

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

IN THE MATTER OF:

[REDACTED]

Reg. No.: 2012-75226
Issue No.: 2009; 4031
Case No.: [REDACTED]
Hearing Date: December 13, 2012
County: Macomb-36

ADMINISTRATIVE LAW JUDGE: Vicki L. Armstrong

HEARING DECISION

This matter is before the undersigned Administrative Law Judge upon Claimant's request for a hearing made pursuant to Michigan Compiled Laws 400.9 and 400.37, which govern the administrative hearing and appeal process. After due notice, a telephone hearing was commenced on December 13, 2012, from Lansing, Michigan. Claimant, accompanied by her parents, personally appeared and testified. Participants on behalf of the Department of Human Services (Department) included JET Worker [REDACTED] and Eligibility Specialist [REDACTED].

During the hearing, Claimant waived the time period for the issuance of this decision in order to allow for the submission of additional medical evidence. The new evidence was forwarded to the State Hearing Review Team ("SHRT") for consideration. On May 3, 2012, the SHRT found Claimant was not disabled. This matter is now before the undersigned for a final decision.

ISSUE

Whether the Department of Human Services (the department) properly denied Claimant's application for Medical Assistance (MA-P), Retro-MA and State Disability Assistance (SDA)?

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 May 30, 2012, Claimant filed an application for MA -P/Retro-MA and SDA benefits alleging disability.
- (2) On July 31, 2012, the Medical Review Team (MRT) denied Claimant's application for MA-P and Retro-MA indicating that she was capable of performing other work pursuant to 20 CFR 416.920(f). (Depart Ex. A, pp 10-11).

- (3) On August 21, 2012, the department caseworker sent Claimant notice that her application was denied.
- (4) On October 27, 2012, Claimant filed a request for a hearing to contest the department's negative action.
- (5) On October 16, 2012, the State Hearing Review Team (SHRT) found Claimant was not disabled and retained the capacity to perform a wide range of light, unskilled work. (Depart Ex. B, pp 1-2).
- (6) Claimant has a history of depression, anxiety, obsessive-compulsive disorder, neurofibromatosis, headaches, and osteomyelitis.
- (7) Claimant is a 22 year old woman whose birthday is [REDACTED] Claimant is 5'2" tall and weighs 160 lbs. Claimant completed high school.
- (8) Claimant has never worked, never had a driver's license and has never driven.
- (9) Claimant was awaiting the results of her Social Security disability benefits hearing from December 19, 2012.

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, (DHS or department), 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 Reference Tables Manual (RFT).

The State Disability Assistance (SDA) program which provides financial assistance for disabled persons is established by 2004 PA 344. The Department of Human Services (DHS or department) administers the SDA program pursuant to MCL 400.10, *et seq.*, and Mich Admin Code, Rules 400.3151-400.3180. Department policies are found in the Bridges Administrative Manual (BAM), the Bridges Eligibility Manual (BEM) and the Reference Tables Manual (RFT).

Current legislative amendments to the Act delineate eligibility criteria as implemented by department policy set forth in program manuals. 2004 PA 344, Sec. 604, establishes the State Disability Assistance program. It reads in part:

Sec. 604 (1). The department shall operate a state disability assistance program. Except as provided in subsection (3), persons eligible for this program shall include needy citizens of the United States or aliens exempt from the Supplemental Security Income citizenship requirement who are at least 18 years of age or emancipated minors meeting one or more of the following requirements:

(b) A person with a physical or mental impairment which meets federal SSI disability standards, except that the minimum duration of the disability shall be 90 days. Substance abuse alone is not defined as a basis for eligibility.

Specifically, this Act provides minimal cash assistance to individuals with some type of severe, temporary disability which prevents him or her from engaging in substantial gainful work activity for at least ninety (90) days.

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 an 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, Claimant is not involved in substantial gainful activity and testified that she has never worked. Therefore, she is not disqualified from receiving disability benefits under Step 1.

The severity of the individual's alleged impairment(s) is considered under Step 2. The individual 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).

In the present case, Claimant alleges disability due to depression, anxiety, obsessive-compulsive disorder, neurofibromatosis, headaches, and osteomyelitis.

On January 20, 2012, Claimant was referred to a neurologist by her treating physician. Based on the exam, Claimant has significant inability to flex or extend her left ankle due to past surgeries. She also had 3+/5 left knee flexion strength. Otherwise, her strength was full throughout her extremities. She also had increased pinprick sensation to the left lower extremity distal to her knee when compared to her other extremities and impaired left great toe vibratory sense to 15 seconds. Otherwise, her sensation to those modalities as well as joint position was intact throughout. The bone scan on 1/10/12 showed suggested osteomyelitis in the proximal left tibia with mild 3 phase uptake. She also had an MRI of her brain to evaluate her history of neurofibromatosis which was unremarkable. Claimant was diagnosed with left leg osteomyelitis, a history of neurofibromatosis and headaches. She was instructed to see an infectious disease specialist regarding her bone scan findings as soon as possible.

On February 18, 2012, a CT Lower Extremity without IV Contrast revealed severely osteopenic bones, limiting assessment for lucient lesions or nondisplaced fracture. There was also anteromedial fusion of the tibiotalar joint, which may be congenital, post-traumatic or postsurgical, and the absence of the proximal fibula was again identified.

On March 30, 2012, Claimant underwent a psychological evaluation by the [REDACTED] [REDACTED]. Claimant walked with a slight limp and her left leg and foot turned out slightly to the side. She did not use any means of external support. She made good eye contact. Her speech was clear and articulate. She was somewhat giggly and slightly immature in her overall presentation but able to give a logical sequential history. She complained of feeling anxious outside of the house about germs and likes to wear gloves but did not seem anxious or distracted with the examiner. The psychologist opined that Claimant is not currently presenting with any significant psychiatric symptoms, depression, anxiety, disturbance of thought or difficulties with memory, or concentration that would affect her ability to do work related activities or appropriately interact with others in a social or work environment. She complains of OCD and compulsive hand washing although this does not appear to significantly interfere with her ability to function outside of the home. Diagnosis: Axis I: OCD, mild, managed with medication; Axis II: None; Axis III: Neurofibromatosis type 1; Axis IV: Unemployment, need for vocational training; Axis V: GAF=60. Prognosis is fair.

On July 12, 2012, Claimant's treating psychiatrist completed a psychiatric evaluation on behalf of the department. Claimant was accompanied by her parents. Her behavior was somewhat childlike. She was in special education and had no work history. She has a long history of mood swings, periods of depression with suicidal ideation. She

also has irritable moods where she will get angry, yell, scream and swear. She has anxiety symptoms, panic attacks and compulsive hand washing. Her speech is clear. Thought processes were goal directed. Her mood is a little expansive. Her affect is appropriate to thought content. She denies suicidal and homicidal ideation. No perceptual disturbances. She was alert and oriented. Her memory was grossly intact. Her fund of knowledge was less than her educational level. Her insight and judgment are impaired. She requires some assistance with her daily activities. She has problems with her gait from multiple surgeries. Diagnosis: Axis I: Bipolar Disorder; Obsessive Compulsive Disorder; Learning Disorder; Axis II: Borderline IQ; Axis III: Neurofibromatosis; Headaches; Axis IV: Financial; Occupational; Social; Problems with access to healthcare. Axis V: GAF=55. According to her Mental Residual Functional Capacity Assessment, Claimant was markedly limited in her ability to maintain attention and concentration for extended periods; perform activities within a schedule, maintain regular attendance, and to be punctual within customary tolerances; sustain an ordinary routine without supervision; complete a normal workday and worksheet without interruptions from psychologically based symptoms and to perform at a consistent pace without an unreasonable number and length of rest periods; travel in unfamiliar places or use public transportation and to set realistic goals or make plans independently of others.

On July 21, 2012, Claimant's treating physician completed a Medical Examination Report. Claimant has neurofibromatosis, chronic left leg pain, depression, anxiety and hypertriglyceridemia. Claimant ambulates slowly. She wears glasses due to corrective eye surgery. She has chronic left leg pain due to osteomyelitis. The physician opined that Claimant's condition is deteriorating.

On March 19, 2013, Claimant underwent a neurological evaluation on behalf of the [REDACTED] [REDACTED] [REDACTED]. Claimant presented with neurofibromatosis, depression, anxiety and leg pain. She had a fracture of the left tibia in the 6th grade, for which she had surgery, and again in the 9th grade. She stated she has pain in the left ankle, in the front of the left tibia. If she stands too long or walks too long, the pain gets worse, even when sitting for too long. She had a lengthening procedure done in the past. She also has weakness of the left leg and difficulty moving the left leg. She cannot stand on her heels or toes on the left side. She complained of daily headaches, lasting an hour or so with sharp pains. She also has pain in the lower back with stiffness. She has atrophy of the left foot and left calf. She also presented with decreased range of motion in the left ankle. She cannot walk on her heels and toes. She was able to do a tandem gait. She was able to get up from a squatting position. Straight leg raising was negative. She has an unpredictable gait. Impression was a history of neurofibromatosis. Visual acuity without glasses is 20/200 bilaterally and with glasses, 20/50 bilaterally. According to the Medical Source Statement of Ability to do Work-Related Activities, Claimant can frequently lift/carry 10 pounds and occasionally lift/carry 11-20 pounds and sit for two hours and stand/walk for one hour without interruption. During an 8 hour work day, Claimant can sit for 5 hours and stand/walk for 2 hours. Claimant is unable to use her left foot to operate foot controls. She is unable to climb ladders or scaffolds and could occasionally climb stairs and ramps, balance, stoop, kneel, crouch and crawl. She can never work from unprotected heights and occasionally could work near moving mechanical parts, in extreme cold, in extreme heat

and near vibrations. She could frequently operate a motor vehicle, work in humidity and wetness, or near dust, odors, fumes and pulmonary irritants in addition to loud, heavy traffic. The examining physician opined that the limitations have lasted or will last for 12 consecutive months.

As previously noted, Claimant bears the burden to present sufficient objective medical evidence to substantiate the alleged disabling impairment(s). As summarized above, Claimant has presented some limited medical evidence establishing that she does have some physical limitations on her ability to perform basic work activities. The medical evidence has established that Claimant has an impairment, or combination thereof, that has more than a *de minimis* effect on Claimant's basic work activities. Further, the impairments have lasted continuously for twelve months; therefore, 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 individual's impairment, or combination of impairments, is listed in Appendix 1 of Subpart P of 20 CFR, Part 404. Claimant has alleged physical and mental disabling impairments due to depression, anxiety, obsessive-compulsive disorder, neurofibromatosis, headaches, and osteomyelitis.

Listing 1.00 (musculoskeletal system) and Listing 12.00 (mental disorders) were considered in light of the objective evidence. Based on the foregoing, it is found that Claimant's impairment(s) does not meet the intent and severity requirement of a listed impairment; therefore, Claimant cannot be found disabled at Step 3. Accordingly, Claimant's eligibility is considered under Step 4. 20 CFR 416.905(a).

The fourth step in analyzing a disability claim requires an assessment of the individual's residual functional capacity ("RFC") and past relevant employment. 20 CFR 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 functioning 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.*

Claimant has no history of employment. As such, there is no past work for her to perform, nor are there past work skills to transfer to other work occupations. Accordingly, Step 5 of the sequential analysis is required.

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). See *Felton v DSS* 161 Mich. App 690, 696 (1987). Once Claimant reaches Step 5 in the sequential review process, Claimant has already established a *prima facie* case of disability. *Richardson v Secretary of Health and Human Services*, 735 F2d 962 (6th Cir, 1984). At that point, the burden of

proof is on the state to prove by substantial evidence that Claimant has the residual functional capacity for substantial gainful activity.

After a careful review of the credible and substantial evidence on the whole record, this Administrative Law Judge finds that Claimant's exertional and non-exertional impairments render Claimant unable to engage in a full range of even sedentary work activities on a regular and continuing basis. 20 CFR 404, Subpart P, Appendix 11, Section 201.00(h). See Social Security Ruling 83-10; *Wilson v Heckler*, 743 F.2d 216 (1986).

Claimant's treating psychiatrist opined that her fund of knowledge was less than her educational level. Her insight and judgment are impaired. She requires some assistance with her daily activities. She has problems with her gait from multiple surgeries. In addition, according to her Mental Residual Functional Capacity Assessment, Claimant was markedly limited in her ability to maintain attention and concentration for extended periods; perform activities within a schedule, maintain regular attendance, and to be punctual within customary tolerances; sustain an ordinary routine without supervision; complete a normal workday and worksheet without interruptions from psychologically based symptoms and to perform at a consistent pace without an unreasonable number and length of rest periods; travel in unfamiliar places or use public transportation and to set realistic goals or make plans independently of others. Claimant's treating physician opined that Claimant's condition is deteriorating. Claimant ambulates slowly. She has chronic left leg pain due to osteomyelitis. An independent medical exam showed Claimant has atrophy of the left foot and left calf. She has decreased range of motion in the left ankle. She cannot walk on her heels and toes and has an unpredictable gait. The bone scan on 1/10/12 showed suggested osteomyelitis in the proximal left tibia with mild 3 phase uptake. Claimant has significant inability to flex or extend her left ankle due to past surgeries. She also had increased pinprick sensation to the left lower extremity distal to her knee when compared to her other extremities and impaired left great toe vibratory sense to 15 seconds. This evidence, as already noted, does rise to statutory disability. It is noted that at review claimant's surgery will be assessed as controlling with regards to continuing eligibility.

DECISION AND ORDER

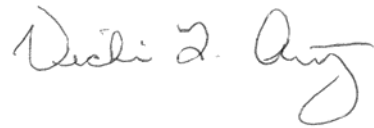
The Administrative Law Judge, based upon the above findings of fact and conclusions of law, decides the department erred in determining Claimant is not currently disabled for MA/Retro-MA and SDA eligibility purposes.

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

1. The department shall process Claimant's May 30, 2012, MA/Retro-MA and SDA 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 department shall review Claimant's medical condition for improvement in June, 2014, unless his Social Security Administration disability status is approved by that time.
3. The department shall obtain updated medical evidence from Claimant's treating physicians, physical therapists, pain clinic notes, etc. regarding his continued treatment, progress and prognosis at review.

It is SO ORDERED.



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

Date Signed: June 7, 2013

Date Mailed: June 7, 2013

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.

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.

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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

VLA/las

cc:

