

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

**IN THE MATTER OF:**

[REDACTED]

Reg. No: 2012-61499

Issue No: 2009

[REDACTED]

**ADMINISTRATIVE LAW JUDGE:** Janice G. Spodarek

**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.

**ISSUE**

Did the Department of Human Services (DHS) properly deny claimant's Medical Assistance (MA) application?

**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 [REDACTED], claimant applied for MA with the Michigan Department of Human Services (DHS).
2. Claimant applied for 3 months of retro MA.
3. On [REDACTED] the MRT denied.
4. On [REDACTED], the DHS issued notice.
5. On [REDACTED] [REDACTED] claimant filed a hearing request.
6. On [REDACTED], the State Hearing Review Team (SHRT) denied claimant.
7. Claimant has an SSI application pending with the Social Security Administration (SSA). Claimant's testimony is that he received a final determination on a previous application in the [REDACTED] prior to his application herein. Claimant has received a final determination from SSI. None of the exceptions apply.

8. Claimant is a [REDACTED] standing 5'7" tall and weighing 254 pounds. Claimant's body mass index (BMI) is 39.8, classifying claimant as morbid obese under the BMI.
9. Claimant does not have an alcohol/drug abuse problem or history. Claimant does not smoke.
10. Claimant does not have a driver's license. Claimant testified he lost his license in [REDACTED] to not paying for tickets.
11. Claimant testified that he has an [REDACTED] [REDACTED]. Contrary information on Exhibit 16 shows claimant has [REDACTED] of education.
12. Claimant is not currently working. Claimant last worked in [REDACTED] as a laborer in construction. Claimant also indicated during the last [REDACTED] he has worked for [REDACTED] in construction.
13. Claimant alleges disability on the basis of seizures, closed head injury and hearing loss.
14. The [REDACTED] SHRT findings and conclusions of its decision are adopted and incorporated by reference herein/to the following extent:

**Medical Summary:**

[REDACTED] (Pg. 28) – brain injury due to motor vehicle accident. [REDACTED] mental exam (Pgs. 36-41) – claimant was friendly and cooperative. He lives with his parents, but is able to help with daily activities. Clothing and hygiene were adequate. His affect was flat. He demonstrated poor to fair insight. His mental activity was somewhat passive. Memory was intact. The examiner was unable to provide a diagnosis. "There was no clear evidence of any significant disorder." [REDACTED] physical exam (Pgs. 30-33) – Claimant complained of head injury; left elbow injury, back pain and deafness in the left ear. Claimant walked with a normal gait. He had a somewhat flat affect. He was able to hear conversational speech. He had severe difficulty squatting and was unable to hop. He complained of balance problems and demonstrated difficulty tandem walking. He had full use of his hands. Range of motion was mildly limited in his lumbar spine and left elbow. He had mild weakness (4/5) in the left arm.

**Analysis:**

The evidence does not establish a mental impairment (no MDI). The evidence indicates a history of physical injuries sustained in an auto accident in [REDACTED] with some residual complaints of pain and imbalance; however, claimant ambulates independently and with a normal gait. His physical exam was within normal limits. He retains the capacity to perform light work. Denied per 202.13 as a guide.

15. In [REDACTED] claimant had ulnar surgery. Evidence indicates this was done on the left hand. Claimant can frequently lift up to 10 pounds. Claimant is capable of light work.
16. Claimant's activities of daily living as indicated on the application forms indicate that claimant engages in many hobbies and activities and is fairly independent with his activities. Claimant hunts, fishes, shops, etc.
17. Claimant lives with his parents who support him.
18. At testimony at the administrative hearing was that claimant's mother usually does many of the household chores, although claimant is capable of engaging in those chores. Claimant testified he does not need any assistance with his bathroom and grooming needs.
19. A [REDACTED] mental assessment evaluation concludes "no clear evidence of any significant Axis I disorder; no clear evidence of significant Axis II disorder." Exhibit 41.

**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 Program Administrative Manual (PAM), the Program Eligibility Manual (PEM) and the Program Reference Manual (PRM).

In order to receive MA benefits based upon disability or blindness, claimant must be disabled or blind as defined in Title XVI of the Social Security Act (20 CFR 416.901). DHS, being authorized to make such disability determinations, utilizes the SSI definition of disability when making medical decisions on MA applications. MA-P (disability), also is known as Medicaid, which is a program designated to help public assistance claimants pay their medical expenses. Michigan administers the federal Medicaid program. In assessing eligibility, Michigan utilizes the federal regulations.

Relevant federal guidelines provide in pertinent part:

"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.

The federal regulations require that several considerations be analyzed in sequential order:

...We follow a set order to determine whether you are disabled. We review any current work activity, the severity of your impairment(s), your residual functional capacity, your past work, and your age, education and work experience. If we can find that you are disabled or not disabled at any point in the review, we do not review your claim further.... 20 CFR 416.920.

Prior to any substantive review, jurisdiction is primary. Applicable to the policy herein, BEM Item 260 indicates that where there is a final SSI determination, that determination is binding on the state agency. Relevant federal regulations are found at 42 CFR Part 435. More specifically, these regulations provide: "if the SSA determination is changed, the new determination is also binding on the agency." 42 CFR 435.541.

In this case, claimant has a new SSI application pending. However, claimant testified that he has received a final determination within 12 months of his application with the DHS at issue herein. Under 42 CFR 435.541, there is no jurisdiction for the undersigned ALJ to proceed. Certainly, however, claimant is entitled to re-apply.

While claimant's testimony is under oath and is to be considered credible unless otherwise disputed, this ALJ as there is no written documentation regarding the exact date of the final determination by the SSA, will apply the sequential analysis in the alternative.

The regulations require that if disability can be ruled out at any step, analysis of the next step is not required. These steps are:

1. If you are working and the work you are doing is substantial gainful activity, we will find that you are not disabled regardless of your medical condition or your age, education, and work experience. 20 CFR 416.920(b). If no, the analysis continues to Step 2.
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 416.909(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 that meets the duration requirement? If no, the analysis continues to Step 4. If yes, MA is approved. 20 CFR 416.920(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. Sections 200.00-204.00(f)?
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? This step considers the residual functional capacity, age, education, and past work experience to see if the client can do other work. If yes, the analysis ends and the client is ineligible for MA. If no, MA is approved. 20 CFR 416.920(g).

At application claimant has the burden of proof pursuant to:

...You must provide medical evidence showing that you have an impairment(s) and how severe it is during the time you say that you are disabled. 20 CFR 416.912(c).

Federal regulations are very specific regarding the type of medical evidence required by claimant to establish statutory disability. The regulations essentially require laboratory or clinical medical reports that corroborate claimant's claims or claimant's physicians' statements regarding disability. These regulations state in part:

...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 sure, X-rays);
- (4) Diagnosis (statement of disease or injury based on its signs and symptoms).... 20 CFR 416.913(b).

...Statements about your pain or other symptoms will not alone establish that you are disabled; there must be medical signs and laboratory findings which show that you have a medical impairment.... 20 CFR 416.929(a).

...The medical evidence...must be complete and detailed enough to allow us to make a determination about whether you are disabled or blind. 20 CFR 416.913(d).

Medical findings consist of symptoms, signs, and laboratory findings:

- (a) **Symptoms** are your own description of your physical or mental impairment. Your statements alone are not enough to establish that there is a physical or mental impairment.
- (b) **Signs** are anatomical, physiological, or psychological abnormalities which can be observed, apart from your statements (symptoms). Signs must be shown by medically acceptable clinical diagnostic techniques. Psychiatric signs are medically demonstrable phenomena which indicate specific psychological abnormalities e.g., abnormalities of behavior, mood, thought, memory, orientation, development, or perception. They must also be shown by observable facts that can be medically described and evaluated.
- (c) **Laboratory findings** are anatomical, physiological, or psychological phenomena which can be shown by the use of a medically acceptable laboratory diagnostic techniques. Some of these diagnostic techniques include chemical tests, electrophysiological studies (electrocardiogram, electroencephalogram, etc.), roentgenological studies (X-rays), and psychological tests. 20 CFR 416.928.

It must allow us to determine --

- (1) The nature and limiting effects of your impairment(s) for any period in question;
- (2) The probable duration of your impairment; and
- (3) Your residual functional capacity to do work-related physical and mental activities. 20 CFR 416.913(d).

Information from other sources may also help us to understand how your impairment(s) affects your ability to work. 20 CFR 416.913(e).

...You can only be found disabled if you are unable 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. See 20 CFR 416.905. Your impairment must result from anatomical, physiological, or psychological abnormalities which are demonstrable by medically acceptable clinical and laboratory diagnostic techniques.... 20 CFR 416.927(a)(1).

It is noted that Congress removed obesity from the Listing of Impairments shortly after the removal of drug addition and alcoholism. This removal reflects the view that there is a strong behavioral component to obesity. Thus, obesity in-and-of itself is not sufficient to show statutory disability.

Applying the sequential analysis herein, claimant is not ineligible at the first step as claimant is not currently working. 20 CFR 416.920(b). The analysis continues.

The second step of the analysis looks at a two-fold assessment of duration and severity. 20 CFR 416.920(c). This second step is a *de minimus* standard. Ruling any ambiguities in claimant's favor, this Administrative Law Judge (ALJ) finds that claimant meets both. The analysis continues.

The third step of the analysis looks at whether an individual meets or equals one of the Listings of Impairments. 20 CFR 416.920(d). Claimant does not. The analysis continues.

The fourth step of the analysis looks at the ability of the applicant to return to past relevant work. This step examines the physical and mental demands of the work done by claimant in the past. 20 CFR 416.920(f).

In this case, this ALJ finds that claimant cannot return to past relevant work on the basis of the medical evidence. The analysis continues.

The fifth and final step of the analysis applies the biographical data of the applicant to the Medical Vocational Grids to determine the residual functional capacity of the applicant to do other work. 20 CFR 416.920(g). After a careful review of the credible and substantial evidence on the whole record, this Administrative Law Judge concurs with the SHRT decision in finding claimant not disabled pursuant to Medical Vocational Grid Rule 202.13 as a guide.

In reaching this conclusion, it is noted that claimant's mental status exam found "no clear evidence of any significant Axis I and Axis II disorder(s)." Exhibit 41.

It is also noted that claimant engages in many activities of daily living and hobbies including fishing, hunting, etc. Testimony at the administrative hearing was that claimant lives with his parents, and his parents support him. However, while claimant's mother does many of the household chores, testimony was that claimant is certainly capable of engaging in the same. Claimant does not need any assistance with his bathroom and grooming needs.

Despite ulnar surgery in 2011, claimant is capable of lifting frequently 10 pounds. The functional capacity of claimant's medical assessments indicates that claimant is capable of doing light work.

The 6<sup>th</sup> Circuit has held that subjective complaints are inadequate to establish disability when the objective evidence fails to establish the existence of severity of the alleged pain. *McCormick v Secretary of Health and Human Services*, 861 F2d 998, 1003 (6<sup>th</sup> cir 1988).

Claimant has the burden of proof from Step 1 to Step 4. 20CFR 416.912(c). Federal and state law is quite specific with regards to the type of evidence sufficient to show statutory disability. 20 CFR 416.913. This authority requires sufficient medical evidence to substantiate and corroborate statutory disability as it is defined under federal and state law. 20 CFR 416.913(b), .913(d), and .913(e); BEM 260. These medical findings must be corroborated by medical tests, labs, and other corroborating medical evidence that substantiates disability. 20 CFR 416.927, .928. Moreover, complaints and symptoms of pain must be corroborated pursuant to 20 CFR 416.929(a), .929(c)(4), and .945(e). Claimant's medical evidence in this case, taken as a whole, simply does not rise to statutory disability by meeting these federal and state requirements. 20 CFR 416.920; BEM 260, 261.

For these reasons and for the reasons stated above, statutory disability is not shown.

### **DECISION AND ORDER**

The Administrative Law Judge, based upon the above findings of fact and conclusions of law, decides that the department's actions were correct.

Accordingly, the department's determination in this matter is **UPHELD**.

/s/ \_\_\_\_\_  
Janice G. Spodarek  
Administrative Law Judge  
for Maura D. Corrigan, Director  
Department of Human Services

Date Signed: [REDACTED]

Date Mailed: [REDACTED]

**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 mailing date of the rehearing decision.

JGS/jk

cc:



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