

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

IN THE MATTER OF:



Reg. No.: 201321513
Issue No.: 2009
Case No.: [REDACTED]
Hearing Date: March 11, 2013
County: Wayne DHS (19)

ADMINISTRATIVE LAW JUDGE: Christian Gardocki

HEARING DECISION

This matter is before the undersigned Administrative Law Judge pursuant to MCL 400.9 and MCL 400.37 following Claimant's request for a hearing. After due notice, an in-person hearing was held on March 11, 2013, from Inkster, Michigan. Participants included the above-named claimant. [REDACTED] testified and appeared as Claimant's authorized hearing representative. Participants on behalf of Department of Human Services (DHS) included [REDACTED] Specialist.

ISSUE

The issue is whether DHS properly denied Claimant's application for Medical Assistance (MA) on the basis that Claimant is not a disabled individual.

FINDINGS OF FACT

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

1. On 7/26/12, Claimant applied for MA benefits, including retroactive MA benefits from 6/2012.
2. Claimant's only basis for MA benefits was as a disabled individual.
3. On 10/9/12, the Medical Review Team (MRT) determined that Claimant was not a disabled individual (see Exhibits 7-8).
4. On 10/11/12, DHS denied Claimant's application for MA benefits and mailed a Notice of Case Action (Exhibits 5-6) informing Claimant of the denial.

5. On 12/14/12, Claimant requested a hearing (see Exhibit 2) disputing the denial of MA benefits.
6. On 2/14/13, the State Hearing Review Team (SHRT) determined that Claimant was not a disabled individual (see Exhibits 81-82), in part, by application of Medical-Vocational Rule 202.13.
7. On 3/11/12, an administrative hearing was held.
8. Following the hearing, Claimant presented new medical documents (Exhibits A1-A10).
9. The new medical documents were forwarded to SHRT.
10. On 5/10/13, SHRT determined that Claimant was not a disabled individual, in part, by application of Medical-Vocational Rule 202.14.
11. As of the date of the administrative hearing, Claimant was a [REDACTED] year old male with a height of 6'1" and weight of 270 pounds.
12. Claimant has no known relevant history of tobacco, alcohol or illegal substance abuse.
13. Claimant's highest education year completed was the 12th grade.
14. As of the date of the administrative hearing, Claimant had no medical coverage.
15. Claimant alleged disability based on impairments and issues including: hypertension (HTN), back problems and cardiac problems.

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). DHS (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 Manual (BAM), the Bridges Eligibility Manual (BEM) and the Reference Tables Manual (RFT).

Prior to a substantive analysis of Claimant's hearing request, it should be noted that the request noted that Claimant required special arrangements to participate in the administrative hearing. The request noted that an in-person hearing was requested. Claimant's request was granted.

MA provides medical assistance to individuals and families who meet financial and nonfinancial eligibility factors. The goal of the MA program is to ensure that essential

health care services are made available to those who otherwise would not have financial resources to purchase them.

The Medicaid program is comprised of several sub-programs which fall under one of two categories; one category is FIP-related and the second category is SSI-related. BEM 105 at 1. To receive MA under an SSI-related category, the person must be aged (65 or older), blind, disabled, entitled to Medicare or formerly blind or disabled. *Id.* Families with dependent children, caretaker relatives of dependent children, persons under age 21 and pregnant, or recently pregnant, women receive MA under FIP-related categories. *Id.* AMP is an MA program available to persons not eligible for Medicaid through the SSI-related or FIP-related categories though DHS does always offer the program to applicants. It was not disputed that Claimant's only potential category for Medicaid eligibility would be as a disabled individual.

Disability for purposes of MA benefits is established if one of the following circumstances applies (see BEM 260 at 1-2):

- by death (for the month of death);
- the applicant receives Supplemental Security Income (SSI) benefits;
- SSI benefits were recently terminated due to financial factors;
- the applicant receives Retirement Survivors and Disability Insurance (RSDI) on the basis of being disabled; or
- RSDI eligibility is established following denial of the MA benefit application (under certain circumstances).

There was no evidence that any of the above circumstances apply to Claimant. Accordingly, Claimant may not be considered for Medicaid eligibility without undergoing a medical review process which determines whether Claimant is a disabled individual. *Id.* at 2.

Generally, state agencies such as DHS must use the same definition of SSI disability as found in the federal regulations. 42 CFR 435.540(a). Disability is federally defined as the inability to do any substantial gainful activity (SGA) 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 functionally identical definition of disability is found under DHS regulations. BEM 260 at 8.

Substantial gainful activity means a person does the following:

- Performs significant duties, and
- Does them for a reasonable length of time, and
- Does a job normally done for pay or profit. *Id.* at 9.

