

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

**IN THE MATTER OF:**

[REDACTED]

Reg. No.: 2012-52310  
Issue No.: 2009  
Case No.: [REDACTED]  
Hearing Date: August 16, 2012  
Wayne County DHS (17)

**ADMINISTRATIVE LAW JUDGE:** Lynn M. Ferris

**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 in Detroit, Michigan on August 16, 2012. The Claimant appeared and testified as did [REDACTED], who appeared as a witness for the Claimant. [REDACTED] the Claimant's Authorized Hearing Representative, also appeared. [REDACTED] Medical Contact Worker, appeared on behalf of the Department of Human Services ("Department").

**ISSUE**

Whether the Department properly determined that the Claimant was not disabled for purposes of the Medical Assistance ("MA-P") and retro MA-P benefit program?

**FINDINGS OF FACT**

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

1. The Claimant submitted an application on October 16, 2011 for public assistance seeking MA-P benefits and retro MA-P benefits (retro to July 2011).
2. On January 12, 2012 the Medical Review Team ("MRT") found the Claimant not disabled. (Exhibit 1)
3. The Department notified the Claimant of the MRT determination on January 19, 2012.

4. On April 16, 2012 the Department received the Claimant's timely written request for hearing.
5. On June 28, 2012, the State Hearing Review Team ("SHRT") found the Claimant not disabled. (Exhibit 2)
6. An Interim Order was issued on August 20, 2012 and additional evidence was ordered to be obtained by the Department and the Claimant's Authorized Hearing Representative.
7. The new evidence was submitted to the State Hearing Review Team for its review on January 17, 2013.
8. On March 4, 2013 the State Hearing Review Team found the Claimant not disabled.
9. The Claimant alleged physical disabling impairments due to arthritis in both knees and both hands with chronic pain, right sided limp due to open reduction and internal fixation of right femur fracture, and COPD.
10. The Claimant has not alleged any mental disabling impairment.
11. At the time of hearing, the Claimant was [REDACTED] years old with a [REDACTED] birth date. The Claimant was 5'0" in height; and Claimant weighed 120 pounds.
12. The Claimant has a high school education and attended special education classes throughout school. The Claimant's reading and writing is not good and Claimant cannot multiply. The Claimant's employment history included working as a factory worker placing pills in boxes, standing most of the day. The Claimant also worked full time for a plastic company putting plastic milk jugs in bins after inspecting them and was standing all day and was required to climb stairs.
13. 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 program is established by Subchapter XIX of Chapter 7 of The Public Health & Welfare Act, 42 USC 1397, and is administered by the Department of Human Services, 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 Tables ("RFT").

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 (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) An individual is not disabled regardless of the medical condition, age, education, and work experience, if the individual is working and the work is a substantial, gainful activity. 20 CFR 416.920(a)(4)(i) Substantial gainful activity means work that involves doing significant and productive physical or mental duties and is done (or intended) for pay or profit. 20 CFR 416.910(a)(b) Substantial gainful activity is work activity that is both substantial and gainful. 20 CFR 416.972 Work may be substantial even if it is done on a part-time basis or if an individual does less, with less responsibility, and gets paid less than prior employment. 20 CFR 416.972(a) Gainful work activity is work activity that is done for pay or profit. 20 CFR 416.972(b)

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 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)

The Claimant alleges physical disabling impairments due to arthritis in both knees and both hands with chronic pain, right sided limp due to open reduction and internal fixation of right femur fracture, and COPD.

A synopsis and review of the medical evidence of record follows.

On [REDACTED] Claimant was seen at ER for knee, hands and hip pain. The examiner noted swelling and the clinical impression was inflammatory arthritis. The examiner noted enlarged joints in hands visible. The claimant was discharged one day later with pain medication.

On [REDACTED] Claimant was seen at the ER and complained of left and right forearm pain. The impression by the ER physician was polysubstance abuse with dermatitis and urinary tract infection. The Claimant tested positive for opiates. Exhibit 1 pp 61.

On [REDACTED] the Claimant presented to the emergency room complaining of pain all over and that she had run out of pain medications. She denied use of recreational drugs. On examination the Claimant could move all extremities without difficulty. Range of motion was intact to affected areas. Claimant received no treatment in triage.

The Claimant was discharged to follow up with a primary care doctor to evaluate your pain and determine the need for on going narcotic pain medication.

On [REDACTED] Claimant was seen at the emergency room for chest pain and was discharged the same day in stable good condition. The radiological report was normal no pulmonary embolus.

On [REDACTED] the Claimant was admitted for a right distal femur fracture severely comminuted. The Claimant underwent surgery involving open indicated gait disturbance and functional prognosis was fair. On discharge the diagnoses were hip fracture, asthma, rheumatoid arthritis, chronic obstructive pulmonary disease and polysubstance abuse. The Claimant's hospital stay was 9 days.

Claimant was seen by her primary care physician on [REDACTED] at the emergency room at which time her complaint was leg pain and complaining that she could not move her legs. The report noted that she was being carried by the person who brought her to the ER. The Claimant was given pain medication and released. Her pain level went from 10 to 4 at time of release.

On [REDACTED] the Claimant presented to Western Wayne FHS Psychiatric and was seen regarding request for another dose of Prednisone due to joint pain flare. The Claimant had not been seen since [REDACTED]. The Claimant was prescribed Prednisone.

On [REDACTED] a consultative Medical Examination Report was completed. The current diagnosis was leg pain due to fixation and rod, 2011 due to fall. Wheezing was noted on examination but evaluated as mild. The examiner noted slight limp. The examiner noted the Claimant was stable and noted limitations of occasionally lifting up to 20 pounds, stand and or walk at least 2 hours in an 8 hour day and that no assistive devices were necessary. The claimant could operate foot controls but only with her left foot and that she could use both hands/arms for a whole range of repetitive activity and can meet her needs in the home. No range of motion evaluation was performed.

A Medical Examination Report was completed on [REDACTED] by the Claimant's primary care physician. Current diagnosis is joint pain, treated with steroid, the respiratory exam noted wheeze bilaterally. Musculoskeletal notes no strength right knee range of motion, joint pain, noted further her was anxiety and limited insight. The Claimant was noted as stable, with the following limitations: frequently lifting less than 10 pounds and occasionally 10 pounds, stand or walk at least 2 hours in an 8 hour work day. No assistive devices were necessary. Further difficulty simple grasping with both hands was negative, as was pushing/pulling, and fine manipulating. The Claimant could only operate foot controls with her left foot. The Clinical findings were joint pain with

exam, no radiopathic studies were available, and no past medical records were available. Mental limitations of comprehension and sustained concentration were noted.

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 objective medical evidence establishing that she does have some physical and mental limitations on her ability to perform basic work activities. Accordingly, 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 alleges physical disabling impairments due to arthritis in both knees and both hands with chronic pain, right sided limp due to open reduction and internal fixation of right femur fracture, and COPD.

Listing 14.09 Inflammatory Arthritis was considered in conjunction with the definition found on 1.00B2c with regard to inability to perform gross movements effectively. This Section provides: c. What we mean by inability to perform fine and gross movements effectively. Inability to perform fine and gross movements effectively means an extreme loss of function of both upper extremities; i.e., an impairment(s) that interferes very seriously with the individual's ability to independently initiate, sustain, or complete activities. To use their upper extremities effectively, individuals must be capable of sustaining such functions as reaching, pushing, pulling, grasping, and fingering to be able to carry out activities of daily living. Therefore, examples of inability to perform fine and gross movements effectively include, but are not limited to, the inability to prepare a simple meal and feed oneself, the inability to take care of personal hygiene, the inability to sort and handle papers or files, and the inability to place files in a file cabinet at or above waist level.

Ultimately based upon the medical assessment evidence, it is determined that while the Claimant was deemed limited in her ability to perform functions with her hands and left foot, based upon the treating physician's evaluation specifically referenced above, it is determined that the Listing 14.09 was not met.

The fourth step in analyzing a disability claim requires an assessment of the claimant's residual functional capacity (RFC) and past relevant employment. 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 necessarily 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 included working as a factory worker placing pills in boxes, standing most of the day. The Claimant also worked full time for a plastic company putting plastic milk jugs in bins after inspecting them and was standing all day and was required to climb stairs.

In light of the Claimant's testimony and records, and in consideration of the Occupational Code, the Claimant's prior work is classified as unskilled, light work.

The Claimant credibly testified that she is not able to walk any significant distance (one block on a good day and not at all due to pain on a bad day). Claimant credibly testified that she uses a walker when at home and a cane. She can stand 3 to 5 minutes due to pain and sit 30 to 45 minutes and that these abilities are limited due to pain and leg pain from her previous broken hip. The Claimant needs assistance tying her shoes and can squat only partially and bending is difficult. The claimant's pain was described as a 7 with medications and a level 10 without medication. The Claimant indicated that due to arthritis in her hands she cannot pick up a quart of milk and cannot cut meat on her plate. She can hold a coffee cup occasionally but sometimes drops the cup. Due in part to obesity and the conditions of her knees, the Claimant cannot squat, cannot tie her shoes and cannot touch her toes.

The objective medical evidence consisting of evaluations by Claimant's treating primary care physician has determined on examination that the Claimant's physical restrictions and limitations do not significantly limit the Claimant. Further at Claimant's treating physician's most recent evaluation the Claimant was noted as stable, with the following

limitations: frequently lifting less than 10 pounds and occasionally 10 pounds, stand or walk at least 2 hours in an 8 hour work day. No assistive devices were necessary. Further, Claimant's doctor noted limitations with simple grasping with both hands, as well as pushing/pulling, and fine manipulating. The Claimant could only operate foot controls with her left foot. The clinical findings were joint pain with exam, no radiopathic studies were available, and no past medical records were available. Mental limitations of comprehension and sustained concentration were noted. This doctor has seen claimant since 2009.

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 able to return to past relevant work which is considered light work due to the standing/walking requirements of her past relevant work as she would not be able to perform her position as a factory worker packing pills or inspecting milk containers due to the limitations imposed on standing and restrictions on lifting and carrying.

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). The Claimant is 52 years old and, thus, is considered to be closely approaching advanced age for MA purposes. The Claimant is a high school graduate but attended special education classes and some limitations with reading and writing. 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 medical evidence reveals that the Claimant's medical conditions include physical disabling impairments including arthritis, with chronic pain in her knees, hands, elbows and legs, and walks with a limp due to a serious broken femur. The evaluations and medical opinions of a "treating" physician is "controlling" if it is well-supported by medically acceptable clinical and laboratory diagnostic techniques and is not inconsistent with the other substantial evidence in the case record. 20 CFR §

404.1527(d)(2), Deference was given by the undersigned to the multiple ER visits due to chronic pain, and the observations and opinions of the Claimant's treating physician.

The objective medical evidence provided by the Claimant's treating primary care physician and in consideration of several hospital admissions which medically support Claimant's condition place the Claimant at the sedentary activity level. The total impact caused by the combination of medical problems suffered by the Claimant must be considered. In so doing, it is found that the Claimant's physical impairments have a major effect on her ability to perform basic work activities. In light of the foregoing, it is found that the Claimant maintains the residual functional capacity for work activities on a regular and continuing basis including the ability to meet the physical and mental demands required to perform sedentary work as defined in 20 CFR 416.967(a). After review of the entire record and using the Medical-Vocational Guidelines [20 CFR 404, Subpart P, Appendix II] as a guide, specifically Rule 201.12, it is found that the Claimant is disabled for purposes of the MA-P program at Step 5.

It is found that the Claimant is disabled for purposes of the MA-P program at Step 5. As the record is unclear whether this appeal also involved State Disability Assistance (SDA), no finding is made in that regard and the Department shall determine if SDA is applicable and was part of the application dated October 26, 2011 and the Department's notice of case action dated January 19, 2012.

### **DECISION AND ORDER**

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

Accordingly, It is ORDERED:

1. The decision of the Department is REVERSED.
2. The Department is ordered to initiate processing of the Claimant's MA-P, and Retro MA-P(July 2011) application dated October 16, 2011 and award required benefits, provided Claimant meets all non-medical eligibility requirements.
3. The Department is also ordered as part of its obligation to process the Claimant's application for MA-P to determine if the application dated October 26, 2011 contained an application for SDA and shall process the application accordingly and advise the Claimant regarding its determination in accordance with Department policy.

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4. The Department shall initiate review of the Claimant's disability case in March 2014 in accordance with Department policy.



Lynn M. Ferris  
Administrative Law Judge  
For Maura Corrigan, Director  
Department of Human Services

Date Signed: March 28, 2013

Date Mailed: March 28, 2013

**NOTICE:** Michigan Administrative Hearing System (MAHS) 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. MAHS 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. (60 days for FAP cases).

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.

Claimant may request a rehearing or reconsideration for the following reasons:

- A rehearing **MAY** be granted if there is newly discovered evidence that could affect the outcome of the original hearing decision.
- A reconsideration **MAY** be granted for any of the following reasons:
  - misapplication of manual policy or law in the hearing decision,
  - typographical errors, mathematical error, or other obvious errors in the hearing decision that effect the substantial rights of the claimant:
  - the failure of the ALJ to address other relevant issues in the hearing decision.

Request must be submitted through the local DHS office or directly to MAHS by mail to:

Michigan Administrative hearings  
Reconsideration/Rehearing Request  
P. O. Box 30639  
Lansing, Michigan 48909-07322

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cc:

