

STATE OF MICHIGAN  
MICHIGAN ADMINISTRATIVE HEARING SYSTEM  
ADMINISTRATIVE HEARINGS FOR THE  
DEPARTMENT OF HUMAN SERVICES

IN THE MATTER OF:

[REDACTED]  
[REDACTED]  
[REDACTED]

Reg. No. 2011-24071  
Issue No. 2009  
Case No. [REDACTED]  
Hearing Date: June 8, 2011  
Roscommon County DHS

**ADMINISTRATIVE LAW JUDGE:** William A. Sundquist

**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 June 8, 2011.

Medical reports (Claimant Exhibits A and B) submitted at the hearing for a second SHRT review delayed the D&O below.

**ISSUE**

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

**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 currently unemployed.
2. On March 26, 2010, the claimant quit his last job.
3. Claimant is age 46, has a 9<sup>th</sup> grade education and past history of semi-skilled work as a truck driver.
4. On July 30, 2010, the claimant applied for Medicaid, was denied on January 18, 2011, per BEM 260, and requested a hearing on March 10, 2011.
5. Claimant alleges disability due to: myocardial infarction, high cholesterol, hypertension, arthritis, depression and anxiety.

6. Medical exam on March 22, 2010 states that at this time, the claimant is alert and oriented x3; that cardiovascular examination reveals a normal S1, S2 with no murmur, rough, S3 or S4; that there are no gross neurological deficits; and that the claimant will be taken to the cardiac catheterization laboratory for cardiac catheterization with possible percutaneous coronary intervention (Medical Packet, page 27).
7. Medical exam states that on March 23, 2010, the claimant had coronary artery bypass grafting x3; that postoperative diagnosis is recent acute myocardial infarction with triple vessel coronary atherosclerosis; that he has a well established history of atherosclerotic heart disease, who had two previous myocardial infarctions in the past followed by stenting procedures; and that he returns again with another myocardial infarction and underwent a cardiac catheterization yesterday (Medical Packet, page 44).
8. Medical exam on July 8, 2010 states the claimant's GAF score of 48 (Medical Packet, page 89).
9. Medical exam on August 3, 2010 states the claimant is neurologically alert and oriented x3; that the heart sounds 1 and 2 are heard without murmur; and that there is a regular rate and rhythm; and that musculoskeletally, he has a full range of motion of all extremities (Medical Packet, page 86).
10. Medical exam on August 3, 2010 states the claimant was in today for a follow-up for a three month check-up; that he is three months post-up from coronary artery bypass graft surgery; that in March of 2010, he had left internal mammary artery graft to the left anterior descending artery, vein graft to the obtuse mammary and vein graft to the right coronary artery; that overall, he states he feels good and tolerates activity well; that he denies any chest discomfort with exertion, although he does get shorter breath on exertion but this is unchanged; that he is alert and oriented x3; and that cranial nerves II-XII are intact and in no focal deficits (Claimant Exhibit A, page 2).
11. SHRT report dated June 28, states the claimant's impairments do not meet/equal a Social Security Listing (Medical Packet, page 99).

### **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 Bridges Reference Manual (BRM).

Facts above are undisputed.

"Disability" is:

...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.

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 not 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 since March 26, 2010. Therefore, disability is not disqualified at Step 1.

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, but not for the required duration of 12 months. This Administrative Law Judge finds that the medical record is insufficient to establish that claimant has a severely restrictive medical/mental impairment meeting the one year duration requirement. Therefore, disability is denied at Step 2.

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.

No treating, examining, or non-examining physician has found that any of the claimant's impairments would meet the listing of impairments.

The claimant alleges disability under Step 3. SHRT has evaluated the claimant's eligibility under all listings. The claimant does not meet the stringiest severity/duration requirements of any listing.

If claimant had not already been denied disability at Step 2, he would be denied at Step 4.

At Step 4, the objective medical evidence does not establish the claimant's inability to do any of his past work, for the required duration despite his severe mental/physical impairment as a truck driver.

If the claimant had not already been denied disability at Steps 2 and 4, he would be denied at Step 5.

At Step 5, the 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 sedentary tasks if demanded of him. Claimant has failed to provide the necessary objective medical evidence to establish that he has a severe physical impairment or combination of impairments which prevent him from performing any level of work for a period of 12 months. Therefore, this Administrative Law Judge finds that the objective medical evidence on the record does not establish that the 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 sedentary work, as defined below even with his impairments. **Under the Medical-Vocational Guidelines, a younger individual age 46, with a 9<sup>th</sup> grade education and past semi-skilled work history who is limited to sedentary work is not considered disabled.**

Therefore, disability is denied at Steps 2, 4, and 5.

Therefore, the claimant has not established disability, as defined above, by the necessary competent, material and substantial evidence on the whole record.

**DECISION AND ORDER**

The Administrative Law Judge, based upon the above findings of fact and conclusions of law, decides that disability was not medically established.

Accordingly, Medicaid denial is UPHELD.

*William A. Sundquist*

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William A. Sundquist  
Administrative Law Judge  
For Maura D. Corrigan, Director  
Department of Human Services

Date Signed: October 13, 2011

Date Mailed: October 14, 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.

WAS/tg

cc:

