

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

**IN THE MATTER OF:**

[REDACTED]

Reg. No.: 201357667  
Issue No.: 2009  
Case No.: [REDACTED]  
Hearing Date: November 5, 2013  
County: Lapeer County DHS

**ADMINISTRATIVE LAW JUDGE:** Kevin Scully

**HEARING DECISION**

Following Claimant's request for a hearing, this matter is before the undersigned Administrative Law Judge pursuant to MCL 400.9 and 400.37; 42 CFR 431.200 to 431.250; and 45 CFR 205.10. After due notice, an in-person hearing was held on November 5, 2013, from Lapeer, Michigan. Participants on behalf of Claimant included [REDACTED] and [REDACTED]. Participants on behalf of the Department of Human Services (Department) included [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.

**ISSUE**

Did the Department of Human Services (Department) properly determine that the Claimant did not meet the disability standard for Medical Assistance (MA-P) based on disability?

**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 October 30, 2012, the Claimant submitted an application for Medical Assistance (MA) benefits alleging disability.
2. On April 19, 2013, the Medical Review Team (MRT) determined that the Claimant did not meet the disability standard for Medical Assistance (MA-P) because it determined that he is capable of performing other work despite his impairments.
3. On April 29, 2013, the Department sent the Claimant notice that it had denied the application for assistance.
4. On June 28, 2013, the Department received the Claimant's hearing request, protesting the denial of disability benefits.

5. On September 28, 2013, the State Hearing Review Team (SHRT) upheld the Medical Review Team's (MRT) denial of Medical Assistance (MA-P) benefits.
6. On February 11, 2014, after reviewing the additional medical records, the State Hearing Review Team (SHRT) again upheld the determination of the Medical Review Team (MRT) that the Claimant does not meet the disability standard.
7. The Claimant applied for federal Supplemental Security Income (SSI) benefits at the Social Security Administration (SSA).
8. The Social Security Administration (SSA) denied the Claimant's federal Supplemental Security Income (SSI) application and the Claimant reported that a SSI appeal is pending.
9. The Claimant is a 49-year-old man whose birth date is [REDACTED]
10. Claimant is 5' 11" tall and weighs 138 pounds.
11. The Claimant is a high equivalent education. The Claimant is able to read and write and does have basic math skills.
12. The Claimant was not engaged in substantial gainful activity at any time relevant to this matter.
13. The Claimant has past relevant work experience as a construction worker where he was required to lift objects weighing up to 80 pounds and stand for up to 5 hours at a time, which is considered semiskilled work.
14. The Claimant has the residual functional capacity to perform sedentary work.
15. The Claimant's disability claim is based on pancreatitis, chest pain, seizures, hypertension, and acid reflux.

### **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, Rule 400.901 - 400.951. An opportunity for a hearing shall be granted to an applicant who requests a hearing because his claim for assistance has been denied. Mich Admin Code, R 400.903. 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. Department of Human Services Bridges Administrative Manual (BAM) 600 (July 1, 2013), pp 1-44.

The Medical Assistance (MA) program is established by the Title XIX of the Social Security Act, 42 USC 1396-1396w-5, and is implemented by 42 CFR 400.200 to

1008.59. The Department of Human Services (formerly known as the Family Independence Agency) administers the MA program pursuant to MCL 400.10 and MCL 400.105.

Pursuant to Federal Rule 42 CFR 435.540, the Department uses the federal Supplemental Security Income (SSI) policy in determining eligibility for disability under the Medical Assistance and State Disability Assistance (SDA) programs. Under SSI, disability is defined as:

...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.

When determining disability, the federal regulations require that several considerations be analyzed in sequential order.

### STEP 1

Does the client perform Substantial Gainful Activity (SGA)? If yes, the client is not disabled.

At step 1, a determination is made on whether the Claimant is engaging in substantial gainful activity (20 CFR 404.1520(b) and 416.920(b)). Substantial gainful activity (SGA) is defined as work activity that is both substantial and gainful. "Substantial work activity" is work activity that involves doing significant physical or mental activities (20 CFR 404.1572(a) and 416.972(a)). "Gainful work activity" is work that is usually done for pay or profit, whether or not a profit is realized (20 CFR 404.1572(b) and 416.972(b)). Generally, if an individual has earnings from employment or self-employment above a specific level set out in the regulations, it is presumed that he has demonstrated the ability to engage in SGA (20 CFR 404.1574, 404.1575, 416.974, and 416.975). If an individual engages in SGA, he is not disabled regardless of how severe his physical or mental impairments are and regardless of his age, education, and work experience. If the individual is not engaging in SGA, the analysis proceeds to the second step.

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

### STEP 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 not disabled.

At step two, a determination is made whether the Claimant has a medically determinable impairment that is "severe" or a combination of impairments that is "severe" (20 CFR 404.1520(c) and 416.920(c)). An impairment or combination of impairments is "severe" within the meaning of the 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 CF R 404.1521 and 416.921). If the Claimant does not have a severe medically determinable impairment or combination of impairments, he is not disabled. If the Claimant has a severe impairment or combination of impairments, the analysis proceeds to the third step.

The 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, or result in death.

The Claimant is a 49-year-old man that is 5' 11" tall and weighs 138 pounds. The Claimant alleges disability due to pancreatitis, chest pain, seizures, hypertension, and acid reflux.

The objective medical evidence indicates the following:

The Claimant was diagnosed by a treating physician with chronic pancreatitis secondary to alcohol abuse.

The Claimant was admitted for inpatient hospitalization on April 17, 2013, and was diagnosed by his treating physician with acute-on-chronic pancreatitis and hypertension. The Claimant was discharged on April 20, 2013.

The Claimant was admitted for inpatient hospitalization on May 7, 2013. A computed tomography (CT) scan of the Claimant's chest did not reveal any acute cardio-pulmonic process or evidence of ischemia. A computed tomography (CT) scan revealed air trapping of chronic obstructive pulmonary disease (COPD) without an acute pulmonic process. A computed tomography (CT) scan revealed a large heterogeneous mass in the region of the pancreatic head containing coarse calcifications and surrounding peri-pancreatic inflammation. A treating physician found the Claimant's common bile duct, pancreatic duct, and intrahepatic ducts are mildly dilated.

The Claimant was diagnosed by a treating physician with non-cardiac chest pain, acute-on-chronic pancreatitis, leukocytosis, and hypertension. The Claimant's physician placed him into treatment for nicotine cessation.

Hospital records revealed that the Claimant weighed 188 pounds on December 13, 2012, with a body mass index of 25.5. On November 1, 2012, the Claimant weighed 172 pounds with a body mass index of 23.3. The Claimant weighed 178 pounds on January 17, 2013, with a body mass index of 24.1.

A treating physician diagnosed the Claimant with chronic obstructive pulmonary disease (COPD). A treating physician determined that the Claimant has a Forced expiratory volume in 1 second measured in liters of air at body temperature and pressure saturated (LBTSP) of 1.56, and a forced vital capacity measured in liters of air at body temperature and pressure saturated (LBTSP) of 4.30.

A treating physician issued an opinion that the Claimant was capable of less than sedentary tasks until December 2, 2013, following pancreatic surgery.

The Claimant is a kidney donor. The Claimant is capable of showering and dressing himself without assistance. The Claimant smokes cigarettes on a daily basis.

This Administrative Law Judge finds that the Claimant has established a severe physical impairment that has more than a de minimus effect on the Claimant's ability to perform work activities. The Claimant's impairments have lasted continuously, or are expected to last for twelve months.

### STEP 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.

At step three, a determination is made whether the Claimant's impairment or combination of impairments is of a severity to meet or medically equal the criteria of an impairment listed in 20 CFR Part 404, Subpart P, Appendix 1 (20 CFR 404.1520(d), 404.1525, 404.1526, 416.920(d), 416.925, and 416.926). If the Claimant's impairment or combination of impairments is of a severity to meet or medically equal the criteria of a listing and meets the duration requirement (20 CFR 404.1509 and 416.909), the Claimant is disabled. If it does not, the analysis proceeds to the next step.

The Claimant's impairment failed to meet a listing for pancreatitis under section 5.08 because the objective medical evidence on the record does not support a finding that the Claimant has had a body mass index of less than 17.50 despite continuing treatment on at least two evaluations at least 60 days apart within a consecutive 6-month period.

The Claimant's impairment failed to meet a listing for chest pain or acid reflux. The evidence on the record does not support a finding of an active cardio-pulmonic process or an ischemic event. The objective medical evidence supports finding of non-cardiac chest pain.

The Claimant's impairment failed to meet a listing for seizures under sections 11.02 of 11.03 Epilepsy because the evidence on the record does not support a finding that the Claimant suffers from daytime seizures that result in a loss of consciousness and convulsive seizures, or that the Claimant suffers from nighttime seizures that significantly interfere with his activities of daily living. The evidence does not support a finding that the Claimant suffers from seizures with alteration of awareness or loss of consciousness, or significant interference with activities of daily living.

The Claimant's impairment failed to meet a listing for chronic obstructive pulmonary disease (COPD) under section 3.02 Chronic pulmonary insufficiency because the evidence does not support a finding that the Claimant has a Forced expiratory volume in

1 second measured in liters of air at body temperature and pressure saturated (LBTSP) less than 1.65, or a forced vital capacity measured in liters of air at body temperature and pressure saturated (LBTSP) less than 1.85.

The Claimant's impairment does not meet a listing for hypertension. The objective medical evidence indicates that medical evidence does not support a finding of a severe impairment of a body system secondary to his severe hypertension. The Claimant's hypertension will be further considered when evaluating his residual functional capacity.

The medical evidence of the Claimant's condition does not give rise to a finding that he would meet a statutory listing in federal code of regulations 20 CFR Part 404, Subpart P, Appendix 1.

#### STEP 4

Can the client do the former work that he performed within the last 15 years? If yes, the client is not disabled.

Before considering step four of the sequential evaluation process, a determination is made of the Claimant's residual functional capacity (20 CFR 404.1520(e) and 416.920(c)). An individual's residual functional capacity is his ability to do physical and mental work activities on a sustained basis despite limitations from his impairments. In making this finding, the undersigned must consider all of the Claimant's impairments, including impairments that are not severe (20 CFR 404.1520(e), 404.1545, 416.920(e), and 416.945; SSR 96-8p).

Next, a determination is made on whether the Claimant has the residual functional capacity to perform the requirements of his past relevant work (20 CFR 404.1520(f) and 416.920(f)). The term past relevant work means work performed (either as the Claimant actually performed it or as it is generally performed in the national economy) within the last 15 years or 15 years prior to the date that disability must be established. In addition, the work must have lasted long enough for the Claimant to learn to do the job and have been SGA (20 CFR 404.1560(b), 404.1565, 416.960(b), and 416.965). If the Claimant has the residual functional capacity to do his past relevant work, 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 and last step.

After careful consideration of the entire record, this Administrative Law Judge finds that the Claimant has the residual functional capacity to perform sedentary work as defined in 20 CFR 404.1567 and 416.967.

The Claimant has past relevant work experience as a construction worker where he was required to lift objects weighing up to 80 pounds and stand for up to 5 hours at a time. The Claimant installed carpet, built walls, floors, and worked at heights on ladders. The Claimant's prior work fits the description of heavy work.

There is no evidence upon which this Administrative Law Judge could base a finding that the Claimant is able to perform work substantially similar to work performed in the past.

## STEP 5

At Step 5, the burden of proof shifts to the Department to establish that the Claimant has the Residual Functional Capacity (RFC) for Substantial Gainful Activity.

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, client is not disabled.

At the last step of the sequential evaluation process (20 CFR 404.15 20(g) and 416.920(g)), a determination is made whether the Claimant is able to do any other work considering his residual functional capacity, age, education, and work experience. If the Claimant is able to do other work, he is not disabled. If the Claimant is not able to do other work and meets the duration requirement, he is disabled.

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 dock et 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).

The objective medical evidence indicates that the Claimant has the residual functional capacity to perform some other less strenuous tasks than in his prior employment and that he is physically able to do less strenuous tasks if demanded of him. The Claimant's testimony as to his limitations indicates that he should be able to perform sedentary work.

Claimant is 49-years-old, a younger person, under age 50, with a high school equivalent education, and a history of semi-skilled work. The Claimant's work as a construction worker is transferrable to skilled work. Based on the objective medical evidence of record Claimant has the residual functional capacity to perform sedentary work, and Medical Assistance (MA) is denied using Vocational Rule 20 CFR 201.21 as a guide.

The federal regulations include the following guidelines for evaluating age.

We will use each of the age categories that applies to you during the period for which we must determine if you are disabled. We will not apply the age categories mechanically in a borderline situation. If you are within a few days to a few months of reaching an older age category, and using the older age category would result in a determination or decision that you are disabled, we will consider whether to use the older age category after evaluating the overall impact of all the factors of your case. 20 CFR 416.963(b).

If the Claimant is evaluated as a person closely approaching advanced age, with a high school equivalent education, and a history of semi-skilled work that is transferrable to skilled work, and the ability to perform sedentary work, Medical Assistance (MA) is denied using Vocational Rule 20 CFR 201.16 as a guide.

It should be noted that the Claimant continues to smoke despite the fact that his doctor has told him to quit. Claimant is not in compliance with his treatment program. If an individual fails to follow prescribed treatment which would be expected to restore their ability to engage in substantial activity without good cause there will not be a finding of disability.... 20 CFR 416.994(b)(4)(iv).


The Administrative Law Judge, based on the above Findings of Fact and Conclusions of Law, and for the reasons stated on the record, if any, finds Claimant  disabled  not disabled for purposes of the Medical Assistance (M.A.) benefits.



**DECISION AND ORDER**

Accordingly, the Department's determination is  **AFFIRMED**  REVERSED.

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Kevin

  
Scully  
Administrative Law Judge  
for Maura D. Corrigan, Director  
Department of Human Services

Date Signed: February 26, 2014

Date Mailed: February 27, 2014

NOTICE OF APPEAL: 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 or Reconsideration was made, within 30 days of the receipt date of the Decision and Order of Reconsideration or Rehearing Decision.

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).

A Request for Rehearing or Reconsideration may be granted when one of the following exists:

- Newly discovered evidence that existed at the time of the original hearing that could affect the outcome of the original hearing decision;
- Misapplication of manual policy or law in the hearing decision which led to a wrong conclusion;
- Typographical, mathematical or other obvious error in the hearing decision that affects the rights of the client;
- Failure of the ALJ to address in the hearing decision relevant issues raised in the hearing request.

The Department, AHR or the claimant must specify all reasons for the request. MAHS will not review any response to a request for rehearing/reconsideration. A request must be received in MAHS within 30 days of the date the hearing decision is mailed.

The written request must be faxed to (517) 335-6088 and be labeled as follows:

Attention: MAHS Rehearing/Reconsideration Request

If submitted by mail, the written request must be addressed as follows:

201357667/KS

Michigan Administrative Hearings  
Reconsideration/Rehearing Request  
P.O. Box 30639  
Lansing, Michigan 48909-07322

KS/hj

cc:

