

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

**IN THE MATTER OF:**

[REDACTED]  
[REDACTED]  
[REDACTED]

Reg. No.: 2014-2348  
Issue No.: 2009  
Case No.: [REDACTED]  
Hearing Date: March 31, 2014  
County: Bay

**ADMINISTRATIVE LAW JUDGE:** Jonathan W. Owens

**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 March 31, 2014, from Essexville, Michigan. Participants on behalf of Claimant included Claimant [REDACTED]. Participants on behalf of the Department of Human Services (Department) included [REDACTED].

The record was extended to allow additional relevant medical evidence to be submitted. Claimant waived timeliness. The additional medical evidence was received and submitted to the State Hearing Review Team (SHRT) for review prior to this decision being issued.

**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 May 15, 2013, Claimant applied for MA-P and retro MA-P to March 2013.
2. On July 24, 2013, the Medical Review Team denied Claimant's request.

3. On September 27, 2013, Claimant submitted to the Department a request for hearing.
4. SHRT denied Claimant's request.
5. Claimant is 49 years old.
6. Claimant completed education through high school and some online classes.
7. Claimant has employment experience (last worked August 2006) as a factory worker which required him to stand/walk 3-4 hours, sit 3-4 hours and lift up to 50 pounds.
8. Claimant's limitations have lasted for 12 months or more.
9. Claimant suffers from diabetes, high cholesterol, obesity, mild diverticulitis, mild fatty liver, adjustment disorder with depressed mood, high blood pressure, enlarged prostate and COPD.
10. Claimant has significant limitations on physical activities involving sitting, standing, walking, bending, lifting, and stooping.
11. Claimant testified he stands 5'10" tall and weighs 305 pounds. This would yield a Body Mass Index (BMI) of 43.8.

### **CONCLUSIONS OF LAW**

Department policies are contained in the Department of Human Services Bridges Administrative Manual (BAM), Department of Human Services Bridges Eligibility Manual (BEM), and Department of Human Services Reference Tables Manual (RFT).

The Medical Assistance (MA) program is established by Title XIX of the Social Security Act, 42 USC 1396-1396w-5; 42 USC 1315; the Affordable Care Act of 2010, the collective term for the Patient Protection and Affordable Care Act, Pub. L. No. 111-148, as amended by the Health Care and Education Reconciliation Act of 2010, Pub. L. No. 111-152; and 42 CFR 430.10-.25. The Department (formerly known as the Family Independence Agency) administers the MA program pursuant to 42 CFR 435, MCL 400.10, and MCL 400.105-.112k.

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).

Here, Claimant has satisfied requirements as set forth in steps one, two and three of the sequential evaluation. However, Claimant’s impairments do not meet a listing as set forth in Appendix 1, 20 CFR 416.926. 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 diabetes, high cholesterol, obesity, mild diverticulitis, mild fatty liver, adjustment disorder with depressed mood,

high blood pressure, enlarged prostate and COPD. Claimant has a number of symptoms and limitations, as cited above, as a result of these conditions. Claimant's records confirm the above conditions.

Claimant was seen by a mental health provider in [REDACTED]. Claimant's diagnosis was adjustment disorder with depressed mood. Claimant had a GAF of 78. He reported being capable of performing his activities of daily living independently and regularly attending church. His mood was mildly depressed. He was seen as cooperative and his memory appeared intact.

Claimant was seen by an internist in [REDACTED] for an exam. This physician indicated Claimant's diagnosis included diabetes and emphysema. His lungs were noted to be clear with mild bronchial breath sounds. Trace edema was present. Pedal pulses were normal. Grip was intact. Range of motion was found to be normal as were motor strength and sensory. Gait was noted to be guarded but independent.

Claimant had a CT performed in [REDACTED] which revealed no bowel obstruction but showed mild diverticulosis. Claimant's spleen, pancreas, gallbladder, adrenal glands and right kidney were noted to be normal. Left sided renal calculus, constipation, and fatty liver were noted.

[REDACTED] exam report indicated that Claimant had a tremor affecting the head and upper extremities. It was thought to be a benign essential tremor. Motor strength, tone, and bulk were all normal.

[REDACTED] physician note indicated Claimant had a BMI of 43.4. Auscultation of the lungs and heart were normal. Extremities were noted to have edema. Gait was slow but baseline. Urinary incontinence, pain in flank, benign prostatic hypertrophy, iron metabolism disorder, type 2 diabetes mellitus and hypertension were noted.

[REDACTED] MRI revealed degenerative changes of the cervical spine with diffusely bulging disk particularly at C4-5 and C6-7 disk levels. There was mild spinal canal stenosis particularly at the C6-7 level. Otherwise, there was relatively mild neural foraminal narrowing at the levels noted without other focal disk herniation identified.

[REDACTED] psychiatric evaluation indicated a diagnosis of major depressive disorder recurrent with social phobia. He was noted to be dressed and groomed appropriately. He had a normal thought process, denied psychotic symptomatology and he was alert and oriented with normal speech. He was noted to have a restricted affect and he described his mood as depressed and anxious. A mental residual functional assessment was also completed. This indicated that Claimant was moderately limited in seven of the twenty areas. He was markedly limited in two areas. The remaining eleven areas were considered no significant limitation or no evidence of a limitation. This physician noted a GAF of 60.

Claimant testified to the following symptoms and abilities: tremors, pain in lower legs and back, wheezing and shortness of breath, blood sugar problems, dizziness, sweating, weakness in left side, occasional internal bleeding related to the diverticulitis, uses a cane, can walk a block before needing a break, can stand 10-15 minutes, able to sit up 20-30 minutes before needing to move around and stand up, no issue with grip and grasp, struggles with bending and stooping, manages some of the cooking, helps with dishes, gets help with laundry, able to manage personal care for the most part depending on how he feels due to dizzy spells, gets help with grocery shopping but could do it if he needed to perform it, able to drive, struggles with night time driving due to eye sight, he is able to drive during the day, some issues with short-term memory problems, needs reminders for medications and appointments, he has panic attacks and no crying spells.

Claimant's witness testified that Claimant was not able to manage online classes due to memory problems. Claimant struggles with being around people. Claimant's tremors increase under stressful situations. Claimant also has issues with handwriting due to his tremors.

A DHS-49 completed [REDACTED], by a physician treating Claimant noted that Claimant's condition was stable. This same physician noted that Claimant was only able to lift occasionally 10 pounds. Further, Claimant was limited to standing less than 2 hours in an 8-hour day. No limitation was noted for standing. No limitation on the use of Claimant's hands/arms for repetitive movements. This internal medicine physician noted mental limitations in Claimant's reading/writing abilities and memory.

This Administrative Law Judge finds the medical opinion expressed [REDACTED], by the Claimant's internal medicine physician to not be supported by acceptable medical evidence consisting of clinical signs, symptoms, laboratory or test findings, or evaluative techniques and are not consistent with other substantial evidence in the report. Claimant's physician did not present sufficient medical evidence to support his opinion. The evidence presented failed to support the position that Claimant is incapable of a full range of light work activities. See 20 CFR 416.927c (2) and .927d(3) and (4).

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 factory worker which required him to stand/walk 3-4 hours, sit 3-4 hours and lift up to 50 pounds. The factory work previously performed by Claimant as he described it would be at least at a medium level capacity. This Administrative Law Judge finds, based on the medical evidence and objective, physical, and psychological findings, that Claimant is not capable of the physical or mental activities required to perform any such position. 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).

See *Felton v DSS* 161 Mich App 690, 696 (1987). Once the claimant makes it to the final step of the analysis, the claimant has already established a *prima facie* case of disability. *Richardson v Secretary of Health and Human Services*, 732 F2d 962 (6<sup>th</sup> Cir, 1984). Moving forward, the burden of proof rests with the State to prove by substantial evidence that the claimant has the residual function capacity for SGA.


This Administrative Law Judge finds that Claimant has the residual functional capacity to perform unskilled simple work at least at a light work level. Claimant has not presented objective medical findings to suggest a marked mental impairment.

Claimant is an individual of younger age. 20 CFR 416.963. Claimant has a high school education. 20 CFR 416.964. Claimant's previous work was unskilled. Federal Rule 20 CFR 404, Subpart P, Appendix 2, contains specific profiles for determining disability based on residual functional capacity and vocational profiles. Under Table I, Rule 202.20, Claimant is not disabled for purposes of the Medical Assistance program.

### **DECISION AND ORDER**

The Administrative Law Judge, based upon the above findings of fact and conclusions of law, decides that Claimant is not medically disabled.

Accordingly, the Department's decision is hereby UPHeld.

  
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**Jonathan W. Owens**  
Administrative Law Judge  
for Maura Corrigan, Director  
Department of Human Services

Date Signed: July 28, 2014

Date Mailed: July 29, 2014

**NOTICE OF APPEAL:** A party may appeal this Hearing Decision in the circuit court in the county in which he/she resides or has its principal place of business in the State, or the circuit court in Ingham County, within 30 days of the receipt date.

A party may request a rehearing or reconsideration of this Hearing Decision from the Michigan Administrative Hearing System (MAHS) within 30 days of the mailing date of this Hearing Decision, or MAHS may order a rehearing or reconsideration on its own motion.

MAHS may grant a party's Request for Rehearing or Reconsideration 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 party requesting a rehearing or reconsideration 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 this Hearing Decision is mailed.

A written request may be faxed or mailed to MAHS. If submitted by fax, 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:

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

JWO/pf

cc:

[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
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[REDACTED]