

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

**IN THE MATTER OF:**

[REDACTED]

Reg. No.: 2014-554  
Issue No.: 4009  
Case No.: [REDACTED]  
Hearing Date: February 10, 2014  
County: Wayne (18)

**ADMINISTRATIVE LAW JUDGE:** Christian Gardocki

**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; 7 CFR 273.15 to 273.18; 42 CFR 431.200 to 431.250; 45 CFR 99.1 to 99.33; and 45 CFR 205.10. After due notice, a telephone hearing was held on February 10, 2014, from Detroit, Michigan. Participants included the above-named Claimant, [REDACTED], Claimant's mother, testified and appeared as Claimant's authorized hearing representative. Participants on behalf of the Department of Human Services (DHS) included [REDACTED], Medical Contact Worker.

**ISSUE**

The issue is whether DHS properly denied Claimant's application for State Disability Assistance (SDA) for the reason that Claimant is not a disabled individual.

**FINDINGS OF FACT**

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

1. On [REDACTED], Claimant applied for SDA benefits.
2. Claimant's only basis for SDA benefits was as a disabled individual.
3. On [REDACTED], the Medical Review Team (MRT) determined that Claimant was not a disabled individual.

4. On [REDACTED], DHS denied Claimant's application for SDA benefits and mailed a Notice of Case Action (Exhibits 103-105).informing Claimant of the denial.
5. On [REDACTED], Claimant requested a hearing disputing the denial of SDA benefits.
6. On [REDACTED], SHRT determined that Claimant was not a disabled individual, in part, by determining that Claimant can perform light employment.
7. On [REDACTED], an administrative hearing was held.
8. Claimant presented new medical documents (Exhibits A1-A76) at the hearing.
9. During the hearing, Claimant waived the right to receive a timely hearing decision.
10. During the hearing, Claimant and DHS waived any objections to allow the admission of additional documents considered and forwarded by SHRT.
11. On [REDACTED], an updated hearing packet was forwarded to SHRT and an Interim Order Extending the Record for Review by State Hearing Review Team was subsequently issued which extended the record 90 days from the date of hearing.
12. On [REDACTED], SHRT determined that Claimant was not disabled, in part, by determining that Claimant can perform light employment.
13. On [REDACTED] the Michigan Administrative Hearings System received the hearing packet and updated SHRT decision.
14. As of the date of the administrative hearing, Claimant was a 20-year-old female with a height of 5'6" and weight of 180 pounds.
15. Claimant has no known relevant history of alcohol or illegal substance abuse.
16. Claimant's highest education year completed was the 12<sup>th</sup> grade.
17. As of the date of the administrative hearing, Claimant was an ongoing Medicaid recipient.
18. Claimant alleged disability based on impairments and issues including sleep apnea, osteoarthritis, and Ehlers-Danlos syndrome (type 3).

### **CONCLUSIONS OF LAW**

The State Disability Assistance (SDA) program which provides financial assistance for disabled persons is established by 2004 PA 344. DHS administers the SDA program

pursuant to MCL 400.10, *et seq.*, and MAC R 400.3151-400.3180. DHS policies for SDA are found in the Bridges Administrative Manual (BAM), the Bridges Eligibility Manual (BEM) and the Reference Tables Manual (RFT).

SDA provides financial assistance to disabled adults who are not eligible for Family Independence Program (FIP) benefits. BEM 100 (1/2013), p. 4. The goal of the SDA program is to provide financial assistance to meet a disabled person's basic personal and shelter needs. *Id.* To receive SDA, a person must be disabled, caring for a disabled person, or age 65 or older. BEM 261 (1/2012), p. 1.

A person is disabled for SDA purposes if he/she:

- receives other specified disability-related benefits or services, see Other Benefits or Services below, or
- resides in a qualified Special Living Arrangement facility, or
- is certified as unable to work due to mental or physical disability for at least 90 days from the onset of the disability; or
- is diagnosed as having Acquired Immunodeficiency Syndrome (AIDS).

*Id.*

There was no evidence that any of the above circumstances apply to Claimant. Accordingly, Claimant may not be considered for SDA eligibility without undergoing a medical review process (see BAM 815) which determines whether Claimant is a disabled individual. *Id.*, p. 3.

Generally, state agencies such as DHS must use the same definition of SSI disability as found in the federal regulations. 42 CFR 435.540(a). Disability is federally defined as the inability to do any substantial gainful activity (SGA) 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. As noted above, SDA eligibility is based on a 90 days period of disability.

Substantial gainful activity means a person does the following:

- Performs significant duties, and
- Does them for a reasonable length of time, and
- Does a job normally done for pay or profit. *Id.* at 9.

Significant duties are duties used to do a job or run a business. *Id.* They must also have a degree of economic value. *Id.* The ability to run a household or take care of oneself does not, on its own, constitute substantial gainful activity. *Id.*

The person claiming a physical or mental disability has the burden to establish a disability through the use of competent medical evidence from qualified medical sources such as his or her medical history, clinical/laboratory findings, diagnosis/prescribed treatment, prognosis for recovery and/or medical assessment of ability to do work-related activities or ability to reason and make appropriate mental adjustments, if a mental disability is alleged. 20 CFR 413.913. An individual's subjective pain complaints

are not, in and of themselves, sufficient to establish disability. 20 CFR 416.908; 20 CFR 416.929(a).

Federal regulations describe a sequential five step process that is to be followed in determining whether a person is disabled. 20 CFR 416.920. If there is no finding of disability or lack of disability at each step, the process moves to the next step. 20 CFR 416.920 (a)(4).

The first step in the process considers a person's current work activity. 20 CFR 416.920 (a)(4)(i). A person who is earning more than a certain monthly amount is ordinarily considered to be engaging in SGA. The monthly amount depends on whether a person is statutorily blind or not. "Current" work activity is interpreted to include all time since the date of application. The 2013 monthly income limit considered SGA for non-blind individuals is \$1,040.

Claimant credibly denied performing any employment since the date of the MA application; no evidence was submitted to contradict Claimant's testimony. Based on the presented evidence, it is found that Claimant is not performing SGA and has not performed SGA since the date of MA application. Accordingly, the disability analysis may proceed to step two.

The second step in the disability evaluation is to determine whether a severe medically determinable physical or mental impairment exists to meet the 12 month duration requirement. 20 CFR 416.920 (a)(4)(ii). The impairments may be combined to meet the severity requirement. If a severe impairment is not found, then a person is deemed not disabled. *Id.*

The impairments must significantly limit a person's basic work activities. 20 CFR 416.920 (a)(5)(c). "Basic work activities" refers to the abilities and aptitudes necessary to do most jobs. *Id.* Examples of basic work activities include:

- physical functions (e.g. walking, standing, sitting, lifting, pushing, pulling, reaching, carrying, or handling)
- capacities for seeing, hearing, and speaking, understanding; carrying out, and remembering simple instructions
- use of judgment
- responding appropriately to supervision, co-workers and usual work situations; and/or
- dealing with changes in a routine work setting.

Generally, federal courts have imposed a de minimus standard upon claimants to establish the existence of a severe impairment. *Grogan v. Barnhart*, 399 F.3d 1257, 1263 (10<sup>th</sup> Cir. 2005); *Hinkle v. Apfel*, 132 F.3d 1349, 1352 (10<sup>th</sup> Cir. 1997). *Higgs v Bowen*, 880 F.2d 860, 862 (6<sup>th</sup> Cir. 1988). Similarly, Social Security Ruling 85-28 has been interpreted so that a claim may be denied at step two for lack of a severe impairment only when the medical evidence establishes a slight abnormality or combination of slight abnormalities that would have no more than a minimal effect on an

individual's ability to work even if the individual's age, education, or work experience were specifically considered. *Barrientos v. Secretary of Health and Human Servs.*, 820 F.2d 1, 2 (1<sup>st</sup> Cir. 1987). Social Security Ruling 85-28 has been clarified so that the step two severity requirement is intended "to do no more than screen out groundless claims." *McDonald v. Secretary of Health and Human Servs.*, 795 F.2d 1118, 1124 (1<sup>st</sup> Cir. 1986).

SSA specifically notes that age, education, and work experience are not considered at the second step of the disability analysis. 20 CFR 416.920 (5)(c). In determining whether Claimant's impairments amount to a severe impairment, all other relevant evidence may be considered. The analysis will begin with a summary of the relevant submitted medical documentation.

Claimant testified that she dislocates her knees approximately 5-10 times per week. Claimant testified that she attends physical therapy but it only minimally helps. Claimant also testified that she passes out and has memory problems.

A report (Exhibits 16-17; 73-74; A24-A25) from a treating orthopedic physician dated 9/23/11 was presented. It was noted that Claimant presented for a knee evaluation. It was noted that an examination was performed. No significant effusion or ecchymosis was noted. A full range of motion was noted in both knees. An assessment of patellofemoral syndrome with history of subluxation was noted.

Genetic testing reports (Exhibits 12-15; 55-72; A64) dated from 12/2011 through 2/2012 were presented. The testing appeared to attempt for the purpose of verifying a diagnosis of EDS.

Hospital documents (Exhibits 91-102) dated [REDACTED] were presented. It was noted that Claimant's left shoulder popped out while she was stretching. It was noted that Claimant's shoulder self-reduced shortly after arriving to the hospital. It was noted that shoulder x-rays were unremarkable.

A Medical Examination Report (Exhibits 9-11) dated [REDACTED] from a treating physician was presented. Claimant's physician noted treating Claimant for an approximate one-month period from 12/2011 to 1/2012. The physician provided diagnoses of EDS and chronic fatigue. An impression was given that Claimant's condition was stable. It was noted that Claimant could occasionally lift 10 pounds of weight, but never more. Claimant's physician noted that Claimant was restricted to sitting for less than 6 hours per 8-hour workday. Claimant's physician noted that Claimant was restricted to standing and/or walking less than 2 hours per 8-hour workday. It was noted that Claimant could perform repetitive simple grasping but not the following repetitive actions: reaching, pushing, pulling or fine manipulation. It was noted that Claimant could not perform daily life activities.

Physician documents (Exhibits 31-32) from an encounter dated [REDACTED] were presented. It was noted that Claimant complained of acne. An assessment of inflammatory acne was noted. Various medications were noted as prescribed.

Physician documents (Exhibits 33-34) from an encounter dated [REDACTED] were presented. It was noted that Claimant complained of various joint dislocations, especially of her shoulder. A complaint of fatigue was also noted. It was noted that Claimant arrived one hour late for her appointment so there was little medical analysis performed. Genetic testing for possible EDS was noted as upcoming.

Physician documents (Exhibits 35-38; 42-52; A42-A43) from an encounter dated [REDACTED] were presented. It was noted that Claimant complained reported excessive sleep, sometimes as much as 14 hours per day. It was noted that all labs were negative. A diagnosis of vasovagal near syncope was noted. An ECG was noted as normal (see Exhibit 30).

One page of a physician report (Exhibit 39; 53-54) dated [REDACTED] was presented. It was noted that Claimant complained of excessive sleepiness. A plan to repeat a polysomnogram was noted. It was noted that Claimant's asthma was well controlled.

Physician documents (Exhibits 40-41) from an encounter dated [REDACTED] were presented. It was noted that Claimant complained primarily of right shoulder and knee dislocations. It was noted that Claimant reported 8 prior episodes where she corrected a right shoulder dislocation and three other episodes where emergency room visits were required; two right shoulder surgeries were noted as part of Claimant's medical history. It was noted that Claimant reported no ongoing pains. It was noted that Claimant had joint hypermobility, which is consistent with a diagnosis of EDS (type 3). A recommendation of not over-stretching joints and modest strength testing was noted.

Claimant presented a written statement (Exhibit 23; A46) dated [REDACTED] to excuse herself from school. Claimant noted that she cut herself while cutting a lemon and had to go to the emergency room. Generic ER wound care documents (Exhibits 25-26; A44-A45) were attached.

Hospital documents (Exhibits A47-A49) from an encounter dated [REDACTED] were presented. A diagnosis of allergies was noted.

One page of hospital documents (Exhibit A41) from an encounter dated [REDACTED] was presented. It was noted that Claimant complained of increasing headaches. It was noted that Claimant reported daily headaches over the last five days. A neurological appointment was noted as scheduled.

Physician letters (Exhibits 30-31) were presented. The letters were undated but referenced a sleep study from [REDACTED] and a titration study dated [REDACTED]. It was noted that Claimant's oxygen level "drops to a low of 89%" during sleep. A diagnosis of obstructive sleep apnea was noted. An order for a CPAP machine, mask and other

supplies was noted. Physician appointment documents (Exhibits 32-40; A65-A67) concerning sleep study analysis were presented but were not notable.

A physician letter (Exhibit A4) dated [REDACTED] was presented. It was noted that Claimant has obstructive sleep apnea and hypersomnolence. It was noted that Claimant may feel sleepy even after 10 hours of sleep.

Physician office visit documents (Exhibits A18-A23) dated [REDACTED] were presented. An order of physical therapy was noted.

A letter (Exhibit 5; A56) dated [REDACTED] from a transportation company providing complementary para-transit service was presented. It was noted that Claimant was conditionally approved to use the service when her symptoms prevented her from using a regular bus stop. A physician statement (Exhibits A52-A55) supporting a need for transportation was attached. Claimant's physician noted that Claimant could travel up to 2 blocks with assistance.

Radiology reports (Exhibits A14-A17) dated [REDACTED] were presented. It was noted that Claimant underwent a right shoulder fluoroscopy and arthrogram in response to complaints of right shoulder pain. An uncomplicated arthrogram impression was noted. An impression of findings consistent with a history of dislocations was a noted fluoroscopy finding.

Presented evidence established repeated complaints of fatigue and excessive sleep. Presented evidence suggested that Claimant's fatigue was caused by sleep difficulties, which were diagnosed as obstructive sleep apnea. The evidence was suggestive in finding that Claimant's symptoms are improving.

All of Claimant's complaints occurred prior to a sleep study performed in 11/2013. In the following weeks, Claimant's physician prescribed numerous items for Claimant including a CPAP machine. Claimant's access to Medicaid should allow Claimant to obtain all needed sleep apnea supplies. Presumably, now that Claimant is receiving medical attention for sleep apnea, her symptoms will resolve, or at least improve. Thus, Claimant's complaints of fatigue and/or excessive sleepiness are not expected to last for the required duration for SDA eligibility.

Claimant's most concerning diagnosis is EDS. Medical evidence established that Claimant easily bruises. Medical evidence established that Claimant has ambulation and lifting restrictions due to the fragility of her joints. It was also established that Claimant either cannot or should not perform overhead reaching. It was established that Claimant has significant impairments expected to last 12 months or longer.

It is found that Claimant established significant impairment to basic work activities for a period longer than 12 months. Accordingly, Claimant established having a severe impairment and the disability analysis may move to step three.

The third step of the sequential analysis requires a determination whether the Claimant's impairment, or combination of impairments, is listed in Appendix 1 of Subpart P of 20 CFR, Part 404. 20 CFR 416.920 (a)(4)(iii). If Claimant's impairments are listed and deemed to meet the 12 month requirement, then the claimant is deemed disabled. If the impairment is unlisted, then the analysis proceeds to the next step.

Listings for epilepsy (Listings 11.02 and 11.03) were considered based on Claimant's testimony that she passed out numerous times in 2014. Claimant also testified that she does not drive due to fear of passing out. The listings were summarily rejected due to an absence of treatment records for seizures.

A listing for sleep apnea (Listing 3.10) was considered based on a diagnosis for sleep apnea. The listing was summarily rejected due to an absence of pulmonary artery pressure testing or evidence of arterial hypoxemia.

Claimant's most prominent impairment appears to be joint dysfunction. Claimant's impairment is covered by Listing 1.02 which reads as follows:

**1.02 Major dysfunction of a joint(s) (due to any cause):** Characterized by gross anatomical deformity (e.g., subluxation, contracture, bony or fibrous ankylosis, instability) and chronic joint pain and stiffness with signs of limitation of motion or other abnormal motion of the affected joint(s), and findings on appropriate medically acceptable imaging of joint space narrowing, bony destruction, or ankylosis of the affected joint(s). With:

- A. Involvement of one major peripheral weight-bearing joint (i.e., hip, knee, or ankle), resulting in inability to ambulate effectively, as defined in 1.00B2b;

OR

- B. Involvement of one major peripheral joint in each upper extremity (i.e., shoulder, elbow, or wrist-hand), resulting in inability to perform fine and gross movements effectively, as defined in 1.00B2c.

The ability to ambulate effectively is defined by SSA in 1.00B2b. This definition reads:

Inability to ambulate effectively means an extreme limitation of the ability to walk; i.e., an impairment(s) that interferes very seriously with the individual's ability to independently initiate, sustain, or complete activities. Ineffective ambulation is defined generally as having insufficient lower extremity functioning (see 1.00J) to permit independent ambulation without the use of a hand-held assistive device(s) that limits the functioning of both upper extremities.

Claimant testified that she does not require use of a walking assistance device. Ambulation without a walking assistance device is consistent with an ability to ambulate effectively.

Claimant testified that she tires after only five minutes of walking. Presumably, Claimant's ability to ambulate increased significantly following treatment of sleep apnea, which is known to contribute to fatigue. No treatment records were presented to suggest otherwise. This consideration is consistent with finding that Claimant can ambulate effectively.

The definition for performing fine and gross movements is defined by SSA in 1.00B2c. This definition reads:

Inability to perform fine and gross movements effectively means an extreme loss of function of both upper extremities; i.e., an impairment(s) that interferes very seriously with the individual's ability to independently initiate, sustain, or complete activities. To use their upper extremities effectively, individuals must be capable of sustaining such functions as reaching, pushing, pulling, grasping, and fingering to be able to carry out activities of daily living. Therefore, examples of inability to perform fine and gross movements effectively include, but are not limited to, the inability to prepare a simple meal and feed oneself, the inability to take care of personal hygiene, the inability to sort and handle papers or files, and the inability to place files in a file cabinet at or above waist level.

Claimant's physician opined that Claimant could not perform fine manipulation, presumably due to EDS. Claimant's physician also opined that Claimant was not able to complete repetitive pushing, pulling or reaching. The physician opinion is consistent with an inability to perform fine and gross manipulation. Other evidence was less supportive of finding that Claimant is so disabled.

Claimant is a recent high school graduate. Claimant testified that she is also plans on attending college. An ability to attend school is consistent with an ability to perform fine and gross movements.

Claimant testified that she is unable to lift her shoulders above her head due to fear of joint dislocation Claimant did not testify that she is unable to perform other types of routine and hand motions cited by SSA. This is consistent with finding that Claimant can perform fine and gross movements.

It is also worth noting that Claimant has ongoing Medicaid. Based on recent federal and Michigan-adopted health care changes, Claimant's access to health insurance should continue indefinitely. If Claimant did not have access to health insurance, her health outlook would be much less promising. With access to treatment for EDS, there is little evidence to justify finding that Claimant could not perform employment requiring fine and gross hand movements. It is found that Claimant does not meet SSA listing 1.02.

It is found that Claimant failed to establish meeting a SSA listing. Accordingly, the analysis moves to step four.

The fourth step in analyzing a disability claim requires an assessment of the Claimant's residual functional capacity (RFC) and past relevant employment. 20 CFR 416.920(a)(4)(iv). An individual is not disabled if it is determined that a claimant can perform past relevant work. *Id.*

Past relevant work is work that has been performed within the past 15 years that was a substantial gainful activity and that lasted long enough for the individual to learn the position. 20 CFR 416.960(b)(1). Vocational factors of age, education, and work experience, and whether the past relevant employment exists in significant numbers in the national economy is not considered. 20 CFR 416.960(b)(3). RFC is assessed based on impairment(s), and any related symptoms, such as pain, which may cause physical and mental limitations that affect what can be done in a work setting. RFC is the most that can be done, despite the limitations.

Claimant testified that her entire employment history consists of a two-week period. Testimony was not taken concerning the type of employment as it was established that it did not amount to SGA. Without any history of employment amounting to SGA, it can only be found that Claimant cannot perform past relevant employment amounting to SGA. Accordingly, the analysis may proceed to step five.

In the fifth step in the process, the individual's RFC in conjunction with his or her age, education, and work experience, are considered to determine whether the individual can engage in any other substantial gainful work which exists in the national economy. SSR 83-10. While a vocational expert is not required, a finding supported by substantial evidence that the individual has the vocational qualifications to perform specific jobs is needed to meet the burden. *O'Banner v Sec of Health and Human Services*, 587 F2d 321, 323 (CA 6, 1978). Medical-Vocational guidelines found at 20 CFR Subpart P, Appendix II, may be used to satisfy the burden of proving that the individual can perform specific jobs in the national economy. *Heckler v Campbell*, 461 US 458, 467 (1983); *Kirk v Secretary*, 667 F2d 524, 529 (CA 6, 1981) *cert den* 461 US 957 (1983).

To determine the physical demands (i.e. exertional requirements) of work in the national economy, jobs are classified as sedentary, light, medium, heavy, and very heavy. 20 CFR 416.967. The definitions for each are listed below.

Sedentary work involves lifting of no more than 10 pounds at a time and occasionally lifting or carrying articles like docket files, ledgers, and small tools. 20 CFR 416.967(a). 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. *Id.* Jobs are sedentary if walking and standing are required occasionally and other sedentary criteria are met.

Light work involves lifting no more than 20 pounds at a time with frequent lifting or carrying objects weighing up to 10 pounds. 20 CFR 416.967(b) Even though 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. *Id.* To be considered capable of performing a full or wide range of light work, an individual must have the ability to do substantially all of these activities. *Id.* An individual capable of light work is also capable of sedentary work, unless there are additionally limiting factors such as loss of fine dexterity or inability to sit for long periods of time. *Id.*

Medium work involves lifting no more than 50 pounds at a time with frequent lifting or carrying of objects weighing up to 25 pounds. 20 CFR 416.967(c). An individual capable of performing medium work is also capable of light and sedentary work. *Id.*

Heavy work involves lifting no more than 100 pounds at a time with frequent lifting or carrying of objects weighing up to 50 pounds. 20 CFR 416.967(d). An individual capable of heavy work is also capable of medium, light, and sedentary work. *Id.*

Finally, very heavy work involves lifting objects weighing more than 100 pounds at a time with frequent lifting or carrying objects weighing 50 pounds or more. 20 CFR 416.967(e). An individual capable of very heavy work is able to perform work under all categories. *Id.*

Limitations or restrictions which affect the ability to meet the demands of jobs other than strength demands are considered nonexertional. 20 CFR 416.969a(a). Examples of non-exertional limitations include difficulty functioning due to nervousness, anxiousness, or depression; difficulty maintaining attention or concentration; difficulty understanding or remembering detailed instructions; difficulty in seeing or hearing; difficulty tolerating some physical feature(s) of certain work settings (i.e. can't tolerate dust or fumes); or difficulty performing the manipulative or postural functions of some work such as reaching, handling, stooping, climbing, crawling, or crouching. 20 CFR 416.969a(c)(1)(i)-(vi) If the impairment(s) and related symptoms, such as pain, only affect the ability to perform the non-exertional aspects of work-related activities, the rules in Appendix 2 do not direct factual conclusions of disabled or not disabled. 20 CFR 416.969a(c)(2)

The determination of whether disability exists is based upon the principles in the appropriate sections of the regulations, giving consideration to the rules for specific case situations in Appendix 2. *Id.* In using the rules of Appendix 2, an individual's circumstances, as indicated by the findings with respect to RFC, age, education, and work experience, is compared to the pertinent rule(s).

Given Claimant's age, education and employment history a determination of disability is dependent on Claimant's ability to perform sedentary employment. For sedentary employment, periods of standing or walking should generally total no more than about 2 hours of an 8-hour workday. Social Security Rule 83-10.

Claimant's physician indicated that Claimant is restricted to sitting of less than 6 hours per 8 hour workday, and standing of less than 2 hours per 8 hour workday. Presumably,

EDS is the basis for citing sitting restrictions. It is very unclear why EDS restricts Claimant's ability to sit for extended periods.

Claimant testified that she often passes out. Claimant's testimony, if accepted, would make employment improbable, when factoring Claimant's other problems. Claimant's medical history referenced a history of syncopal episodes, however, no evidence of recent history or treatment was presented.

Claimant testified that she has pain related to osteoarthritis; this is not atypical for someone with EDS, even if that person is a teenager. In 7/2013, Claimant reported no ongoing pains. The medical evidence is supportive in finding that Claimant is not significantly restricted due to pain.

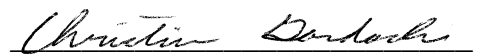
Claimant testified that she suffers memory lapses. This evidence was again not verified. There was no evidence of brain radiology or psychological treatment suggesting any restrictions to Claimant's memory. Thus, there is no basis to justify restricting Claimant's employment opportunities due to memory problems.

In step three it was found that Claimant can perform fine and gross movements required of sedentary employment. Based on the totality of evidence, it is found that Claimant can perform sedentary employment.

Based on Claimant's exertional work level (sedentary), age (younger individual aged 18-44), education (high school), employment history (none), Medical-Vocational Rule 201.27 is found to apply. This rule dictates a finding that Claimant is not disabled. Accordingly, it is found that DHS properly found Claimant to be not disabled for purposes of SDA eligibility.

### **DECISION AND ORDER**

The Administrative Law Judge, based upon the above findings of fact and conclusions of law, finds that DHS properly denied Claimant's SDA benefit application dated [REDACTED] based on a determination that Claimant is not disabled. The actions taken by DHS are **AFFIRMED**.

  
Christian Gardocki  
Administrative Law Judge  
for Maura Corrigan, Director  
Department of Human Services

Date Signed: 5/2/2014

Date Mailed: 5/2/2014

**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

CG/hw

cc:

