

3. On February 20, 2013, Claimant submitted to the Department a request for hearing.
4. SHRT denied Claimant's request.
5. Claimant is 36 years old.
6. Claimant completed education through the 11th grade. He has problems with reading and simple math.
7. Claimant has employment experience (last worked November 2012) in food and stock work for a carnival which required him to stand/walk the majority of the shift, limited sitting and lifting 25 pounds.
8. Claimant's limitations have lasted for 12 months or more.
9. Claimant suffers from a heart condition, left leg pain, depression, anxiety, high cholesterol, dyslexia and learning disability.
10. Claimant has significant limitations on physical activities involving sitting, standing, walking, bending, lifting, and stooping.
11. Claimant has some limitations on understanding, carrying out, and remembering simple instructions; use of judgment; responding appropriately to supervision, co-workers and usual work situations; and dealing with changes in a routine work setting.
12. Claimant is 5'9" tall and weighs 294 pounds which yields a Body Mass Index (BMI) of 43.41.

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).

In the present case, Claimant has been diagnosed with a heart condition, left leg pain, depression, anxiety, high cholesterol, dyslexia and a learning disability. Claimant has a number of symptoms and limitations, as cited above, as a result of these conditions. Claimant's medical included the following:

Claimant was seen [REDACTED] for right leg pain. He was noted to be 5'9" in height and weighed 260 pounds. He was discharged [REDACTED] after being diagnosed with superficial thrombophlebitis.

[REDACTED] Claimant went to the emergency room for chest pains. He was treated and released in stable condition.

██████████ Claimant was admitted to the hospital. He was admitted for chest pain and underwent a cardiac catheterization. Claimant was discharged ██████████ with a diagnosis of acute STEMI to LAD occlusion, status post stent, hypertension (improving) and leukocytosis. He was discharged in stable condition.

██████████ Claimant went to the emergency room for treatment of bruising to right groin area. Claimant was noted to be 5'9" in height and weighed 294 pounds. Claimant was noted to be in stable condition. Claimant did leave against medical advice.

██████████ Claimant was admitted and treated for acute myocardial infarction involving the anterior and anteroapical walls, ischemic cardiomyopathy, medication noncompliance and coronary disease. His ejection fraction was noted to be 30 %.

██████████ Claimant was seen by a mental health consultant. Claimant was diagnosed as suffering from adjustment disorder with mixed disturbances of emotion and conduct. His prognosis was fair.

Claimant testified to the following symptoms and abilities: problems with walking due to his one leg being shorter than another, cut the grass at home on a city lot using a push mower but needs to take breaks, can walk a couple blocks, can stand 10-15 minutes, no problem with sitting, no issues with grip and grasp, limited to lifting 10-15 pounds, able to bend and squat, able to manage household chores, able to manage personal care, manages his own grocery shopping, not able to drive, may need a pace maker, medications make him drowsy, shortness of breath upon exertion, not able to read or write and he requires assistance to complete all forms.

Social Security Ruling 02-01 directs adjudicators to consider that the combined effects of obesity with other impairments may be greater than the non-obesity impairment alone. The National Institute of Health Clinical Guidelines for Obesity defined three levels of obesity. Level I include Body Mass Index (BMIs) of 30.0-34.9; Level II includes BMIs of 35.0-39.9; and Level III extreme obesity is considered over 40.0. Obesity at Level III represents a condition which creates the greatest risk for developing obesity-related impairments. Claimant's weight was 294 pounds and he 5'9" in height. Claimant's obesity as measured by his BMI may be calculated using the Center for Disease Control and Prevention Body Mass Index calculation found at: http://cdc.gov/nccdphp/dnpa/bmi/adult_BMI/english_bmi_calculator/bmi_calculator.htm.

The formula for calculating BMI is as follows: calculate BMI by dividing weight in pounds by height in inches squared and multiplying by a conversion factor of 703. This formula as applied to Claimant's height and weight yields a BMI of 43.41 or Level III obesity. This level of obesity surely impacts Claimant's heart condition.

Social Security Ruling SSR-02 provides in pertinent part:

Because there is no listing for obesity, we will find that an individual with obesity “meets” the requirements of a listing if he or she has another impairment that, by itself, meets the requirements of a listing. We will also find that a listing is met if there is an impairment that, in combination with obesity, meets the requirements of a listing. For example, obesity may increase the severity of coexisting or related impairments to the extent that the combination of impairments meets the requirements of a listing. This is especially true of musculoskeletal, respiratory, and cardiovascular impairments. It may also be true for other coexisting or related impairments, including mental disorders.

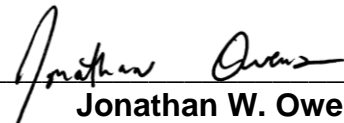
In this case, this Administrative Law Judge finds that Claimant may be considered presently disabled at the third step. Claimant appears to meet listing 4.04 or its equivalent. This Administrative Law Judge will not continue through the remaining steps of the assessment. Claimant’s testimony and the medical documentation support the finding that Claimant meets the requirements of a listing.

Therefore, Claimant is found to be disabled.

DECISION AND ORDER

The Administrative Law Judge, based upon the above findings of fact and conclusions of law, decides that Claimant is medically disabled as of July 2013.

Accordingly, the Department’s decision is hereby REVERSED and the Department is ORDERED to initiate a review of the application dated September 11, 2013, if not done previously, to determine Claimant’s non-medical eligibility. The Department shall inform Claimant of the determination in writing. A review of this case shall be set for November 2015.



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

Date Signed: October 28, 2014

Date Mailed: October 28, 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]
[REDACTED]
[REDACTED]