Significant duties are duties used to do a job or run a business. *Id.* They must also have a degree of economic value. *Id.* The ability to run a household or take care of oneself does not, on its own, constitute substantial gainful activity. *Id.*

The person claiming a physical or mental disability has the burden to establish a disability 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).

Federal regulations describe a sequential five step process that is to be followed in determining whether a person is disabled. 20 CFR 416.920. If there is no finding of disability or lack of disability at each step, the process moves to the next step. 20 CFR 416.920 (a)(4).

The first step in the process considers a person's current work activity. 20 CFR 416.920 (a)(4)(i). A person who is earning more than a certain monthly amount is ordinarily considered to be engaging in SGA. The monthly amount depends on whether a person is statutorily blind or not. The 2011 monthly income limit considered SGA for non-blind individuals is \$1,000. The 2012 income limit is \$1010/month.

In the present case, Claimant denied having any employment since the date of the MA application; no evidence was submitted to contradict Claimant's testimony. Without ongoing employment, it can only be concluded that Claimant is not performing SGA. It is found that Claimant is not performing SGA; accordingly, the disability analysis may proceed to step two.

The second step in the disability evaluation is to determine whether a severe medically determinable physical or mental impairment exists to meet the 12 month duration requirement. 20 CFR 416.920 (a)(4)(ii). The impairments may be combined to meet the severity requirement. If a severe impairment is not found, then a person is deemed not disabled. *Id.*

The impairments must significantly limit a person's basic work activities. 20 CFR 416.920 (a)(5)(c). "Basic work activities" refers to the abilities and aptitudes necessary to do most jobs. *Id.* Examples of basic work activities include:

- physical functions (e.g. walking, standing, sitting, lifting, pushing, pulling, reaching, carrying, or handling)
- capacities for seeing, hearing, and speaking, understanding; carrying out, and remembering simple instructions
- use of judgment
- responding appropriately to supervision, co-workers and usual work situations; and/or
- dealing with changes in a routine work setting.

Generally, federal courts have imposed a de minimus standard upon claimants to establish the existence of a severe impairment. *Grogan v. Barnhart*, 399 F.3d 1257,

1263 (10th Cir. 2005); *Hinkle v. Apfel*, 132 F.3d 1349, 1352 (10th Cir. 1997). *Higgs v Bowen*, 880 F.2d 860, 862 (6th Cir. 1988). Similarly, Social Security Ruling 85-28 has been interpreted so that a claim may be denied at step two for lack of a severe impairment only when the medical evidence establishes a slight abnormality or combination of slight abnormalities that would have no more than a minimal effect on an individual's ability to work even if the individual's age, education, or work experience were specifically considered. *Barrientos v. Secretary of Health and Human Servs.*, 820 F.2d 1, 2 (1st Cir. 1987). Social Security Ruling 85-28 has been clarified so that the step two severity requirement is intended "to do no more than screen out groundless claims." *McDonald v. Secretary of Health and Human Servs.*, 795 F.2d 1118, 1124 (1st Cir. 1986).

SSA specifically notes that age, education, and work experience are not considered at the second step of the disability analysis. 20 CFR 416.920 (5)(c). In determining whether Claimant's impairments amount to a severe impairment, all other relevant evidence may be considered.

It should be noted that Claimant verified that he was certified as disabled by the Railroad Retirement Board as of 3/2012 (see Exhibits A5-A7), a date prior to his application for MA benefits. Claimant's AHR contended that the disability determination, by itself, establishes proof of disability for purposes of Medicaid. There is no known DHS or federal regulation that makes a Railroad Retirement Board determination of disability binding on DHS. Accordingly, a disability analysis is required. The analysis will begin with the relevant submitted medical documentation.

Hospital documents (Exhibits 53-60; 69-71; 76) from an admission dated [REDACTED] were presented. It was noted that Claimant presented with complaints of back pain after falling 10 feet off of a ladder. It was noted that Claimant reported his pain was worse while standing. Radiology of Claimant's lumbrosacal spine and thoracic spine were taken. A final diagnosis of acute L1 compression fracture was noted. It was noted that Claimant received a prescription for Norco (325 mg) upon discharge.

Hospital documents (Exhibits 44-52) from an admission dated [REDACTED] were presented. It was noted that Claimant presented with complaints of pain and stiffness in his back. It was noted that Claimant had poor core strength. It was noted that Claimant had difficulty with prolonged standing or walking. It was noted that therapeutic exercises were recommended. It was noted that a therapy goal was to lift 10-25 pounds in 6-8 weeks. It was noted that Claimant was discharged on [REDACTED].

An unsigned physician letter (Exhibit 75) dated [REDACTED] was presented. The letter was from a self-proclaimed orthopedic specialist. It was noted that Claimant was being seen for an L1 compression fracture and L5-S1 spondylolisthesis. It was noted that Claimant showed significant improvement over the last 3-4 weeks. It was noted that Claimant remained active with a home exercise program and that he used a trainer at the [REDACTED]. It was noted that Claimant discontinued pain medications except for Motrin on days that he is more symptomatic. It was noted that Claimant had 5/5 strength in lower

extremities. It was noted that Claimant planned on returning to work on [REDACTED] though it was noted on [REDACTED] (see Exhibit A4) that Claimant was unable to return to work. Letters (Exhibits 71-74) from the prior six months from the specialists were also presented; the letters generally showed a progression of improvement in Claimant's activities.

Hospital documents (Exhibits 23-29; 41-42; 61-64) from an admission dated [REDACTED]. It was noted that Claimant had exposure to smoke inhalation on [REDACTED]. It was noted that following the exposure, Claimant presented with complaints of chest pain and shortness of breath. It was noted that Claimant's ejection fraction was 39%. A cardiac catheterization report noted that an EKG was normal. It was noted that rare premature ventricular contractions were noted.

Hospital documents (Exhibits 21-22; 32-37) dated [REDACTED] were presented. It was noted that Claimant presented with chest pain and shortness of breath. It was noted that a recent stress test showed no evidence of ischemia. It was noted that Claimant returned to work yesterday but that Claimant thought that he should not have to return. It was noted that Claimant would need an EKG in three months to follow-up on cardiomyopathy. Radiology reports noted various impressions including: mild anterior wedging of the T12 vertebrae and cardiomegaly with mild central vascular congestion.

Treating cardiologist documents (Exhibits 17-20) dated [REDACTED] were presented. It was noted that Claimant reported muscle fatigue, shortness of breath, excessive sweating, dry cough and a lack of energy though no chest discomfort. It was noted that Claimant exercised and that this was good for Claimant's heart and to reduce obesity. It was also noted that Claimant had symptoms including: shortness of breath, dry cough and excessive sweating. It was further noted that Claimant was limited to 1-2 blocks of walking. An assessment of moderately severe left ventricular systolic dysfunction was noted.

An unsigned physician letter (Exhibit A3) dated [REDACTED] was presented. The letter was from a self-proclaimed orthopedic specialist. It was noted that Claimant reported ongoing discomfort with his lower back. It was noted that Claimant denied all of the following symptoms: significant pain, radicular pain, paresthesia, weakness, loss of bladder or loss of bowel control. Diagnoses were given for a healed compression fracture and spondylolisthesis at L5-S1.

Cardiologist treatment records (Exhibits A1-A2) dated [REDACTED] were presented. It was noted that Claimant's ejection fraction (EF) was 45-48%. An impression was given of a mildly dilated left ventricle based on the EF. The following was also noted: trace of mitral regurgitation, trace of aortic insufficiency and trace of tricuspid regurgitation and mild pulmonic insufficiency.

Claimant seeks a determination of disability from 6/2012. As of 6/2012, Claimant alleged restrictions related to back pain and his heart.

As of 7/2012, Claimant's back problems appeared to be improving. Claimant was exercising and losing weight. As of 11/2012, Claimant had very few symptoms though it was noted that Claimant continued to use Motrin on more symptomatic days. Some discomfort can be presumed, but probably not enough to presume a significant impairment to basic work activities.

Claimant's heart problems also appear to be improving, but to a lesser degree. As of 6/2012, Claimant's EF was 39% and Claimant was restricted to 1-2 blocks of walking. As of 11/2012, Claimant's EF improved to 45%-48%; presumably, Claimant's walking distance also improved. Despite Claimant's improvement, it would be reasonable to presume some lingering restrictions. Claimant had not undergone any notable medical procedures but appeared to become stronger with better lifestyle choices. Still, as of 12/2012, diagnoses remained for: trace of mitral regurgitation, trace of aortic insufficiency and trace of tricuspid regurgitation and mild pulmonic insufficiency. The use of "trace" and "mild" implies less than severe impairments, however, when factored in combination with Claimant's back problems, the restrictions become more serious.

The fact that Claimant was unable to return to work in 7/2012, had spondylolisthesis at one vertebrae disc, had a suboptimal EF in 11/2012 and various cardiac problems, albeit "trace" and "mild" problems, is deemed sufficient to presume restrictions to Claimant's walking and lifting. It is found that Claimant has significant impairment to performing basic work activities.

Claimant's improving back and heart since 7/2012 also raises doubts as to whether Claimant's impairments will last 12 months. Though improvement was shown, Claimant's back pain and cardiac difficulties are unlikely to resolve by 7/2013 to the point where Claimant is not significantly restricted. It is found that Claimant meets the durational requirements for establishing a severe impairment.

As it was found that Claimant established significant impairment to basic work activities for a period longer than 12 months, it is found that Claimant established having a severe impairment. Accordingly, the disability analysis may move to step three.

The third step of the sequential analysis requires a determination whether the Claimant's impairment, or combination of impairments, is listed in Appendix 1 of Subpart P of 20 CFR, Part 404. 20 CFR 416.920 (a)(4)(iii). If Claimant's impairments are listed and deemed to meet the 12 month requirement, then the claimant is deemed disabled. If the impairment is unlisted, then the analysis proceeds to the next step.

Claimant's most prominent impairment appears to be cardiac-related difficulties. Cardiac impairments are covered by 4.00. The EF of 45% (at the lowest) and various diagnoses are insufficient to meet any cardiac-related listing.

A listing for spinal disorders (Listing 1.04) was also considered. This listing is rejected because none of the following were established: a back nerve root compromised, a diagnosis for arachnoiditis or an inability to ambulate effectively.

It is found that Claimant failed to establish meeting a SSA listing. Accordingly, the analysis moves to step four.

The fourth step in analyzing a disability claim requires an assessment of the Claimant's residual functional capacity (RFC) and past relevant employment. 20 CFR 416.920(a)(4)(iv). An individual is not disabled if it is determined that a claimant can perform past relevant work. *Id.*

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 is 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.

Claimant's only past relevant work amounting to SGA was as a truck driver. Claimant worked for more than one employer but testified that his duties always required him to load and unload trucks. Claimant testified that loading and unloading trucks requires substantial lifting and bending which he can no longer perform. Claimant's testimony was consistent with the medical evidence. It is found that Claimant is unable to perform his past employment. Accordingly, the analysis may proceed to step five.

In the fifth step in the process, the individual's RFC in conjunction with his or her age, education, and work experience, are considered to determine whether the individual can engage in any other substantial gainful work which exists in the national economy. SSR 83-10. 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).

To determine the physical demands (i.e. exertional requirements) of work in the national economy, jobs are classified as sedentary, light, medium, heavy, and very heavy. 20 CFR 416.967. The definitions for each are listed below.

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 additionally 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 are considered nonexertional. 20 CFR 416.969a(a). Examples of non-exertional limitations 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 (i.e. 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.* In using the rules of Appendix 2, an individual's circumstances, as indicated by the findings with respect to RFC, age, education, and work experience, is compared to the pertinent rule(s).

For purposes of this decision, only an analysis of whether Claimant can perform a medium exertional work level will be considered. This requires determining Claimant's lifting and walking restrictions.

As of 12/2012, Claimant was most recently saddled with an EF of 45%-48%, a cardiac diagnosis of mild pulmonary insufficiency and a back diagnosis of spondylolisthesis at L5-S1. The combined restrictions would likely preclude Claimant from lifting 50 pounds occasionally and 25 pounds frequently. Accordingly, Claimant is not able to perform a medium exertional level of employment. For purposes of this decision, it will be presumed that Claimant can perform a light exertional level of employment.

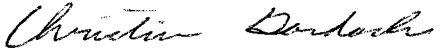
Based on Claimant's exertional work level (light), age (approaching advanced age), education (high school- does not provide entry into skilled work), employment history (semi-skilled- not transferable), Medical-Vocational Rule 201.14 is found to apply. This rule dictates a finding that Claimant is disabled. Accordingly, it is found that DHS improperly found Claimant to be not disabled for purposes of MA benefits.

DECISION AND ORDER

The Administrative Law Judge, based upon the above findings of fact and conclusions of law finds that DHS improperly denied Claimant's application for MA benefits. It is ordered that DHS:

- (1) reinstate Claimant's MA benefit application dated 7/2612, including retroactive MA benefits back to 6/2012;
- (2) evaluate Claimant's eligibility for MA benefits on the basis that Claimant is a disabled individual;
- (3) initiate a supplement for any benefits not issued as a result of the improper application denial; and
- (4) schedule a review of benefits in one year from the date of this administrative decision, if Claimant is found eligible for future MA benefits.

The actions taken by DHS are REVERSED.


Christian Gardocki
Administrative Law Judge
for Maura Corrigan, Director
Department of Human Services

Date Signed: 6/6/2013

Date Mailed: 6/6/2013

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

CG/hw

cc:

