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

#### IN THE MATTER OF:



Reg. No.:	2012-55364
ssue No.:	2009
Case No.:	
Hearing Date:	September 19, 2012
County:	Kalamazoo

### ADMINISTRATIVE LAW JUDGE: Vicki L. Armstrong

### **HEARING DECISION**

This matter is before the undersigned Admini strative Law Judge upon the Claimant's request for a hearing made pursuant to Mi chigan Compiled Laws 400.9 and 400.37, which govern the administrative hearing and appeal process. After due notice, an in person hearing was commenced on September 19, 2012, from Kalamazoo, Michigan. Claimant represented by from from from from person, personally appeared and testified. Part icipants on behalf of the Department of Hum an Servic es (Department) included Lead Worker

#### **ISSUE**

Whether the Department of Human Serv ices (the department) properly denied Claimant's application for Medical Assistance (MA-P) and Retro-MA?

## FINDINGS OF FACT

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

- (1) On June 29, 2011, Claimant f iled an application for MA-P and Retro-MA benefits alleging disability.
- (2) On February 23, 2012, the M edical Review Team (MRT) denied Claimant's application for MA-P and Retro-MA indicating that he was capable of performing other work, pursuant to 20 CFR 416.920(f).
- (3) On February 28, 2012, the department casework er s ent Claimant notice that his application was denied.
- (4) On May 9, 2012, Claimant filed a request for a hearing to contest the department's negative action.

- (5) On August 13, 2012, the St ate Hearing Review Team (SHRT) found Claimant was not disabled and retained the ability to perform past work as a maintenance worker. (Department Exhibit B, pp 1-2).
- (6) Claimant has a histor y of I upus, empty center disease, spot on lungs, chronic obstructive pulmonar y disease, cardiac arrhythmia, anterior stromal corneal scars in both eyes, emphysema and arthritis.
- (7) On March 29, 2011, Claimant was brought to the emergency department by ambulance for an assault. Claimant was admitted to the hospital. X-rays s howed he had a nondisplaced fracture of the left 8<sup>th</sup> rib posterolaterally with asso ciated large left pneumothorax. There was also mild bilateral ai rspace opacities consistent with atelectasis. The left-sided pneumothorax was resolved post pneumovax placement. Claim ant was discharged on March 30, 2011 in stable condition. (Department Exhibit A, pp 61-97).
- (8) On January 6, 2012, Claimant underwent a medical examination on behalf of the department. T he examining physician noted Claimant's right pupil was fixed at approximatel y 4mm. His fundi appeared stable. His left eye was contracted approximately 2mm and was poorly vis ualized. He had s ignificant diminished v ision bilaterally and walked with a cane. predominantly as a vision assistant. His hand pain appeared to have mild osteoarthritic disease, in addition to nail pallor and some mild clubbing. There were no findings of cardiac deco mpensation or congenital heart defects. He guoted a history of a spot on his lung and had som e mild emphysematous diseas e, but did not appear d yspneic. He had recently quit tobacco use. His overall degree of impairment appeared moderate and his prognosis was guarded and potentially not remedial. (Department Exhibit A, pp 35-39).
- (9) On February 27, 2012, CI aimant's optometrist opined that Claimant's visual fields were constricted and his prognosis was uncertain based on his well healed minor anterior stromal corneal scars off axis in the right eye and two in the left eye also off axis. As a result, the optometrist rest ricted Claimant from driving given his poor visual fields and borderline acuity. The optometrist also opined that it would be unwise for Claimant to pursue his usual vocation of tree cutting for safety reasons, unless or until his vision improves. It was als o noted that despite lab and radiology testing and evaluation by a retinal specialist, no specific cause or source could be found for Claimant's vision di sturbance. (Claimant Exhibit A, pp 1-2).

- (10) On July 5, 2012, Claimant underwent a psycholog ical examination on behalf of the Disab ility Determination Service. Diag nosis: Axis I: Anx iety disorder; Nicotine abus e; Ax is II: Rule out borderline intellectual functioning; Ax is III: Visual problems; COPD; Emphysema; Chronic pain; Arth ritis; Cardiac arrhythmia; Headaches; Axis V: 58. Prognosis was guarded. He attributed his problems to medical issues and appeared t o be anxious about his medical problems which likely in creased his tension and stres s. (Department Exhibit B, pp 8-13).
- (11) Claimant is a 44 year old man whos e birthda y is Claimant is 5'4" tall and weighs 160 lbs Claimant completed a GED.
- (12) Claimant was appealing the denial of Social Sec urity disabilit y benefits at the time of the hearing.

# CONCLUSIONS OF LAW

The Medic al Assistance (MA) program is established by the Title XIX of the Social Sec urity Act and is implemented by Title 42 of the Code of Fe deral Regulations (CFR). The Department of Human Services (formerly known as the Family Independence Agency) administers the MA program pursuant to MCL 400.10, *et seq.*, and MCL 400.105. Department policies are found in the Bridges Administrative Manua I (BAM), the Br idges Elig ibility Manual (BEM) and the Reference Tables Manual (RFT).

Disability is the inability to do any substa ntial 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.

The person claiming a physical or mental di sability has the burden to establish it through the use of competent medical evidence from gualified medical sources edical hist ory, clinical/laboratory findings, such as his or her m diagnosis/prescribed treatment, progno sis for recovery and/or medical assessment of ability to do work-related activities or ability to reason and to make appropriate mental adjustment s, if a mental disabili ty is being alleged, 20 CFR 416.913. An indiv idual's subjective pain complaints are not, in and of sability. 20 CFR 416.908 themselves, sufficient to establish di and 20 CFR 416.929. By the same token, a concluso ry statement by a physician or mental health professional that an i ndividual is disabled or blind is not s ufficient without supporting medical evidence to establish disability. 20 CFR 416.929.

A set order is used t o 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 in dividual is disabled or not disabled at any point in the review, there will be no fur ther evaluation. 20 CFR 416.920.

If an individual is working and the work is substantial gainful activity, the individual is not disabled regardless of the medical condition, education and work experience. 20 CFR 416.920(c).

If the impairment, or combination of im physical or mental ability to do basic impairment(s) and disability does not exist. Age, education and work experience will not be considered. 20 CFR 416.920.

Statements about p ain or ot her symptoms do n ot alone esta blish disa bility. There must be medical signs and labora tory 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 di sease 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 wit hout significant limitations, he or she is not consider ed disab led. 20 CFR 416.994(b)(1)(iv). Basic work activities are t he abilities and aptitudes nece ssary 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 phy sical and mental activities. 20 CFR 416.913(d).

The residual functional capacity is what an individual can do des pite limitations. All impairments will be considered in addition to ability to meet certain demands of jobs in the national economy. Physical demands, mental demands, sensory requirements and other functions will be evaluated. 20 CFR 416.945(a).

To determine the physical dem ands (exer tional requirem ents) of work in the national economy, we class if jobs as sedentary, light, medium and heavy. These terms have the same meaning as they have in the Dictionary of Occupational Titles, publis hed by the Department of Labor. 20 CFR 416.967. Sedentary work inv olves 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 def ined as o ne which involves s itting, a certain amount of walk ing and standing is often ne cessary in carrying out job duties. Jobs are s edentary if walking and stand ing are required occa sionally and other sedentary criteria are met. 20 CFR 416.967(a). Light work inv olves lifting no more than 20 pounds at a time with frequent lifting or carrying of objects weighing up to 10 pounds. Ev en 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 s ome pushing and pulling of arm or le g controls. 20 CFR 416.967(b). Medium work involv es 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 wor k, we dete rmine that he or she can als o do sedentary and light work. 20 CFR 416.967(c). Heavy wo rk 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).

The Administrative Law Judge is res ponsible for making the determination or decision about whet her the statutory definition of disability is met. The Administrative Law Judge reviews all medi cal find ings and other evidenc e that support a medical source's statement of disability. 20 CFR 416.927(e).

When determining disab ility, the federal regulatio ns require that several considerations be analyzed in sequential or der. If disability can be ruled o ut at any step, analysis of the next step is <u>not</u> required. These steps are:

- Does the client perform Substantial Gainful Activity (SGA)? If yes, the client is ineligible for MA. If no, the analys is continues to Step 2. 20 CFR 416.920(b).
- 2. Does the client have a severe impairment that has lasted or is expect ed to las t 12 months or more or result in deat h? 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 t he client's symptoms, signs, and laboratory findings at least equivalent in sever ity to the set of medical findings specified f or the listed impairment? If no, the analysis c ontinues t o Step 4. If yes, MA is approved. 20 CFR 416.290(d).
- 4. Can the c lient do the former work that he/she performed within the last 15 years? If yes, the client is in eligible for MA. If no, the analysis continues to Step 5. 20 CFR 416.920(e).
- Does the client hav e 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 end s and the client is ineligible for MA. If no, MA is approved. 20 CFR 416.920(f).

Based on Finding of Fact #6-#11 above this Administrative Law Judge answers:

Step 1: No.

Step 2: Yes.

Step 3: Yes. Claimant has s hown, by clear and convincing documentary evidence and credible testimony, his physical impa irments meet or equal Listing 2.02 and Listing 2.04:

**2.02** Loss of Visual Acuit y. Remaining vision in the better eye after best correction is 20/200 or less.

and

**2.04** Loss of visual efficiency. Visual efficiency of the better eye of 20 percent or less after best correction (see 2.00A7c).

Accordingly, this Administrative Law J udge concludes that Claimant is disabled for purposes of the MA program. Conse quently, the department's denial of his June 29, 2011, MA/Retro-MA application cannot be upheld.

# DECISION AND ORDER

The Administrative Law Judge, based upon the above findings of fact and conclusions of law, deci des the department erred in determining Claimant is not currently disabled for MA/Retro-MA eligibility purposes.

Accordingly, the department's decision is **REVERSED**, and it is ORDERED that:

- 1. The department shall proces s Claimant's June 29, 2011, MA/Retro-MA application, and shall award him all the benefits he may be entitled to receive, as long as he meets the remaining financial and non-financial eligibility factors.
- 2. The depar tment shall review Cla imant's medical condition for improvement in October, 2014, unless his Social Securit y Administration disability status is approved by that time.
- 3. The depar tment shall obtain updated medical evidence from Claimant's treating physicians, physical therapists, pain clinic notes, etc. regarding his c ontinued treatment, progress and prognosis at review.

It is SO ORDERED.

/s/ Vicki

L. Armstrong Administrative Law Judge for Maura D. Corrigan, Director Department of Human Services

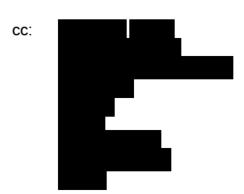
Date Signed: October 5, 2012

Date Mailed: October 8, 2012

## 2012-55364/VLA

**NOTICE**: Administrative Hearings may order a rehearing or reconsideration on either its own motion or at the request of a party wit hin 30 day s of the mailing date of this Decision and Order. Admi nistrative 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 r equest for rehearing was made, within 30 days of the receipt date of the rehearing decision.



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