

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

IN THE MATTER OF:

[REDACTED]

Reg. No: 201336274
Issue No: 2009; 4031
Case No: [REDACTED]
Hearing Date: July 18, 2013
Clinton County DHS

ADMINISTRATIVE LAW JUDGE: Landis Y. Lain

HEARING DECISION

This matter is before the undersigned Administrative Law Judge pursuant to MCL 400.9 and MCL 400.37 upon claimant's request for a hearing. After due notice, a telephone hearing was held on July 18, 2013. Claimant personally appeared and testified. The department was represented at the hearing by Lead Worker, [REDACTED].

ISSUE

Did the Department of Human Services (the department) properly deny claimant's application for Medical Assistance (MA-P) 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 2, 2012, claimant filed an application for Medical Assistance, retroactive Medical Assistance and State Disability Assistance benefits alleging disability.
2. On March 11, 2013, the Medical Review Team denied claimant's application stating that claimant's impairments were non-severe.
3. On March 13, 2013, the department caseworker sent claimant notice that his application was denied.
4. On March 22, 2013, claimant filed a request for a hearing to contest the department's negative action.
5. On May 30, 2013, the State Hearing Review Team again denied claimant's application stating in the Analysis and Recommendation:

The claimant was admitted in March, 2012 due to a seizure. He has a history of Addison's disease and Horner's syndrome. He was diagnosed

with subarachnoid hemorrhage. He was evaluated for mental status alteration. He had no prior history of inpatient psychiatric treatment but he had received outpatient treatment for depression. In April, 2012 the claimant presented to the hospital with an Addison's crisis, which resolved with treatment. MRI of the cervical spine showed mild central spurring at C3-4, small right sided disc herniation on C4-5, C5-6 spurring, and C6-7 spurring, and mild disc bulge. Right shoulder MRI showed mild osteoarthritis of the inferior GHJ and ACJ, non-displaced superior labrum tear but no evidence of RTC tear. The claimant was admitted July, 2012 with an acute infarction in the left posterior frontal region and acute infarction of the right parietal region as well as the right occipital region. He underwent resection of ascending aortic mass under deep hypothermic arrest and partial resection of an ascending aortic mass under deep aortic thrombus postoperative day four. In December, 2012 the claimant's blood pressure was not well controlled but he had no evidence of heart failure on examination. HE had a normal gait and was able to ambulate without an assistive device. Lungs were clear to auscultation without any adventitious sounds. Manual muscle testing revealed to auscultation without any adventitious sounds. Manual muscle testing revealed strength was 5/5 throughout. Reflexes were 1+/- in the right upper extremity and otherwise 2+ throughout. Grip strength was full and dexterity was intact. He has decreased sensation to pinprick proximally in the right upper extremity. There was no muscle atrophy. He has inability to perform serial sevens. He had tenderness on palpation and decreased motion of the cervical spine. Pulmonary function study was basically within normal limits.

The claimant is not currently engaging in substantial gainful activity (SGA) based on the information that is available in file.

The claimant's impairments do not meet/equal the intent or severity of a Social Security listing.

The medical evidence of record indicates that the claimant retains the capacity to perform a wide range of simple, unskilled, light work.

A finding about the capacity for prior work has not been made. However, this information is not material because all potentially applicable medical-vocational guidelines would direct a finding of not disabled given the claimant's age, education, and residual functional capacity (RFC).

Therefore, based on the claimant's vocational profile (closely approaching advanced age at 50, limited education and history of semi-skilled/skilled work), MA-P is denied using Vocational Rule 202.11 as a guide. Retroactive MA-P was considered in this case and is also denied.

SDA is denied per PEM 261 because the nature and severity of the claimant's impairments would not preclude work activity at the above stated level for 90 days.

6. Claimant is a 50-year-old man whose birth date is [REDACTED]. Claimant is 5'7" tall and weighs 150 pounds. Claimant attended the 11th grade and has no GED. Claimant is able to read and write and does have basic math skills.
7. Claimant last worked January 25, 2012 as an auto body technician. Claimant has worked as an auto body technician for approximately 18 years.
8. Claimant alleges as disabling impairments: Depression, collapsed disc in the neck, seizures, stroke, adrenal crisis, shoulder trouble, Addison's disease, chronic obstructive pulmonary disease, hypertension, osteoporosis, an aneurism, and arthritis in the knees, back, and legs.

CONCLUSIONS OF LAW

The regulations governing the hearing and appeal process for applicants and recipients of public assistance in Michigan are found in the Michigan Administrative Code, MAC R 400.901-400.951. An opportunity for a hearing shall be granted to an applicant who requests a hearing because his or her claim for assistance has been denied. MAC R 400.903(1). Clients have the right to contest a department decision affecting eligibility or benefit levels whenever it is believed that the decision is incorrect. The department will provide an administrative hearing to review the decision and determine the appropriateness of that decision. BAM 600.

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 MAC R 400.3151-400.3180. Department policies are found in the Bridges Administrative Manual (BAM), the Bridges Eligibility Manual (BEM) and the Program Reference Manual (PRM).

The Medical Assistance (MA) program is established by Title XIX of the Social Security Act and is implemented by Title 42 of the Code of Federal Regulations (CFR). The Department of Human Services (DHS or department) administers the MA program pursuant to MCL 400.10, *et seq.*, and MCL 400.105. Department policies are found in the Bridges Administrative Manual (BAM), the Bridges Eligibility Manual (BEM) and the Program Reference Manual (PRM).

Pursuant to Federal Rule 42 CFR 435.540, the Department of Human Services uses the federal Supplemental Security Income (SSI) policy in determining eligibility for disability under the Medical Assistance program. 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 is 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.

If an individual is working and the work is substantial gainful activity, the individual is not disabled regardless of the medical condition, education and work experience. 20 CFR 416.920(c).

If the impairment or combination of impairments do not significantly limit physical or mental ability to do basic work activities, it is not a severe impairment(s) and disability does not exist. Age, education and work experience will not be considered. 20 CFR 416.920.

Statements about pain or other symptoms do not alone establish disability. There must be medical signs and laboratory findings which demonstrate a medical impairment.... 20 CFR 416.929(a).

...Medical reports should include –

- (1) Medical history.
- (2) Clinical findings (such as the results of physical or mental status examinations);
- (3) Laboratory findings (such as blood pressure, X-rays);
- (4) Diagnosis (statement of disease or injury based on its signs and symptoms).... 20 CFR 416.913(b).

In determining disability under the law, the ability to work is measured. An individual's functional capacity for doing basic work activities is evaluated. If an individual has the ability to perform basic work activities without significant limitations, he or she is not considered disabled. 20 CFR 416.994(b)(1)(iv).

Basic work activities are the abilities and aptitudes necessary to do most jobs. Examples of these 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. 20 CFR 416.921(b).

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

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 your symptoms, diagnosis and prognosis, what an individual can do despite impairment(s), and the physical or mental restrictions. 20 CFR 416.927(a)(2).

All of the evidence relevant to the claim, including medical opinions, is reviewed and findings are made. 20 CFR 416.927(c).

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).

A statement by a medical source finding that an individual is "disabled" or "unable to work" does not mean that disability exists for the purposes of the program. 20 CFR 416.927(e).

When determining disability, the federal regulations require that several considerations be analyzed in sequential order. If disability can be ruled out at any step, analysis of the next step is not required. These steps are:

1. Does the client perform Substantial Gainful Activity (SGA)? If yes, the client is ineligible for MA. If no, the analysis continues to Step 2. 20 CFR 416.920(b).
2. Does the client have a severe impairment that has lasted or is expected to last 12 months or more or result in death? If no, the client is ineligible for MA. If yes, the analysis continues to Step 3. 20 CFR 416.920(c).

3. Does the impairment appear on a special listing of impairments or are the client's symptoms, signs, and laboratory findings at least equivalent in severity to the set of medical findings specified for the listed impairment? If no, the analysis continues to Step 4. If yes, MA is approved. 20 CFR 416.290(d).
4. Can the client do the former work that he/she performed within the last 15 years? If yes, the client is ineligible for MA. If no, the analysis continues to Step 5. 20 CFR 416.920(e).
5. Does the client have the Residual Functional Capacity (RFC) to perform other work according to the guidelines set forth at 20 CFR 404, Subpart P, Appendix 2, Sections 200.00-204.00? If yes, the analysis ends and the client is ineligible for MA. If no, MA is approved. 20 CFR 416.920(f).

At Step 1, claimant is not engaged in substantial gainful activity and Claimant is not disqualified from receiving disability at Step 1.

