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

IN THE MATTER OF:

Reg. No.: 14-005913 Issue No.: 2009

Case No.:

Hearing Date:

September 8, 2014

County: Oakland (04-North Saginaw)

ADMINISTRATIVE LAW JUDGE: Jonathan 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 September 8, 2014, from Pontiac, Michigan. Participants on behalf of Claimant included Claimant Participants on behalf of the Department of Human Services (Department) included

A preliminary matter regarding timeliness of the hearing request was addressed. As indicated below, Claimant's representative demonstrated a hearing request was filed on April 1, 2014. Therefore, the hearing proceeded to determine disability.

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 December 13, 2013, Claimant applied for MA-P and retro MA-P to November 2013.
- 2. On January 16, 2014, the Medical Review Team denied Claimant's request.
- 3. On April 1, 2014, Claimant submitted to the Department a request for hearing. Claimant's representative provided a fax confirmation showing the hearing request

was faxed on April 1, 2014. Claimant's representative further testified she personally faxed the hearing request. This was unrebutted.

- 4. The State Hearing Review Team (SHRT) denied Claimant's request.
- 5. Claimant is 54 years old.
- 6. Claimant completed education through high school.
- 7. Claimant has employment experience (last worked 2012) as a home healthcare provider which required her to stand/walk the entire shift and lift at most 10 pounds. She previously worked as a cashier which required her to stand/walk the entire shift and lift at most 10 pounds. She also worked as a customer service telephone representative sitting the majority of the time, standing/walking less than 2 hours in a day and lifting no weight. She also worked as an insurance examiner which required her stand/walk less than 2 hours, sitting the majority of the shift and lifting 10 pounds.
- 8. Claimant's limitations have lasted for 12 months or more.
- 9. Claimant suffers from arthritis, heart disease, migraines and fibromyalgia.
- 10. Claimant has some limitations on physical activities involving sitting, standing, walking, bending, lifting, and stooping.

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 arthritis, heart disease, migraines and fibromyalgia. Claimant has a number of symptoms and limitations, as cited above, as a result of these conditions. Claimant's records included the following.

Claimant was examined by a consulting internist. This physician noted that Claimant had no difficulty getting on and off the exam table, performing heel and toe walking, squatting and raising, or balancing. Her range of motion was found to be normal. No evidence of decompensated heart failure was noted. Claimant alleged shortness of breath with physical activity. This physician noted physical deconditioning may be a component, as may be an element of COPD. This physician noted Claimant would benefit from smoking cessation. Claimant was admitted for chest pain. Claimant was treated and released. Claimant was noted to report she smoked a half pack a day of cigarettes. a chest x-ray revealed the lungs were clear. No pleural effusion or pneumothorax. Cardiac silhouette and pulmonary vasculature were normal. No mediastinal abnormalities were evident. No evidence of acute intrathoracic process. a nuclear medicine myocardial perfusion imaging SPECT stress test was performed. The results revealed a normal myocardial perfusion scan. No evidence of exercise induced ischemia at suboptimal level of stress. Normal cardiac wall motion. Normal left ventricular ejection fraction of over 75%. medication review from Claimant's treating mental health provider indicated she suffers from major depression. She was assessed a GAF of 45 Claimant alleged suffering with depression for over 10 years but received no treatment according to Claimant's records.

Claimant testified to the following symptoms and abilities: chronic pain, always has a headache, activity increases pain, hard to complete tasks because she tires out, fatigued, can walk 2 blocks, can stand 10 minutes, can sit 10 minutes, not able to bend or squat very easily, dizzy spells, poor grip and grasp, no medical restriction on lifting, manages household chores but takes longer and requires breaks, able to manage personal care, struggles with raising hands above head, arms and fingers tingle when she extends them over head, not currently taking anything for her heart condition, she takes a low dose aspirin, able to manage small trips for groceries, able to drive and medications make her dizzy and tired.

Claimant alleged a greater degree of limitation and restriction on her abilities than the objective medical evidence presented would support.

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 home health care provider which required her to stand/walk the entire shift and lift at most 10 pounds. She previously worked as a cashier which required her to stand/walk the entire shift and lift at most 10 pounds. She also worked as a customer service telephone representative sitting the majority of the time, standing/walking less than 2 hours in a day and lifting no weight. She also worked as an insurance examiner which required her stand/walk less than 2 hours, sitting the majority of the shift and lifting 10 pounds. The objective medical evidence submitted fails to demonstrate limitations to the degree that would prevent Claimant from performing her past employment as described. This Administrative Law Judge finds, based on the medical evidence and objective, physical, and psychological findings, that Claimant is capable of the physical or mental activities required to perform any such position. 20 CFR 416.920(e).

Therefore Claimant is found 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.

Jonathan Owens
Administrative Law Judge
for Maura Corrigan, Director

Department of Human Services

Date Signed: 10/15/2014

Date Mailed: 10/15/2014

JWO / pf

NOTICE OF APPEAL: A party may appeal this Hearing Decision in the circuit court in the county in which he/she resides, 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

