity of the Social Security listings and that the medical evidence shows that claimant retains the capacity to perform light work avoiding frequent reaching with the right arm. Vocational Rule 202.10 was cited.
- (6) A telephone hearing was held on December 10, 2009. The record was left open to allow the claimant to submit additional medical documentation. The claimant waived the appropriate time limits. The Administrative Law Judge also issued an interim order requiring the department to schedule a psychiatric examination.
- (7) The psychiatric evaluation and the timely, relevant medical records submitted by the claimant were submitted and sent to the State Hearing Review Team on September 28, 2010.
- (8) On October 6, 2010, the State Hearing Review Team again denied claimant's application stating that the claimant's impairments did not meet/equal the intent or severity of a Social Security listing and that the medical evidence indicates that the claimant retains the capacity to perform unskilled, light work avoiding frequent reaching with the right arm. Vocational Rule 202.10 was cited.
- (9) Claimant is a 54-year-old man whose birth date is [REDACTED]. Claimant is 5' 8" tall and weighs 232 pounds. Claimant completed the 8<sup>th</sup> grade in school. Claimant reports that he is capable of limited reading, writing and basic math.
- (10) Claimant reports that he last worked in 2008. He claims experience in cleaning foreclosed houses and install fences.
- (11) Claimant alleges as disabling impairments: back pain, knee pain, depression, and a rotator cuff tear of the right shoulder.
- (12) Claimant resides with his girlfriend. He reports that he has a driver's license and is capable of driving. He reports that he can cook, do housework and grocery shop.
- (13) Claimant reports that he can stand for 30 minutes before he gets intense pain in his back, that he can sit for about two hours and can not carry more than about 18 pounds.

## **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 Bridges Administrative Manual (BAM), the Bridges Eligibility Manual (BEM) and the Program Reference Manual (PRM).

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 Bridges Administrative Manual (BAM), the Bridges Eligibility Manual (BEM) 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

In general, claimant has the responsibility to prove that he/she is disabled. Claimant's impairment must result from anatomical, physiological, or psychological abnormalities which can be shown by medically acceptable clinical and laboratory diagnostic techniques. A physical or mental impairment must be established by medical evidence consisting of signs, symptoms, and laboratory findings, not only claimant's statement of symptoms. 20 CFR 416.908; 20 CFR 416.927. Proof must be in the form of medical evidence showing that the claimant has an impairment and the nature and extent of its severity. 20 CFR 416.912. Information must be sufficient to enable a determination as to the nature and limiting effects of the impairment for the period in question, the probable duration of the impairment and the residual functional capacity to do work-related physical and mental activities. 20 CFR 416.913.

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.

At step one, the Administrative Law Judge must determine whether the claimant is engaging in substantial gainful activity (20 CFR 404.1520(b) and 416.920(b)). Substantial gainful activity (SGA) is defined as work activity that is both substantial and

gainful. "Substantial work activity" is work activity that involves doing significant physical or mental activities (20 CFR 404.1572(a) and 416.972(a)). "Gainful work activity" is work that is usually done for pay or profit, whether or not a profit is realized (20 CFR 404.1572(b) and 416.972(b)). Generally, if an individual has earnings from employment or self-employment above a specific level set out in the regulations, it is presumed that he/she has demonstrated the ability to engage in SGA (20 CFR 404.1574, 404.1575, 416.974, and 416.975). If an individual engages in SGA, he/she is not disabled regardless of how severe his/her physical or mental impairments are and regardless of his/her age, education, and work experience. If the individual is not engaging in SGA, the analysis proceeds to the second step.

At step two, the Administrative Law Judge must determine whether the claimant has a medically determinable impairment that is "severe" or a combination of impairments that is "severe" (20 CFR 404.1520(c) and 416.920(c)). An impairment or combination of impairments is "severe" within the meaning of the regulations if it significantly limits an individual's ability to perform basic work activities. An impairment or combination of impairments is "not severe" when medical and other evidence establish only a slight abnormality or a combination of slight abnormalities that would have no more than a minimal effect on an individual's ability to work (20 CFR 404.1521 and 416.921; Social Security Rulings (SSRs) 85-28, 96-3p, and 96-4p). If the claimant does not have a severe medically determinable impairment or combination of impairments, he/she is not disabled. If the claimant has a severe impairment or combination of impairments, the analysis proceeds to the third step.

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). 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).

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).

At step three, the Administrative Law Judge must determine whether the claimant's impairment or combination of impairments meets or medically equals the criteria of an impairment listed in 20 CFR Part 404, Subpart P, Appendix 1 (20 CFR 404.1520(d), 404.1525, 404.1526, 416.920(d), 416.925, and 416.926). If the claimant's impairment or combination of impairments meets or medically equals the criteria of a listing and

meets the duration requirement (20 CFR 404.1509 and 416.909), the claimant is disabled. If it does not, the analysis proceeds to the next step.

Before considering step four of the sequential evaluation process, the Administrative Law Judge must first determine the claimant's residual functional capacity (20 CFR 404.1520(e) and 416.920(e)). An individual's residual functional capacity is his/her ability to do physical and mental work activities on a sustained basis despite limitations from his/her impairments. In making this finding, all of the claimant's impairments, including impairments that are not severe, must be considered (20 CFR 404.1520(e), 404.1545, 416.920(e), and 416.945; SSR 96-8p).

Next, the Administrative Law Judge must determine at step four whether the claimant has the residual functional capacity to perform the requirements of his/her past relevant work (20 CFR 404.1520(f) and 416.920(f)). The term past relevant work means work performed (either as the claimant actually performed it or as it is generally performed in the national economy) within the last 15 years or 15 years prior to the date that disability must be established. In addition, the work must have lasted long enough for the claimant to learn to do the job and have been SGA (20 CFR 404.1560(b), 404.1565, 416.960(b), and 416.965). If the claimant has the residual functional capacity to do his/her past relevant work, the claimant is not disabled. If the claimant is unable to do any past relevant work or does not have any past relevant work, the analysis proceeds to the fifth and last step.

At the last step of the sequential evaluation process (20 CFR 404.1520(g) and 416.920(g)), the Administrative Law Judge must determine whether the claimant is able to do any other work considering his/her residual functional capacity, age, education, and work experience. If the claimant is able to do other work, he/she is not disabled. If the claimant is not able to do other work and meets the duration requirements, he/she is disabled.

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).

Medium work. Medium work involves lifting no more than 50 pounds at a time with frequent lifting or carrying of objects weighing up to 25 pounds. If someone can do medium work, we determine that he or she can also do sedentary and light work. 20 CFR 416.967(c).

Heavy work. Heavy work involves lifting no more than 100 pounds at a time with frequent lifting or carrying of objects weighing up to 50 pounds. If someone can do heavy work, we determine that he or she can also do medium, light, and sedentary work. 20 CFR 416.967(d).

At Step 1, claimant is not engaged in substantial gainful activity and has not worked since 2008. Claimant is not disqualified from receiving disability at Step 1.

At Step 2, the claimant's symptoms are evaluated to see there is an underlying medically determinable physical or mental impairment(s) that could reasonably be expected to produce the claimant's pain or other symptoms. This must be shown by medically acceptable clinical and laboratory diagnostic techniques. Once an underlying physical or mental impairment(s) has been shown, the Administrative Law Judge must evaluate the intensity, persistence, and limiting effects of the claimant's symptoms to determine the extent to which they limit the claimant's ability to do basic work activities. For this purpose, whenever statements about the intensity, persistence, or functionally limiting effects of pain or other symptoms are not substantiated by objective medical evidence, a finding on the credibility of the statements based on a consideration of the entire case record must be made.

The objective medical evidence on the record indicates that the claimant has a history of shoulder surgery, back and knee pain, depression, learning disabilities and a possible rotator cuff tear to the right shoulder.

A June 8, 2009 radiograph report found the claimant had mild degenerative changes in his AC joint with a type-3 acromion, possibly contributing to chronic rotator cuff impingement.

On July 17, 2009, claimant was evaluated by an orthopedic surgeon. The claimant had pain to palpation at the anterior lateral aspect of the shoulder, but no pain over the clavicle or the acromion. There was no evidence of atrophy to the supraspinatus or infraspinatus muscles. The doctor opined that he had right shoulder pain secondary to an impingement syndrome and a possible rotator cuff tear to the right shoulder. The doctor did give the claimant an injection into his right shoulder, which did cause relief of the symptoms.

An independent medical evaluation was conducted by Michigan Medical Consultants on February 5, 2010. Claimant reported back, shoulder and leg pain. Claimant reported

he had surgery to his right shoulder in 1993. Claimant takes Vicodin for pain, but does not participate in physical therapy. He reported that he was able to climb ladders and squat, do some yard work and household chores such as sweeping or vacuuming. Examination found no evidence of joint laxity, crepitation or effusion. There was synovial thickening at the bilateral knees, tenderness over the AC joint and the anterior right shoulder. Grip strength remained intact, dexterity was unimpaired. Claimant could pick up a coin, button clothing, and open a door. He had mild difficulties getting on and off the examination table, heel and toe walking, performing a partial squat and was unable to hop. The claimant's range of motion tests were all within full normal limits, except for his right shoulder, which was slightly limited in abduction, adduction, internal rotation, external rotation and forward elevation, and a slight limit in the flexion and extension of both knees. Claimant had some arthritic disease in his knees and the physician opined that the claimant should avoid repetitive activities. The doctor also opined that he would be able to stand about four hours in an eight hour day and tolerate sitting.

A psychological examination was conducted on February 22, 2010. The claimant reported that he had a prior history of alcohol abuse, but that he quit drinking eight years ago. Claimant reported depression and frustration due to his inability to work and the pain he suffers. Claimant denied panic attacks, anxiety. He was noted to have low self-esteem, but was not found to have confusion, disorganization, thought blocking or psychosis. Claimant demonstrated average social skills. Claimant was diagnosed with an adjustment disorder with mixed disturbance of emotions and conduct; a mood disorder due to medical condition; polysubstance abuse in remission; and learning disabilities.

The psychologist completed a [REDACTED]. The claimant was found to be markedly limited in the areas of understanding and remembering detailed instructions; carrying out detailed instructions; and maintaining attention and concentration for extended periods. The claimant was moderately limited in understanding and remembering one or two-step instructions; performing activities within a schedule, maintain regular attendance, and his ability to be punctual within customary tolerances; the ability to sustain an ordinary routine without supervision; the ability to complete a normal workday and worksheet without interruptions from psychologically based symptoms and to perform at a consistent pace without an unreasonable number and length of rest periods; accepting instructions and responding appropriately to criticism from supervisors; getting along with co-workers or peers without distracting them or exhibiting behavioral extremes; maintaining socially appropriate behavior and to adhere to basic standards of neatness and cleanliness; respond appropriately to change in the work setting; setting realistic goals or make plans independently of others. The remaining areas were rated as not significantly limited.

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).

At Step 2, claimant's conditions, in combination, have left him with some range of motion limitations and pain. However, it must be noted no severe mental impairments have been shown. The finding of a severe impairment at Step 2 is a *de minimus* standard. Claimant's physical impairments meet the *de minimus* level of severity and duration required for further analysis.

The analysis next proceeds 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.

The analysis then proceeds to Step 4, where the claimant's ability to perform his past relevant work is considered. The claimant has a work history of cleaning foreclosed houses and installing fencing. These jobs would require the claimant to perform repetitive motions and reach with his right arm. Therefore, it is likely the claimant would not be able to perform his past relevant work. Therefore, the analysis continues.

At Step 5, this Administrative Law Judge must determine whether or not claimant has the residual functional capacity to perform any other jobs in the national economy. This Administrative Law Judge finds that the objective medical evidence on the record does not establish that claimant has no residual functional capacity. As noted in the [REDACTED] report, the claimant was markedly limited in the ability to understand and remember detailed instructions; the ability to carry out detailed instructions; and the ability to maintain attention and concentration for extended periods. This does not preclude the claimant from any work, but does indicate the claimant should be limited to unskilled work, as it involves little or no judgment to do simple duties that can be learned on the job in a short period of time. 20 CFR 404.1568(a). The claimant's physical limitations can be accommodated by performing light or sedentary work. 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 unskilled work even with his impairments.

Medical vocational guidelines have been developed and can be found in 20 CFR, Subpart P, Appendix 2, Section 200.00. When the facts coincide with a particular guideline, the guideline directs a conclusion as to disability. 20 CFR 416.969. Under the Medical-Vocational guidelines, a person closely approaching advanced age (54), limited education (able to communicate in English) with an unskilled or no work history is not disabled, pursuant to Vocational Rule 202.10.

The claimant has not presented the required competent, material and substantial evidence which would support a finding that the claimant has an impairment or combination of impairments which would significantly limit the physical or mental ability to do basic work activities. 20 CFR 416.920(c). Although the claimant has cited

medical problems, the clinical documentation submitted by the claimant is not sufficient to establish a finding that the claimant is disabled. There is no objective medical evidence to substantiate the claimant's claim that the alleged impairment(s) are severe enough to reach the criteria and definition of disability. The claimant is not disabled for the purposes of the Medical Assistance disability (MA-P) program.

The department's Bridges 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. BEM, 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

The Department has established by the necessary competent, material and substantial evidence on the record that it was acting in compliance with department policy when it determined that claimant was not eligible to receive Medical Assistance and/or State Disability Assistance.

### **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 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.

/s/ \_\_\_\_\_  
Suzanne L. Morris  
Administrative Law Judge  
On behalf of Jana Bachman  
for Maura D. Corrigan, Director  
Department of Human Services

Date Signed: 3/17/11

Date Mailed: 3/17/11

**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.

[REDACTED]

[REDACTED]

[REDACTED]