The subjective and objective medical evidence on the record indicates the Claimant testified on the record that he lives in a house, which is in foreclosure, and he is separated from his wife and has no children under 18 who live with him. Claimant has no income but does receive Food Assistance Program benefits. Claimant has a driver's license and does drive twice a week to the grocery store. Claimant does cook every day and cooks things like burgers, steaks, and potatoes and he does grocery shop one time per week with no help needed. Claimant does vacuum, do laundry, do dishes, do windows, and he does some fishing and woodwork as a hobby. He does mow the lawn with a push mower. He watches television 4-5 hours a day. Claimant testified that he can stand for 30 minutes at a time, he can sit for 1-2 hours at a time, and he can walk a half a mile at the most, and he can squat and recover slowly. Claimant testified that he can bend at the waist, shower and dress himself, tie his shoes and touch his toes, and his level of pain on a scale of 1-10 without medication is an 8-9 and with medication a 7-8. Claimant testified that he is right handed and that he has problems with the nerves in his arms and he drops things but his legs and feet are fine and the heaviest weight he can carry is 10 pounds.

The claimant was admitted March 23, 2012 due to a seizure. He has a history of Addison's disease and Horner syndrome. He was diagnosed with subarachnoid hemorrhage. He was evaluated for mental status alteration. He had no prior history of inpatient psychiatric treatment but had received outpatient treatment for depression (p. 367).

On April 1, 2012, the claimant presented to the hospital with respiratory distress (p. 398), sudden diarrhea, and visual changes, all largely resolved with cortisol, suggesting he was having an Addison's crisis (p. 401).

AN esophagogastroduodenoscopy dated April 3, 2012 revealed esophagitis, a small hiatal hernia and mild antral gastritis (p. 420-421).

An office visit dated May 21, 2012 showed the claimant's gait was normal. Strength was 5/5 left and 4/5 right biceps. He had tenderness to palpitation in the cervical paraspinal and right supraspinatus (p. 77). Reflexes were 2+ left and 1+ right biceps, triceps 2+ and brachioradialis 2+. Sensation was normal. MRI of the cervical spine showed mild central spurring at C3-4 and small right sided disc herniation C4-5, C5-6 spurring, and C6-7 spurring and mild disc bulge. Right shoulder MRI showed mild osteoarthritis of the inferior GHJ and ACJ, non-displaced superior labral tear but no evidence of RTC tear (p. 78).

The claimant was admitted July 5, 2012 to July 13, 2012 with an acute infarction in the left posterior frontal region and acute infarction of the right parietal region as well as the right occipital region. He underwent resection of the ascending aortic mass under deep hypothermic arrest and partial resection of an ascending aorta. He has ascending aortic thrombus postoperative day four from thrombectomy and hypothermic arrest (records from DDS).

On December 29, 2012 the claimant's blood pressure was 148/112, 150/109, and 126/98. He had a normal gait and was able to ambulate without an assistive device. Lungs were clear to auscultation without an adventitious sound. His heart did not appear to be clinically enlarged. Normal S1, S2 was ausculted. There were no murmurs, clicks, or rubs. Manual muscle testing revealed strength was 5/5 throughout. Reflexes were 1+/4 in the right upper extremity and otherwise 2+ throughout. Grip strength was full and dexterity was intact. He had no decreased sensation to pinprick proximally in the right sevens. He had tenderness on palpation and decreased motion of the cervical spine. Pulmonary function study revealed his best FVC and FEV1 were basically within normal limits (records from DDS).

At Step 2, claimant has the burden of proof of establishing that he has a severely restrictive physical or mental impairment that has lasted or is expected to last for the duration of at least 12 months. There is insufficient objective clinical medical evidence in the record that claimant suffers a severely restrictive physical or mental impairment. Claimant has reports of pain in multiple areas of his body; however, there are no corresponding clinical findings that support the reports of symptoms and limitations made by the claimant. There are no laboratory or x-ray findings listed in the file which support claimant's contention of disability. The clinical impression is that claimant is stable. There is no medical finding that claimant has any muscle atrophy or trauma, abnormality or injury that is consistent with a deteriorating condition. In short, claimant has restricted himself from tasks associated with occupational functioning based upon his reports of pain (symptoms) rather than medical findings. Reported symptoms are an insufficient basis upon which a finding that claimant has met the evidentiary burden of proof can be made. This Administrative Law Judge finds that the medical record is insufficient to establish that claimant has a severely restrictive physical impairment.

Claimant alleges the following disabling mental impairments: Depression

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, App. 1, 12.00(C).

There is insufficient objective medical/psychiatric evidence in the record indicating claimant suffers severe mental limitations. There is no mental residual functional capacity assessment in the record. There is insufficient evidence contained in the file of depression or a cognitive dysfunction that is so severe that it would prevent claimant from working at any job. Claimant was oriented to time, person and place during the hearing. Claimant was able to answer all of the questions at the hearing and was responsive to the questions. The evidentiary record is insufficient to find that claimant suffers a severely restrictive mental impairment. For these reasons, this Administrative Law Judge finds that claimant has failed to meet his burden of proof at Step 2. Claimant must be denied benefits at this step based upon his failure to meet the evidentiary burden.

If claimant had not been denied at Step 2, the analysis would proceed to Step 3 where the medical evidence of claimant's condition does not give rise to a finding that he would meet a statutory listing in the code of federal regulations.

If claimant had not already been denied at Step 2, this Administrative Law Judge would have to deny him again at Step 4 based upon his ability to perform his past relevant work. There is no evidence upon which this Administrative Law Judge could base a finding that claimant is unable to perform work in which he has engaged in, in the past. Therefore, if claimant had not already been denied at Step 2, he would be denied again at Step 4.

The Administrative Law Judge will continue to proceed through the sequential evaluation process to determine whether or not claimant has the residual functional capacity to perform some other less strenuous tasks than in his prior jobs.

At Step 5, the burden of proof shifts to the department to establish that claimant does not have residual functional capacity.

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).

Claimant has submitted insufficient objective medical evidence that he lacks the residual functional capacity to perform some other less strenuous tasks than in his prior employment or that he is physically unable to do light or sedentary tasks if demanded of him. Claimant's activities of daily living do not appear to be very limited and he should be able to perform light or sedentary work even with his impairments. Claimant has failed to provide the necessary objective medical evidence to establish that he has a severe impairment or combination of impairments which prevent him from performing any level of work for a period of 12 months. The claimant's testimony as to his limitations indicates that he should be able to perform light or sedentary work.

There is insufficient objective medical/psychiatric evidence contained in the file of depression or a cognitive dysfunction that is so severe that it would prevent claimant from working at any job. Claimant was able to answer all the questions at the hearing and was responsive to the questions. Claimant was oriented to time, person and place during the hearing. Claimant's complaints of pain, while profound and credible, are out of proportion to the objective medical evidence contained in the file as it relates to claimant's ability to perform work. Therefore, this Administrative Law Judge finds that the objective medical evidence on the record does not establish that claimant has no residual functional capacity. Claimant is disqualified from receiving disability at Step 5 based upon the fact that he has not established by objective medical evidence that he cannot perform light or sedentary work even with his impairments. Under the Medical-Vocational guidelines, an individual closely approaching advanced age (age 50), with a high school education and an unskilled/semiskilled work history who is limited to light work is not considered disabled.

When the record contains evidence of DAA, a determination must be made whether or not the person would continue to be disabled if the individual stopped using drugs or alcohol. The trier of fact must determine what, if any, of the physical or mental limitations would remain if the person were to stop the use of the drugs or alcohol and whether any of these remaining limitations would be disabling.

The department's Program Eligibility Manual contains the following policy statements and instructions for caseworkers regarding the State Disability Assistance program: to receive State Disability Assistance, a person must be disabled, caring for a disabled person or age 65 or older. BEM, Item 261, p. 1. Because the claimant does not meet

the definition of disabled under the MA-P program and because the evidence of record does not establish that claimant is unable to work for a period exceeding 90 days, the claimant does not meet the disability criteria for State Disability Assistance benefits either

The Department has established by the necessary competent, material and substantial evidence on the record that it was acting in compliance with department policy when it determined that claimant was not eligible to receive Medical Assistance and/or State Disability Assistance.

DECISION AND ORDER

The Administrative Law Judge, based upon the above findings of fact and conclusions of law, decides that the department has appropriately established on the record that it was acting in compliance with department policy when it denied claimant's application for Medical Assistance, retroactive Medical Assistance and State Disability Assistance benefits. The claimant should be able to perform a wide range of light or sedentary work even with his impairments. The department has established its case by a preponderance of the evidence.

Accordingly, the department's decision is **AFFIRMED**.

Landis

/s/
Y. Lain
Administrative Law Judge
for Maura D. Corrigan, Director
Department of Human Services

Date Signed: July 30, 2013

Date Mailed: July 31, 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 errors, 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

LYL/hj

cc:

