

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

IN THE MATTER OF:

[REDACTED]

Reg. No.: 2013 9166
Issue No.: 2009
Case No.: [REDACTED]
Hearing Date: January 28, 2013
County: Wayne (49)

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 following Claimant's request for a hearing. After due notice, an in-person hearing was held on January 28, 2013 from Detroit, Michigan. Participants on behalf of Claimant included the Claimant and [REDACTED], the Claimant's Authorized Hearing Representative ("AHR"). Participants on behalf of the Department of Human Services (Department) included [REDACTED] Medical Contact Worker.

ISSUE

Whether the Department properly determined that Claimant is not "disabled" for purposes of the Medical Assistance (MA-P) program?

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 August 28, 2012, Claimant applied for MA-P and retro MA-P (May 2012).
2. On October 5, 2012, the Medical Review Team denied Claimant's request.
3. The Department sent the Claimant's AHR a Notice of Case Action dated October 12, 2012 denying the Claimant MA-P application. Exhibit 1

4. On October 29, 2012 Claimant's AHR submitted to the Department a timely hearing request. Exhibit 2
5. On December 19, 2012 the State Hearing Review Team ("SHRT") found the Claimant not disabled and denied Claimant's request.
6. An Interim Order was issued on January 29, 2013 accepting new evidence submitted on the Claimant's behalf at the hearing.
7. The new evidence was provided to the State Hearing Review Team (SHRT) on January 29, 2013 and the SHRT denied disability on March 25, 2013.
8. Claimant at the time of the hearing was [REDACTED] years old with a birth date of [REDACTED]. Claimant was 5'7" and weighted 295 pounds.
9. Claimant completed education through the 9th grade.
10. Claimant has employment experience (last worked [REDACTED] as a cashier for a Dollar Store. Claimant held this position for 10 years.
11. Claimant's limitations have lasted for 12 months and are expected to continue for 12 months or more.
12. Claimant alleges physical disabling impairments due to high blood pressure, chronic heart failure, obesity, diabetes with ankle and foot ulceration and acute gastroenteritis.
13. Claimant has not alleged any mental disabling impairments.
14. Claimant has significant limitations on physical activities involving sitting, standing, walking, bending, lifting, and stooping.

CONCLUSIONS OF LAW

MA-P 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 administers MA-P 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 (RFT).

Pursuant to Federal Rule 42 CFR 435.540, the Department uses the Federal Supplemental Security Income (SSI) policy in determining eligibility for disability under MA-P. Under SSI, 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 set order is used to determine disability. Current work activity, severity of impairments, residual functional capacity, past work, age, or education and work experience are reviewed. If there is a finding that an individual is disabled or not disabled at any point in the review, there will be no further evaluation. 20 CFR 416.920.

Medical evidence may contain medical opinions. Medical opinions are statements from physicians and psychologists or other acceptable medical sources that reflect judgments about the nature and severity of the impairment(s), including symptoms, diagnosis and prognosis, what an individual can do despite impairment(s), and the physical or mental restrictions. 20 CFR 416.927(a)(2).

The Administrative Law Judge is responsible for making the determination or decision about whether the statutory definition of disability is met. The Administrative Law Judge reviews all medical findings and other evidence that support a medical source's statement of disability. 20 CFR 416.927(e).

For mental disorders, severity is assessed in terms of the functional limitations imposed by the impairment. Functional limitations are assessed using the criteria in paragraph (B) of the listings for mental disorders (descriptions of restrictions of activities of daily living, social functioning; concentration, persistence or pace; and ability to tolerate increased mental demands associated with competitive work). 20 CFR, Part 404, Subpart P, Appendix 1, 12.00(C).

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

To determine the physical demands (exertional requirements) of work in the national economy, we classify jobs as sedentary, light, medium and heavy. These terms have the same meaning as they have in the Dictionary of Occupational Titles, published by the Department of Labor. 20 CFR 416.967.

Pursuant to 20 CFR 416.920, a five-step sequential evaluation process is used to determine disability. An individual's current work activity, the severity of the impairment, the residual functional capacity, past work, age, education and work experience are evaluated. If an individual is found disabled or not disabled at any point, no further review is made.

The first step is to determine if an individual is working and if that work is “substantial gainful activity” (SGA). If the work is SGA, an individual is not considered disabled regardless of medical condition, age or other vocational factors. 20 CFR 416.920(b).

Secondly, the individual must have a medically determinable impairment that is “severe” or a combination of impairments that is “severe.” 20 CFR 404.1520(c). An impairment or combination of impairments is “severe” within the meaning of regulations if it significantly limits an individual’s ability to perform basic work activities. An impairment or combination of impairments is “not severe” when medical and other evidence establish only a slight abnormality or a combination of slight abnormalities that would have no more than a minimal effect on an individual’s ability to work. 20 CFR 404.1521; Social Security Rulings (SSRs) 85-28, 96-3p, and 96-4p. If the claimant does not have a severe medically determinable impairment or combination of impairments, he/she is not disabled. If the claimant has a severe impairment or combination of impairments, the analysis proceeds to the third step.

The third step in the process is to assess whether the impairment or combination of impairments meets a Social Security listing. If the impairment or combination of impairments meets or is the medically equivalent of a listed impairment as set forth in Appendix 1 and meets the durational requirements of 20 CFR 404.1509, the individual is considered disabled. If it does not, the analysis proceeds to the next step.

Before considering step four of the sequential evaluation process, the trier must determine the claimant’s residual functional capacity. 20 CFR 404.1520(e). An individual’s residual functional capacity is his/her ability to do physical and mental work activities on a sustained basis despite limitations from his/her impairments. In making this finding, the trier must consider all of the claimant’s impairments, including impairments that are not severe. 20 CFR 404.1520(e) and 404.1545; SSR 96-8p.

The fourth step of the process is whether the claimant has the residual functional capacity to perform the requirements of his/her past relevant work. 20 CFR 404.1520(f). The term past relevant work means work performed (either as the claimant actually performed it or as is it generally performed in the national economy) within the last 15 years or 15 years prior to the date that disability must be established. If the claimant has the residual functional capacity to do his/her past relevant work, then the claimant is not disabled. If the claimant is unable to do any past relevant work or does not have any past relevant work, the analysis proceeds to the fifth step.

In the fifth step, an individual’s residual functional capacity is considered in determining whether disability exists. An individual’s age, education, work experience and skills are used to evaluate whether an individual has the residual functional capacity to perform work despite limitations. 20 CFR 416.920(e).

The Claimant alleges physical disabling impairments due to high blood pressure, chronic heart failure, obesity, diabetes with ankle and foot ulceration and acute gastroenteritis. A summary of the claimant's medical evidence presented at the hearing and the new evidence presented follows.

A medical examination report was completed by the Claimant's treating physician on [REDACTED]. Current diagnosis was hypertension, chronic heart failure, obesity, diabetes insulin dependent, ankle ulcer, shortness of breath and gastroenteritis. The exam noted that on [REDACTED] bilateral rales (respiratory), 2-3+ pitting edema, bilateral lower extremities, slow gait periodic claudication, laboratory findings noted BUN elevated, hemoglobin low and GFR low. The treating examiner noted that the Claimant was deteriorating and had limitations lifting less than 10 pounds frequently, and occasionally 10 pounds, stand or walk less than 2 hours in an 8 hour work day, Claimant could not do simple grasping or reaching with both hands. The medical findings noted that patient experiences shortness of breath upon exertion and at rest, foot and leg swelling, diabetic ulcers.

The claimant was admitted to the hospital in [REDACTED] for a seven day stay with abdominal pain. The Claimant presented with nausea, vomiting and abdominal pain, negative for blood in stool and constipation. On discharge the diagnosis was acute gastroenteritis noting conditions of diabetes mellitus, hypertension, and heart failure. Condition at discharge was good.

The Claimant was admitted to the hospital on [REDACTED] for a three day stay for congestive heart failure. On discharge Claimant's diagnosis was decompensated diastolic heart failure, and secondarily, diastolic dysfunction hypertension. Discharge summary noted that prior echo on [REDACTED] revealed an ejection fraction of 53%, with mildly increased left ventricular wall thickness, grade 2 diastolic dysfunction and a PA pressure of 32 mmHg. A 2D echo revealed an ejection fraction of 57% with elevated left atrial and ventricular end diastolic pressures and PA pressure of 35mmHg. Claimant was discharged with written instructions regarding dietary compliance.

Here, Claimant has satisfied requirements as set forth in steps one, two and three of the sequential evaluation as she is not employed and her impairments have met the Step 2 severity requirements. In addition, the Claimant's impairments do not meet a listing as set forth in Appendix 1, 20 CFR 416.926. Listings 4.02 Chronic Heart Failure was considered but the Claimant's objective testing did not demonstrate that it met the ejection fraction of 30%, and/or the enlarged left ventricular wall thickening requirements all contained in Section A, subparagraphs 1 and 2 of the listing. Listing 5.02 was also considered but the Claimant did not meet the severity of the Listing Gastrointestinal Hemorrhaging from any cause requiring blood transfusion. Therefore, vocational factors will be considered to determine claimant's residual functional capacity to do relevant work.

In the present case, Claimant has been diagnosed with high blood pressure, chronic heart failure, obesity, diabetes with ankle and foot ulceration and acute gastroenteritis. Claimant has a number of symptoms and limitations, as cited above, as a result of these conditions. Claimant's treating physician noted that Claimant would be able to stand and walk for less than 2 hours in an 8-hour day, was limited to lifting less than 10 pounds frequently, was noted as unable to grasp or reach with both hands and based the evaluation of limitations on observation that the Claimant experiences shortness of breath upon exertion and while at rest, has foot and leg swelling and diabetic ulcers. The doctor also gave a professional opinion that the Claimant was deteriorating. A prior examination noted for bilateral pitting edema, bilaterally lower extremities, slow gait, periodic claudication with elevated lab finds for elevated BUN, low hemoglobin and low GFR. The Claimant's diabetes is insulin dependent. The Claimant also had two hospital admissions in 2012 - one due to her congestive heart failure, August 2012, and one for acute gastroenteritis, May 2012. In addition the Claimant is obese with a body mass index of 46.2 based upon her weight reported at the hearing.

Claimant credibly testified to the following symptoms and abilities: the Claimant could not walk more than half a block, could stand 5 minutes and then experienced shortness of breath and when attempting to climb stairs must rest and stop due to shortness of breath. The Claimant could sit for several hours and could shower and dress herself using a shower chair, but could not perform a squat due to her legs swelling. The Claimant credibly testified to swelling in both legs and ankles with pain and that she can carry no more than 5 pounds. The Claimant can do some tidying of her house with breaks due to breathlessness and gets help with her laundry due to having to climb stairs to reach the washer and cannot carry large loads of clothes and grocery shopping due to the walking and lifting required.

The fourth step of the analysis to be considered is whether the claimant has the ability to perform work previously performed by the claimant within the past 15 years. The trier of fact must determine whether the impairment(s) presented prevent the claimant from doing past relevant work. In the present case, Claimant's past employment was as a cashier standing most of the day. The Claimant quit her job when she could no longer perform it. The Claimant's cashiering responsibilities required Claimant to be capable of lifting weight in excess of 10 - 20 lbs. and standing at a register for most of her shift. The Claimant's prior work would be categorized as semi-skilled light work. This Administrative Law Judge finds, based on the medical evidence and objective, physical limitations testified by the Claimant and confirmed by her treating physician's assessment and imposition of limitations, that Claimant is not capable of the physical activities required to perform any such position and cannot perform past relevant work, and thus a Step 5 analysis is required 20 CFR 416.920(e).

In the final step of the analysis, the trier of fact must determine if the claimant's impairment(s) prevent the claimant from doing other work. 20 CFR 416.920(f). This determination is based upon the claimant's:

1. residual functional capacity defined simply as “what can you still do despite your limitations?” 20 CFR 416.945;
2. age, education, and work experience, 20 CFR 416.963-965; and
3. the kinds of work which exist in significant numbers in the national economy which the claimant could perform despite her limitations. 20 CFR 416.966.

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

To determine the physical demands (exertional requirements) of work in the national economy, we classify jobs as sedentary, light, medium and heavy. These terms have the same meaning as they have in the Dictionary of Occupational Titles, published by the Department of Labor. 20 CFR 416.967.

Sedentary work. Sedentary work involves lifting no more than 10 pounds at a time and occasionally lifting or carrying articles like docket files, ledgers, and small tools. Although a sedentary job is defined as one which involves sitting, a certain amount of walking and standing is often necessary in carrying out job duties. Jobs are sedentary if walking and standing are required occasionally and other sedentary criteria are met. 20 CFR 416.967(a).

Light work. Light work involves lifting no more than 20 pounds at a time with frequent lifting or carrying of objects weighing up to 10 pounds. Even though the weight lifted may be very little; a job is in this category when it requires a good deal of walking or standing, or when it involves sitting most of the time with some pushing and pulling of arm or leg controls. 20 CFR 416.967(b).

Medium work. Medium work involves lifting no more than 50 pounds at a time with frequent lifting or carrying of objects weighing up to 25 pounds. If someone can do medium work, we determine that he or she can also do sedentary and light work. 20 CFR 416.967(c).

Heavy work. Heavy work involves lifting no more than 100 pounds at a time with frequent lifting or carrying of objects weighing up to 50 pounds. If someone can do heavy work, we determine that he or she can also do medium, light, and sedentary work. 20 CFR 416.967(d).

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). At the time of hearing, the Claimant was [REDACTED] years old and, thus, considered to be closely approaching advanced age for MA-P purposes. The Claimant has the equivalent of a 9th grade education. 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 substantiate 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). Individuals approaching advanced age (age 50-54) may be significantly limited in vocational adaptability if they are restricted to sedentary work. 20 CFR 416.963(d). In this case the Claimant's skills are not transferable particularly in light of her 9th grade education.

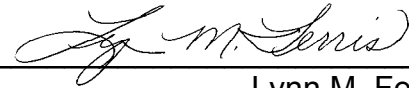
The evaluations and medical opinions of a "treating" physician is "controlling" if it is well-supported by medically acceptable clinical and laboratory diagnostic techniques and is not inconsistent with the other substantial evidence in the case record. 20 CFR § 404.1527(d)(2). Deference was given by the undersigned to objective medical testing and clinical observations of the Claimant's treating physician. After a review of the entire record, including the Claimant's testimony and medical evidence presented, it is determined that Claimant's impairments have a major effect on her ability to perform basic work activities. In light of the foregoing, it is found that the Claimant maintains the residual functional capacity for work activities on a regular and continuing basis to meet the physical and mental demands required to perform sedentary work as defined in 20 CFR 416.967(a). Based upon the foregoing review of the entire record using the Medical-Vocational Guidelines [20 CFR 404, Subpart P, Appendix II] as a guide, specifically Rule 201.10, 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 upon the above findings of fact and conclusions of law, decides that Claimant is medically disabled as of September 2010.

Accordingly, the Department's decision is hereby REVERSED:

1. The Department is ORDERED to initiate a review of the application dated August 28, 2012, and the Claimant's retro application (May 2012) if not done previously, to determine Claimant's non-medical eligibility.
2. A review of this case shall be set for April 2014.



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

Date Signed: April 15, 2013

Date Mailed: April 15, 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

LMF /cl

2013 9166/LMF

cc:

