

**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.: 2010-39690
Issue No.: 2009
Case No.: [REDACTED]
Hearing Date: July 29, 2010
DHS County: Wayne (82-82)

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 Detroit, Michigan, on Thursday, July 29, 2010. The Claimant appeared and testified. The Claimant was represented by [REDACTED]. [REDACTED] appeared on behalf of the Department of Human Services ("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 evidence. The records were received, reviewed, and entered as Exhibits 3 – 5. 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 an application for public assistance seeking MA-P benefit on January 25, 2010.
2. On March 25, 2010, the Medical Review Team ("MRT") found the Claimant not disabled. (Exhibit 1, pp. 9, 10)

3. On April 13, 2010, the Department sent an Eligibility Notice to the Claimant informing him of the MRT determination. (Exhibit 1, p. 2)
4. On June 14, 2010, the Department received the Claimant's timely written request for hearing.
5. On June 29, 2010, the State Hearing Review Team ("SHRT") determined that the Claimant was not disabled. (Exhibit 2)
6. The Claimant alleged physical disabling impairment(s) due to back/knee/hip pain, chest pain, congestive heart failure, blood clots, and diabetes mellitus.
7. The Claimant has not alleged any mental disabling impairment(s).
8. At the time of hearing, the Claimant was 53 years old with a [REDACTED], birth date; was 6'3" in height; and weighed 392 pounds.
9. The Claimant is a high school graduate with an employment history as a truck driver and dispatcher.
10. The Claimant's impairments have lasted, or are expected to last, continuously for a period of 12 months or longer.

CONCLUSIONS OF LAW

The Medical Assistance ("MA") program is established by Subchapter XIX of Chapter 7 of The Public Health & Welfare Act, 42 USC 1397, and is administered by the Department, formerly known as the Family Independence Agency, 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 applicant 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 (e.g., 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 to 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 3 to Step 4. 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 4 and 5. 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 and, therefore, is not ineligible for disability benefits 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/knee/hip pain, chest pain, congestive heart failure, blood clots, and diabetes mellitus.

On [REDACTED], the Claimant sought treatment for headache and nausea. Chest x-rays confirmed COPD. The Claimant was treated, diagnosed with sinusitis, and discharged the same day.

On [REDACTED], the Claimant presented to the emergency room with complaints of severe headache with vision blurriness. The Claimant was admitted to the hospital. A CT scan revealed a large hemorrhagic sellar and suprasellar mass suggestive of apoplexy involving the pituitary macroadenoma. The findings were suspicious for invasion into the left cavernous sinus. On [REDACTED], a hypophysectomy (removal of the pituitary gland) was performed without complication. The Claimant was discharged on [REDACTED] with the primary diagnosis of pituitary tumor secondary to obesity, diabetes mellitus, hypertension, hypertriglyceridemia, hyperpituitarism, and lower extremity chronic venous insufficiency.

On [REDACTED], the Claimant sought treatment for a nose bleed and for having a sensation of a foreign body in the back of his throat. The Claimant was admitted to a 23-hour observation and was diagnosed with acute epistaxis status post resection, anemia, hypokalemia, diabetes mellitus, thyroid disease, and morbid obesity.

On [REDACTED] the Claimant presented to the emergency room with complaints of shortness of breath and chest pain. A CT scan revealed a massive pulmonary embolism. He was discharged on [REDACTED] with the diagnosis of pulmonary embolism with right heart strain. Secondary diagnoses were panhypopituitarism, pituitary tumor, hypertension, non-insulin dependent diabetes mellitus, and morbid obesity, noting a BMI of over 41.

On [REDACTED], a Medical Examination Report was completed on behalf of the Claimant. The current diagnoses were pituitary adenoma with visual changes and intractable headache, pulmonary embolism, hypertension, diabetes mellitus, morbid obesity, and hypercholesteremia. The Claimant was restricted to the occasional lifting/carrying of less than 10 pounds, standing and/or walking less than 2 hours during an 8-hour workday; and able to perform repetitive actions with his extremities.

On [REDACTED], the Claimant presented to the hospital with complaints of chest pain. The Claimant was discharged on [REDACTED] with the primary diagnoses of pulmonary embolism secondary to diabetes, hypertension, and morbid obesity.

On [REDACTED], the Claimant attended a consultative evaluation. The diagnoses were severe exogenous obesity; diabetes mellitus; status post surgery state for pituitary

adenoma, hypothyroidism (related to pituitary surgery), and chronic cervical, lumbar, and rib cage area pain. The Internist opined that the Claimant was disabled from work. The Medical Examination Report was completed which noted the Claimant's condition was deteriorating and he was limited to the occasional lifting/carrying of 20 pounds with frequent lifting/carrying of 10 pounds; standing and/or walking less than 2 hours during an 8-hour work day; sitting less than 6 hours during this same time frame; and able to perform repetitive actions with his extremities with the exception of pushing/pulling.

On [REDACTED], the Claimant presented to the hospital with multiple medical problems to include uncontrolled, non-insulin dependent diabetes mellitus with peripheral neuropathy and a history of a crush injury, chronic bilateral lower extremity venous stasis dermatitis with edema, recurrent cellulites, hypertension/dyslipidemia, migraines, and status post pituitary tumor resection. The Claimant weighed 411 pounds. X-rays revealed diffuse soft tissue swelling with no acute osseous abnormalities. The Claimant was discharged on [REDACTED].

On [REDACTED], the Claimant presented to the emergency room with complaints of cellulitis and abdominal pain. An electrocardiogram was abnormal. He was discharged the following day with the diagnoses of acute abdominal pain secondary to exacerbation with gastroesophageal reflux disease as well as abdominal muscle strain; elevated liver enzymes; obesity; cellulites of the bilateral legs; type 2 diabetes mellitus; hypertension; deep vein thrombosis and pulmonary embolism; and a history of chronic back pain.

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 some medical evidence establishing that he does have some physical limitations on 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 impairments due to back/knee/hip pain, chest pain, congestive heart failure, blood clots, and diabetes, mellitus.

Listing 1.00 (musculoskeletal system), Listing 3.00 (respiratory system), Listing 4.00 (cardiovascular system), Listing 7.00 (hematological disorders), Listing 9.00 (endocrine system), and Listing 13.00 (malignant neoplastic diseases) were considered in light of

the objective medical evidence. Ultimately, it is found that the Claimant's impairment(s) does not meet the intent and severity of a listed impairment; therefore, he cannot be found disabled, or not disabled, at Step 3. Accordingly, the Claimant's eligibility is considered under Step 4. 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 are 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 additional 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, e.g., 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 to the demands of past relevant work must be made. *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 (e.g., 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 employment as a truck driver and dispatcher. In light of the Claimant's testimony and in consideration of the Occupational Code, the Claimant's prior work as a truck driver is classified as semi-skilled, light/medium work while the dispatcher duties are considered semi-skilled sedentary work.

The Claimant testified that he is able to walk short distances; sit and/or stand for less than one hour; lift/carry about 10 pounds; and has difficulties bending and/or squatting. The medical records restrict the Claimant to less than sedentary activity. 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, and current limitations, it is found that the Claimant is not be able to return to past relevant work; thus, the fifth step in the sequential 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 53 years old and, thus, considered to be closely approaching advanced age 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 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 suffers from diabetes mellitus, status post pituitary adenoma, hypothyroidism, cervical and lumbar pain, hypertension, deep vein thrombosis, COPD, and morbid obesity. The Claimant is restricted to less than sedentary activity due to his deteriorating condition. Accordingly, the total impact caused by the combination of physical impairments suffered by the Claimant must be considered. In doing so, it is found that the combination of the Claimant's physical impairments have a major effect on his ability to perform basic work activities such that he is unable to perform the full range of activities necessary for sedentary work as defined in 20 CFR 416.967(a). After review of the entire record, it is found that the Claimant is disabled for purposes of the MA-P program at Step 5.

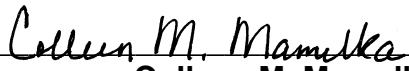
DECISION AND ORDER

The Administrative Law Judge, based upon the above findings of fact and conclusions of law, finds the Claimant disabled for purposes of the MA-P benefit program.

Accordingly, it is ORDERED:

1. The Department's determination is REVERSED.
2. The Department shall process the January 25, 2010, application to determine if all other non-medical criteria are met and inform the Claimant and his Authorized Representative of the determination in accordance with Department policy.

3. The Department shall supplement for any lost lost benefits (if any) that the Claimant was entitled to receive if otherwise eligible and qualified in accordance with Department policy.
4. The Department shall review the Claimant's continued eligibility in accordance with Department policy in May 2012.



Colleen M. Mamelka
Administrative Law Judge
For Maura Corrigan, Director
Department of Human Services

Date Signed: April 12, 2011

Date Mailed: April 13, 2011

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.

CMM/pf

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