

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

IN THE MATTER OF:

[REDACTED]

Reg. No.: 2012 66365
Issue No.: 2009
Case No.: [REDACTED]
Hearing Date: November 8, 2012
DHS County: Oakland (02)

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, a telephone hearing was held in Detroit, Michigan, on November 8, 2012. The Claimant appeared and testified. [REDACTED] appeared as a witness for the Claimant. [REDACTED] ES, 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") 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 for public assistance seeking MA-P benefits on May 10, 2012.
2. On June 19, 2012 the Medical Review Team ("MRT") found the Claimant not disabled. (Exhibit 1)
3. The Department notified the Claimant of the MRT determination on June 27, 2012.
4. On July 23, 2012, the Department received the Claimant's timely written request for hearing.

5. On September 10, 2012 the State Hearing Review Team (“SHRT”) found the Claimant not disabled. (Exhibit 2)
6. An Interim Order was issued on November 14, 2012 to obtain new medical evidence and updated medical examinations records. The new evidence was submitted to the State Hearing Review Team on December 10, 2012.
7. On January 22, 2013 the State Hearing Review Team found the Claimant not disabled.
8. The Claimant alleges physical disabling impairments due to Crohn’s Disease, ulcerative colitis, rheumatoid arthritis, and multifactorial anemia with intermittent iron deficiency.
9. The Claimant has not alleged any mental disabling impairment.
10. At the time of hearing, the Claimant was [REDACTED] years old with a [REDACTED] birth date. Claimant is 5’7” in height; and weighed 149 pounds.
11. The Claimant has a high school education and an employment history working as a camp counselor for the summer months in [REDACTED]
12. The Claimant’s physical impairments have lasted or are expected to continue to last for 12 months or more duration.

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 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). 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 Crohn's Disease, ulcerative colitis, rheumatoid arthritis, and multifactorial anemia with intermittent iron deficiency.

Medical evidence produced at the hearing and new medical evidence follows.

On [REDACTED] a Medical Examination Report was completed by Claimant's treating rheumatologist. The Claimant has been seeing this doctor since 2009. The diagnosis at the time of the exam was spondyloarthropathy and Crohn's Disease. The report notes that Claimant's condition was stable and that limitations were imposed. The limitations noted on the report were evaluated as expected to last more than 90 days and were as follows: frequently lifting less than 10 pounds, occasionally 10 pounds never more than 10 pounds; stand or walk for less than 2 hours in an 8 hour work day; sit about 6 hours; no restrictions regarding use of extremities for repetitive actions and that Claimant could meet her needs in the home.

Spondyloarthropathy (also known as spondyloarthritis) refers to a group of inflammatory rheumatic diseases with common characteristics that can include [inflammation](#) of the spine, eye, gastrointestinal tract, and skin. Other joints can be involved, as can tendons and ligaments near the spine or affected joint.

On [REDACTED] the Claimant was seen by her rheumatologist with the impression of spondyloarthropathy related to Crohn's disease, back pain with MRI findings of bone marrow edema involving bilateral sacroiliac joints. Noted pain free on Embrel.

On [REDACTED] the Claimant's pediatrician, also a treating physician, completed a Medical Examination Report. The report noted that the Claimant was stable, and imposed the following limitations: frequently lifting less than 10 pounds, occasionally 10 pounds never more than 10 pounds; stand or walk for about 6 hours in an 8 hour work day; sit less than 6 hours in an 8 hour work day; no restrictions regarding use of extremities for repetitive actions and that Claimant could meet her needs in the home. The diagnosis was Crohn's disease diagnosed at [REDACTED] years of age based on history, sacroiliitis diagnosed at [REDACTED] years of age via MRI, and chronic anemia secondary to Crohn's disease. The doctor also opined in a separate note that the Claimant's condition is chronic and lifelong, affects her ability to function and requires ongoing medical care.

On [REDACTED] The Claimant was seen by another treating doctor who was a gastroenterologist. The report notes some improvement after a pouch endoscopy in July. The report notes an ulcer at the pouch anus anastomosis, which may be chronic.

This evaluation was completed diagnosing Crohn's disease. The evaluating doctor defers to the evaluation of the Claimant's rheumatologist (referenced above). It notes improvement and that Claimant will need to use the bathroom more urgently and frequently during times of Crohn's relapses. A prior visit on [REDACTED] notes that an upper endoscopy and colonoscopy were performed and noted ulceration at the anastomosis between the pouch and anus. The increase in bowel movements was noted with blood seen on toilet paper after each bowel movement. Report notes she has anal pain on a 5 level. Further report of abdominal pain after each meal for 15 to 20 minutes. Increase in hip pain is noted. The Claimant was prescribed Cipro.

On [REDACTED] The Claimant was seen by the doctor treating her for multifactorial anemia with intermittent iron deficiency secondary to Crohn's and anemia of chronic inflammation. The doctor's visit was a follow up from [REDACTED] visit. The doctor recommended iron infusion.

A prior visit for treatment of anemia was conducted in [REDACTED] after Claimant had developed a MRSA infection in her foot and severe cellulitis for which she was hospitalized. The report notes that the Claimant also developed a severe case of mononucleosis. At the time of the doctor's visit the Claimant was very fatigued and her inflammatory bowel disease was a little worse. An iron infusion was prescribed.

The Claimant was admitted to the hospital with right foot cellulitis on [REDACTED]. Prior to consult the Claimant was experiencing right foot pain and developed a small lump on the lateral aspect of her right foot with serious drainage and intensifying pain with fever of 102° and cough. After admission the Claimant's fever rose to 103° and worsened with intensifying pain and nausea and bouts of vomiting. The Claimant was treated for a viral infection and mononucleosis.

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 impairments due to Crohn's Disease, ulcerative colitis, rheumatoid arthritis, and multifactorial anemia with intermittent iron deficiency.

Listing 14.00 Immune System Disorders, specifically 14.09 Inflammatory Arthritis; Hematological Disorders, specifically 7.02 Chronic Anemia and 15.00 Digestive System Disorders, specifically 5.06 Inflammatory Bowel Disease were reviewed and ultimately it was determined that the Claimant's medical impairments did not meet any of the listings.

The fourth step in analyzing a disability claim requires an assessment of the Claimant's 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 working as a camp counselor in the summer. As such she was active much of the day walking, swimming, standing and sitting. Most of the Claimant's time on the job required constant physical activity which is the nature of summer camp employment. 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 during her work as a summer camp counselor her diarrhea worsened and her job was interrupted due to visits to doctors. The Claimant took medications every day for pain control. During this period the Claimant had a foot infection cellulitis requiring hospitalization and she also contracted mononucleosis. The

Claimant indicated that the job was fatiguing and the Claimant had difficulty sustaining the job full time. The Claimant also credibly testified that her pain, both abdominal and back pain, is better controlled with pain medications but due to colitis and removal of her small intestine and Crohn's disease she continues to have periods of flare up. Recently the Claimant has experienced pain in her elbows and feet. The Claimant said she could carry 10 pounds a short distance and could pick up 5 pounds and put it on the counter. Claimant said she could sit while resting 1 to 2 hours and could stand a few hours.

The objective medical evidence consisting of evaluations by Claimant's treating primary rheumatologist who has cared for her since 2009 has limited the Claimant to less than sedentary work. The Clinical impression was that the Claimant was stable. The examiner/treating physician imposed the following restrictions: That Claimant could lift less than 10 pounds occasionally and never more than 10 pounds. The Claimant could stand and/or walk less than 2 hours in an 8 hour work day. The report noted that the Claimant could use her hands or arms for simple grasping, reaching, pushing, pulling or fine manipulation. The findings were based on an MRI finding of bone marrow edema involving bilateral sacroiliac joints.

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; 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). The Claimant is [REDACTED] years old and, thus, is considered to be a younger individual for MA 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's medical conditions have persisted since age [REDACTED] and include Crohn's Disease, ulcerative colitis, rheumatoid arthritis, and multifactorial anemia with intermittent iron deficiency. Under 20 CDF§ 404.1527(d)(2), the medical conclusion 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. Deference was given to the tests and observations of the Claimant's treating physician.

In this case the evidence and objective findings reveal that the Claimant suffers from physical disabling impairments due to Crohn's Disease, ulcerative colitis, rheumatoid arthritis, and multifactorial anemia with intermittent iron deficiency.

The objective medical evidence provided by the Claimant's treating rheumatologist and her history of Crohn's disease place the Claimant at the less than sedentary activity level. The total impact caused by the physical impairment 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 impact on her ability to perform basic work activities. Accordingly, it is found that the Claimant is unable to perform the full range of activities for even sedentary work as defined in 20 CFR 416.967(a). After review of the entire record, and in consideration of the Claimant's age, education, work experience and residual functional capacity 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 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 Department is ordered to initiate processing of the Claimant's MA-P, and application dated May 10, 2012 and award required benefits, provided Claimant meets all non-medical eligibility requirements.

2. The Department shall initiate review of the Claimant's disability case in February, 2014 in accordance with Department policy.



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

Date Signed: February 13, 2013

Date Mailed: February 13, 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 at
Michigan Administrative Hearings
Reconsideration/Rehearing Request
P. O. Box 30639
Lansing, Michigan 48909-07322

2012-66365/LMF

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cc:

