

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

IN THE MATTER OF:

[REDACTED]

Reg. No.: 2014-5461
Issue No(s): 2009
Case No.: [REDACTED]
Hearing Date: February 12, 2014
County: Oakland (02)

ADMINISTRATIVE LAW JUDGE: Robert J. Chavez

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, a telephone hearing was held on February 12, 2014, from Detroit, Michigan. Participants on behalf of Claimant included [REDACTED]. Participants on behalf of the Department of Human Services (Department) included [REDACTED].

ISSUE

Whether the Department properly determined that Claimant was not disabled for purposes of the Medical Assistance (MA) and/or State Disability Assistance (SDA) benefit programs?

FINDINGS OF FACT

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

1. Claimant applied for MA-P on March 25, 2013.
2. Claimant is [REDACTED] years old.
3. Claimant has a high school education.
4. Claimant has a past work history consisting of cashier.
5. These jobs were performed at the light levels.

6. These jobs required standing, stooping, bending, and interactions with coworkers and the public, and were not performed in a significantly different manner than as usually defined.
7. Claimant testified that she believed she was not capable of working at that job because she has “trouble getting along” with people.
8. Claimant alleged disability due to arthritis, back pain, and PTSD and social anxiety.
9. An independent exam from January, 2013 shows normal range of motion and a completely normal lumbar spine.
10. A treating source examination from 2009 shows normal ranges of motion, normal reflexes, intact sensation, normal gait, and no degenerative changes.
11. No medical records show any objective support to claimant’s allegations of impairment with regard to the back disorder.
12. Treating psychological sources note mild to moderate mental residual functional capacity limitations, with no marked or severe limitations, and no evidence of any limitation in several categories.
13. Both independent and treating sources give claimant a GAF of 70, which is consistent with mild to moderate limitations in residual functional capacity.
14. An independent psychiatric exam from December, 2012, noted that claimant reported good relations with peers and supervisors in her past relevant work.
15. Claimant reported to her treating source that she was only interested in therapy because “my attorney said it was a good idea in order to get my SSI.”
16. At a treating source exam in May, 2013, claimant rated her symptoms of anxiety at 4/10, with no symptoms of depression, no hallucinations, and no paranoia.
17. Claimant had normal affect, normal mood, normal thought processes, normal attention, adequate judgment, was orientated x4, and was compliant with all medications.
18. Claimant can perform all activities of daily living.
19. On June 3, 2013, the Medical review team denied MA-P, stating that claimant could perform other work.
20. On June 6, 2013, claimant was sent a notice of case action, denying MA-P.
21. On June 17, 2013, claimant requested a hearing on the MA-P denial.

22. On December 10, 2013, the State Hearing Review Team denied MA-P, stating claimant could perform other work.
23. On February 12, 2014, an administrative hearing was held.
24. The record was extended to allow for the submission of additional evidence; on August 1, 2014, SHRT again denied MA-P, stating that claimant could perform other work.

CONCLUSIONS OF LAW

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.

The State Disability Assistance (SDA) program, which provides financial assistance for disabled persons, was established by 2004 PA 344. The Department administers the SDA program pursuant to MCL 400.10 *et seq.* and Mich Admin Code, Rules 400.3151 – 400.3180. Department policies are found in BAM, BEM, and RFT. A person is considered disabled for SDA purposes if the person has a physical or mental impairment which meets federal Supplemental Security Income (SSI) disability standards for at least ninety days. Receipt of SSI benefits based on disability or blindness, or the receipt of MA benefits based on disability or blindness, automatically qualifies an individual as disabled for purposes of the SDA program.

Federal regulations require that the Department use the same operative definition of the term “disabled” as is used by the Social Security Administration for Supplemental Security Income (SSI) under Title XVI of the Social Security Act. 42 CFR 435.540(a). 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

This is determined by a five-step sequential evaluation process where current work activity, the severity and duration of the impairment(s), statutory listings of medical impairments, residual functional capacity, and vocational factors (i.e., age, education, and work experience) are considered. These factors are always considered in order according to the five step sequential evaluation, and when a determination can be made at any step as to the claimant’s disability status, no analysis of subsequent steps are necessary. 20 CFR 416.920

The first step that must be considered is whether the claimant is still partaking in Substantial Gainful Activity (SGA). 20 CFR 416.920(b). To be considered disabled, a person must be unable to engage in SGA. A person who is earning more than a certain

monthly amount (net of impairment-related work expenses) is ordinarily considered to be engaging in SGA. The amount of monthly earnings considered as SGA depends on the nature of a person's disability; the Social Security Act specifies a higher SGA amount for statutorily blind individuals and a lower SGA amount for non-blind individuals. Both SGA amounts increase with increases in the national average wage index. The monthly SGA amount for statutorily blind individuals for 2013 is \$1,740. For non-blind individuals, the monthly SGA amount for 2013 is \$1040.

In the current case, claimant has testified that she is not working, and the Department has presented no evidence or allegations that claimant is engaging in SGA. Therefore, the Administrative Law Judge finds that the claimant is not engaging in SGA, and thus passes the first step of the sequential evaluation process.

The second step that must be considered is whether or not the claimant has a severe impairment. A severe impairment is an impairment expected to last 90 days or more (or result in death), which significantly limits an individual's physical or mental ability to perform basic work activities. The term "basic work activities" means 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).

The purpose of the second step in the sequential evaluation process is to screen out claims lacking in medical merit. *Higgs v. Bowen* 880 F2d 860, 862 (6th Cir, 1988). As a result, the Department may only screen out claims at this level which are "totally groundless" solely from a medical standpoint. This is a *de minimus* standard in the disability determination that the court may use only to disregard trifling matters. As a rule, any impairment that can reasonably be expected to significantly impair basic activities is enough to meet this standard.

In the current case, claimant has presented medical evidence of mild anxiety disorder, which has more than a minimal effect on claimant's work related abilities. Independent medical examinations confirmed that claimant has mild deficits in basic vocabulary,

judgment, and abstract thinking. While claimant alleges back pain, claimant did not submit objective medical evidence of back pain; as such, the undersigned cannot consider this impairment, as it is not supported by the evidentiary record; the undersigned holds that this impairment is non-severe. However, claimant's allegations of mental illness meet the de minimus standard. Therefore, claimant passes the second step of the sequential evaluation.

In the third step of the sequential evaluation, we must determine if the claimant's impairment is listed in Appendix 1 of Subpart P of 20 CFR, Part 404. This is, generally speaking, an objective standard; either claimant's impairment is listed in this appendix, or it is not. However, at this step, a ruling against the claimant does not direct a finding of "not disabled"; if the claimant's impairment does not meet or equal a listing found in Appendix 1, the sequential evaluation process must continue on to step four.

The Administrative Law Judge finds that the claimant's medical records do not contain medical evidence of an impairment that meets or equals a listed impairment.

In making this determination, the undersigned has considered listings in Section 12.00 (Mental). Claimant's condition does not meet the requirements contained in the listing. Claimant does not have evidence of impairments that significantly limit daily activities, social functioning, or memory. The medical evidence is insufficient to consider these listings. Therefore, the claimant cannot be found to be disabled at this step, based upon medical evidence alone. 20 CFR 416.920(d). We must thus proceed to the next steps, and evaluate claimant's vocational factors.

Evaluation under the disability regulations requires careful consideration of whether the claimant can do past relevant work (PRW), which is our step four, and if not, whether they can reasonably be expected to make vocational adjustments to other work, which is our step five. When the individual's residual functional capacity (RFC) precludes meeting the physical and mental demands of PRW, consideration of all facts of the case will lead to a finding that

- 1) the individual has the functional and vocational capacity to for other work, considering the individual's age, education and work experience, and that jobs which the individual could perform exist in significant numbers in the national economy, or
- 2) The extent of work that the claimant can do, functionally and vocationally, is too narrow to sustain a finding of the ability to engage in SGA. SSR 86-8.

Given that the severity of the impairment must be the basis for a finding of disability, steps four and five of the sequential evaluation process must begin with an assessment of the claimant's functional limitations and capacities. After the RFC assessment is made, we must determine whether the individual retains the capacity to perform PRW. Following that, an evaluation of the claimant's age, education and work experience and

training will be made to determine if the claimant retains the capacity to participate in SGA.

RFC is an assessment of an individual's ability to do sustained work-related physical and mental activities in a work setting on a regular and continuing basis—meaning 8 hours a day, 5 days a week, or an equivalent work schedule. RFC assessments may only consider functional limitations and restrictions that result from a claimant's medically determinable impairment, including the impact from related symptoms. It is important to note that RFC is not a measure of the least an individual can do despite their limitations, but rather, the most. Furthermore, medical impairments and symptoms, including pain, are not intrinsically exertional or nonexertional; the functional limitations caused by medical impairments and symptoms are placed into the exertional and nonexertional categories. SSR 96-8p, 20 CFR 416.945 (a).

However, our RFC evaluations must necessarily differ between steps four and five. At step four of the evaluation process, RFC must not be expressed initially in terms of the step five exertional categories of “sedentary”, “light”, “medium”, “heavy”, and “very heavy” work because the first consideration in step four is whether the claimant can do PRW as they actually performed it. Such exertional categories are useful to determine whether a claimant can perform at their PRW as is normally performed in the national economy, but this is generally not useful for a step four determination because particular occupations may not require all of the exertional and nonexertional demands necessary to do a full range of work at a given exertional level. SSR 96-8p.

Therefore, at this step, it is important to assess the claimant's RFC on a function-by-function basis, based upon all the relevant evidence of an individual's ability to do work related activities. Only at step 5 can we consider the claimant's exertional category.

An RFC assessment must be based on all relevant evidence in the case record, such as medical history, laboratory findings, the effects of treatments (including limitations or restrictions imposed by the mechanics of treatment), reports of daily activities, lay evidence, recorded observations, medical treating source statements, effects of symptoms (including pain) that are reasonably attributed to the impairment, and evidence from attempts to work. SSR 96-8p.

RFC assessments must also address both the remaining exertional and nonexertional capacities of the claimant. Exertional capacity addresses an individual's limitations and restrictions of physical strength, and the claimant's ability to perform everyday activities such as sitting, standing, walking, lifting, carrying, pushing and pulling; each activity must be considered separately. Nonexertional capacity considers all work-related limitations and restrictions that do not depend on an individual's physical strength, such as the ability to stoop, climb, reach, handle, communicate and understand and remember instructions.

Symptom, such as pain, are neither exertional or nonexertional limitations; however such symptoms can often affect the capacity to perform activities as contemplated above and thus, can cause exertional or nonexertional limitations. SSR 96-8.

In the current case, claimant testifies to anxiety and depression, as well as back pain.

Claimant testified to an inability to lift over 10 pounds, difficulty standing for extended lengths of time, and difficulty walking over two blocks, due to back pain. Claimant's back pain allegations are not supported by the medical record. There are no medical records in the file that support this opinion. Claimant did not submit any medical records relating to back pain or other back disorders. All exams, including treating source and independent exams, turn up no evidence of impairment. As such, that condition was not considered in this analysis. The undersigned does not find claimant credible with regard to her testimony of limiting symptoms from her back pain, as her testimony is not supported by the objective medical record.

With regard to the anxiety, claimant has alleged difficulty sleeping, and difficulties being around people. Independent and treating medical reports note that claimant has normal attention and concentration, normal short and long term memory, and the ability to perform simple mental arithmetic. A mental RFC from claimant's treating source noted some mild and moderate limitations. Claimant is goal orientated, with normal affect, and with no medical evidence of psychotic symptoms. Claimant's treating source gave claimant a GAF of 70, which is consistent with mild limitations.

From these reports, the Administrative Law Judge concludes that claimant has a disabling impairment when considering functions that require advanced vocabulary and abstract thinking. Claimant has no limitations with reaching and pulling, and no manipulative limitations. Claimant has no postural limitations (e.g. stooping, bending, and crouching) as stated above, and no visual limitations or communicative (hearing, speaking) limitations. Claimant has no limitations with standing, walking, or the use of their legs. Claimant may not be able to perform extended interactions with members of the general public, but nothing in the record suggests that claimant cannot perform frequent short interactions. Claimant may require supervision.

Claimant testified to only being able to stand for short periods and walk short distances; the Administrative Law Judge did not find this testimony credible in light of the medical record.

Claimant's PRW includes work as a cashier. This job, as typically performed and described by the claimant, required bending and stooping, standing, and walking. This job did require some lifting, up to 10 pounds. This job did not require excessive walking, though claimant could reasonably be expected to be standing or on their feet for 8 hours per day. This job did not require advanced judgment, extended interactions with the general public, or abstract thinking.

Furthermore, claimant testified that she could not perform this job due to trouble getting along with people; however, claimant admitted to a medical source that she got along fine in this job in the past with peers and supervisors; the undersigned does not find claimant's testimony credible.

Claimant's medical record as a whole does not show that claimant has a physical impairment that would prevent claimant from performing this past work. Claimant did not testify as to any particular limitations that would prevent working at this job.

The medical record shows that claimant is physically and mentally capable of performing their past relevant work. Therefore, claimant possesses the residual functional capacity to perform their prior relevant work.

Therefore, given the functional requirements as stated by claimant (which is consistent with how these jobs are typically performed) for these jobs, and claimant's functional limitations as described above, the Administrative Law Judge concludes that claimant does retain the capacity to perform their past relevant work.

As claimant retains the capacity to perform past relevant work, the undersigned must find that claimant does not meet the requirements to be found medically disabled. As claimant does not meet the requirements to be found medically disabled, the undersigned holds that the Department was correct when claimant was not disabled for the purposes of the MA-P program.

As claimant has been found not disabled at Step 4, no further analysis is required.

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 not disabled for purposes of the MA and/or SDA benefit program.

DECISION AND ORDER

Accordingly, the Department's determination is AFFIRMED.



Robert J. Chavez
Administrative Law Judge
for Maura Corrigan, Director
Department of Human Services

Date Signed: August 28, 2014

Date Mailed: August 28, 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:

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

RJC/tm

cc:

