



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
MICHIGAN OFFICE OF ADMINISTRATIVE HEARINGS AND RULES

ORLENE HAWKS  
DIRECTOR

[REDACTED]

Date Mailed: January 26, 2021  
MOAHR Docket No.: 20-006390  
Agency No.: [REDACTED]  
Petitioner: [REDACTED]

**ADMINISTRATIVE LAW JUDGE:** Colleen Lack

### **HEARING DECISION**

Following Petitioner'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. After due notice, a telephone hearing was held on November 10, 2020. [REDACTED] the Petitioner, appeared on her own behalf. The Department of Health and Human Services (Department) was represented by Tamara Jackson, Hearing Facilitator.

During the hearing proceeding, the Department's Hearing Summary packet was admitted as marked, Exhibits A pp. 1-222.

### **ISSUE**

Did the Department properly determine that Petitioner 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. On [REDACTED], 2020, Petitioner applied for SDA and reported that she was disabled. (Exhibit A, p. 1)
2. On September 8, 2020, the Medical Review Team/Disability Determination Services (MRT/DDS) found Petitioner not disabled. (Exhibit A, pp. 14-20)
3. On September 10, 2020, a Notice of Case Action was issued informing Petitioner that SDA was denied. (Exhibit A, pp. 8-12)
4. On September 15, 2020, the Department received Petitioner's timely written request for hearing. (Exhibit A, pp. 3-7)

5. Petitioner alleged disabling impairments including: mixed connective tissue disease, pelvic floor tension myalgia, antiphospholipid antibody syndrome, cognitive issues, bulging discs, carpal tunnel, bladder retention, abdominal pain, irritable bowel syndrome, scar tissue, anxiety, and depression. (Exhibit A, pp. 50 and 59; Petitioner Testimony)
6. At the time of hearing, Petitioner was [REDACTED] years old with a [REDACTED] [REDACTED], birth date; was 5' 2" in height; and weighed 175 pounds. (Petitioner Testimony)
7. Petitioner completed the 12<sup>th</sup> grade and has a work history including cashier and clerk. (Exhibit A, pp. 53 and 62; Petitioner Testimony)
8. Petitioner's impairments have lasted, or are expected to last, continuously for a period of 90 days or longer.

### **CONCLUSIONS OF LAW**

Department policies are contained in the Department of Health and Human Services Bridges Administrative Manual (BAM), Department of Health and Human Services Bridges Eligibility Manual (BEM), and Department of Health and 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 Department of Human Services) administers the MA program pursuant to 42 CFR 435, MCL 400.10, and MCL 400.105-.112k.

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 42 CFR 435, MCL 400.10 *et seq.* and Mich Admin Code, Rules 400.3151 – 400.3180. 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.

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). The person claiming a physical or mental disability has the burden to establish it 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 416.913. An individual's statements about pain or other symptoms are not, in and of themselves, sufficient to establish disability. 20 CFR 416.929(a). Similarly, conclusory statements by a physician or mental health professional that an individual is disabled or blind, absent supporting medical evidence, is insufficient to establish disability. 20 CFR 416.927.

When determining disability, the federal regulations require several factors to be considered including: (1) daily activities; (2) the location/duration/frequency/intensity of an applicant's pain or other symptoms; (3) precipitating and aggravating factors; (4) the type/dosage/effectiveness/side effects of any medication the applicant takes to relieve pain or other symptoms; (5) any treatment other than medication that the applicant has received to relieve pain or other symptoms; (6) any measures the applicant uses to relieve pain or other symptoms; and (7) other factors concerning the applicant's functional limitations and restrictions due to pain or other symptoms. 20 CFR 416.929(c)(3). The applicant's pain or other symptoms must be considered in light of the objective medical evidence presented. 20 CFR 416.929(c)(2).

In order to determine whether or not an individual is disabled, federal regulations require a five-step sequential evaluation process be utilized. 20 CFR 416.920(a)(1). The five-step analysis requires the trier of fact to consider an individual's current work activity; the severity of the impairment(s) both in duration and whether it meets or equals a listed impairment in Appendix 1; residual functional capacity to determine whether an individual can perform past relevant work; and residual functional capacity along with vocational factors (i.e. age, education, and work experience) to determine if an individual can adjust to other work. 20 CFR 416.920(a)(4); 20 CFR 416.945.

If an individual is found disabled, or not disabled, at any step, a determination or decision is made with no need evaluate subsequent steps. 20 CFR 416.920(a)(4). If a determination cannot be made that an individual is disabled, or not disabled, at a particular step, the next step is required. 20 CFR 416.920(a)(4). If an impairment does not meet or equal a listed impairment, an individual's residual functional capacity is assessed before moving from step three to step four. 20 CFR 416.920(a)(4); 20 CFR 416.945. Residual functional capacity is the most an individual can do despite the limitations based on all relevant evidence. 20 CFR 416.945(a)(1). An individual's residual functional capacity assessment is evaluated at both steps four and five. 20 CFR 416.920(a)(4). In determining disability, an individual's functional capacity to perform basic work activities is evaluated and if found that the individual has the ability to perform basic work activities without significant limitation, disability will not be found. 20 CFR 416.994(b)(1)(iv). In general, the individual has the responsibility to prove disability. 20 CFR 416.912(a). An impairment or combination of impairments is not severe if it does not significantly limit an individual's physical or mental ability to do basic work activities. 20 CFR 416.922(a). The individual has the responsibility to provide evidence of prior work experience; efforts to work; and any other factor showing how the impairment affects the ability to work. 20 CFR 416.912(a)(1)(iv)(vi)(vii).

As outlined above, the first step looks at the individual's current work activity. In the record presented, Petitioner is not involved in substantial gainful activity. Therefore, Petitioner is not ineligible for disability benefits under Step 1.

The severity of Petitioner's alleged impairment(s) is considered under Step 2. Petitioner bears the burden to present sufficient objective medical evidence to substantiate the alleged disabling impairments. In order to be considered disabled for MA purposes, the impairment must be severe. 20 CFR 416.920(a)(4)(ii); 20 CFR 416.920(c). An impairment, or combination of impairments, is severe if it significantly limits an individual's physical or mental ability to do basic work activities regardless of age, education, and work experience. 20 CFR 416.920(a)(4)(ii); 20 CFR 416.920(c). Basic work activities means the abilities and aptitudes necessary to do most jobs. 20 CFR 416.922(b). Examples 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.

*Id.*

The second step allows for dismissal of a disability claim obviously lacking in medical merit. *Higgs v Bowen*, 880 F2d 860, 862 (CA 6, 1988). The severity requirement may still be employed as an administrative convenience to screen out claims that are totally groundless solely from a medical standpoint. *Id.* at 863 *citing Farris v Sec of Health and Human Services*, 773 F2d 85, 90 n.1 (CA 6, 1985). An impairment qualifies as non-severe only if, regardless of a Petitioner's age, education, or work experience, the impairment would not affect the Petitioner's ability to work. *Salmi v Sec of Health and Human Services*, 774 F2d 685, 692 (CA 6, 1985).

In the present case, Petitioner alleged disabling impairments including: mixed connective tissue disease, pelvic floor tension myalgia, antiphospholipid antibody syndrome, cognitive issues, bulging discs, carpal tunnel, bladder retention, abdominal pain, irritable bowel syndrome, scar tissue, anxiety, and depression. (Exhibit A, pp. 50 and 59; Petitioner Testimony)

A [REDACTED], 2020, record from [REDACTED] documented a diagnoses carpal tunnel syndrome right upper limb. Petitioner underwent carpal tunnel injection. (Exhibit A, pp. 125-128)

A [REDACTED] 2020, neurology consult at [REDACTED] documents that Petitioner was seen for muscle spasms of the lower extremity. Petitioner was noted to have a past medical history of multiple medical problems including fibromyalgia and chronic pain syndrome and had been following at [REDACTED]. Petitioner's current presentation was likely due to the underlying fibromyalgia and other rheumatological problems. A recent CT of the brain was reportedly unremarkable. Petitioner was also noted to have a lot of anxiety symptoms. (Exhibit A, pp. 110-117)

A [REDACTED], 2020, record from [REDACTED] documented that Petitioner was seen for follow up of undifferentiated connective tissue disease with features of Sjogren's syndrome, and the presence of antiphospholipid antibodies and anti-RNP antibodies. Petitioner's other history includes right carpal tunnel syndrome, tremor and lumbar disc disease. Petitioner had an episode of tremor and shaking earlier that month. Petitioner was referred to the movement disorder clinic. Petitioner reported her tremor worsens during the day and is much worse with fatigue. It was noted that the [REDACTED], 2020, CT at [REDACTED] was normal. The neurologic exam on [REDACTED], 2020, was without any deficits. (Exhibit A, pp. 133-136 and 147-150)

On [REDACTED] 2020, record from [REDACTED] documents that Petitioner was evaluated for an episode of generalized shaking and jerking earlier that month. The description of the episode was suspicious for a functional neurological disorder with abnormal movement. A referral for physical therapy was made for the reported imbalance and incoordination without clear abnormality on neurological exam. (Exhibit A, pp. 103-109 and 150-156)

A [REDACTED], 2020, record from [REDACTED] documented that Petitioner was seen for follow up from an emergency department visit for shoulder pain two days prior. Petitioner's shoulder just locks up, she had extreme pain with passive range of motion, and was using her right hand to move her left arm. This has happened in the past, but it was worse this time. A [REDACTED], 2020, x-ray showed a lesion on the humerus. On the date of this exam, Petitioner had full range of motion and no pain. It was noted that Petitioner was also seen in the emergency room in [REDACTED] with abnormal movements and was diagnosed with worsening spastic paralysis. Petitioner reported that her balance felt off. (Exhibit A, pp. 99-102 and 142)

An [REDACTED] 2020, record from [REDACTED] documented that Petitioner was seen for chronic pelvic pain. Petitioner's pelvic pain was thought to be multifactorial due to endometriosis status post TAH/BSO, myofascial pain, neuropathic pain, and vestibulodynia. (Exhibit A, pp. 156-161)

A [REDACTED] 2020, record from [REDACTED] documented that Petitioner was seen for follow up of undifferentiated connective tissue disease with features of Sjogren's syndrome, and the presence of antiphospholipid antibodies and anti-RNP antibodies. Petitioner's

other history includes right carpal tunnel syndrome, tremor and lumbar disc disease. Petitioner has had pain and stiffness in the weight bearing joints. There was no improvement in joint pain with a medication Petitioner had been taking. Petitioner's back pain was noted to be treated at a pain clinic. The possibility of a breast reduction helping the back pain was discussed. (Exhibit A, pp. 129-132 and 161-165)

A [REDACTED], 2020, bone densitometry report showed a BMD from AP Spine L1-L4 was 0.987 g/cm<sup>2</sup> with a T-score of -1.6, which is considered moderately low. Fracture risk is moderate. (Exhibit A, p. 141)

A [REDACTED], 2020, MRI of the brain showed no evidence of acute infarction or enhancing mass lesions in the brain parenchyma. There was a 2x4 mm fatty lesion at the anterior aspect of the mamillary bodies and probably represented a lipoma, developmental lesion. There was no evidence of a demyelinating process. (Exhibit A, p. 137)

A [REDACTED] 2020, record from [REDACTED] documented diagnoses of spondylosis without myelopathy or radiculopathy and incomplete rotator cuff tear/rupture of the right shoulder not trauma. The MRI of the right shoulder was reviewed and showed a small partial thickness tear of the labrum. There was also evidence of a mass in the proximal humeral shaft. Petitioner was to have another facet joint injection scheduled for the spondylosis and start physical therapy for her rotator cuff. (Exhibit A, pp. 121-124 and 138-139)

A [REDACTED] 2020, record from [REDACTED] documented that Petitioner was seen for: vulvar and vaginal dysplasia; decreased libido; excess skin and desire for breast reduction related to back pain; chronic abdominal and pelvic pain; and routine gynecologic care. It was noted that Petitioner has a history of cervical cancer at age [REDACTED]. Petitioner underwent colposcopy and vulvar biopsy. Additional testing was ordered and subsequently completed including a mammogram and EKG. (Exhibit A, pp. 165-171 and 201-206)

A [REDACTED], 2020, record from [REDACTED] documents that Petitioner was seen at the [REDACTED] regarding HSIL of the vulva. Petitioner was noted to have focal dysplasia and treatment options were discussed. (Exhibit A, pp. 171-177)

A [REDACTED], 2020, record from [REDACTED] documents that Petitioner underwent laser excision of lesions vulva and anoscopy. (Exhibit A, pp. 178-199)

A [REDACTED] 2020, record from [REDACTED] documents that Petitioner was being treated for vulvar disease. Petitioner had undergone laser to the vulva and anoscopy on [REDACTED] 2020. On [REDACTED] 2020, she called the clinic because something was wrong down there, Petitioner stated she was split from the vagina to the rectum and it was all red. Petitioner was seen in the clinic that afternoon and the vulvar examination indicated the surgical site was healing well, there was no evidence of infection and no bleeding. (Exhibit A, pp. 118-120 and 199-200)

A [REDACTED], 2020, record from [REDACTED] documented that Petitioner was seen for follow up from an emergency department visit for finger pain. Petitioner injured her right middle and ring fingers in a fall at home. Petitioner was noted to be following up at [REDACTED] for a variety of maladies associated with her known history of connective tissue disorder with overlap syndrome and antiphospholipid antibody syndrome. It was noted that Petitioner underwent physical therapy for her shoulder and symptoms have significantly improved. They had also been doing work with Petitioner's balance and she was encouraged to continue with her home exercise program. (Exhibit A, pp. 95-98) A [REDACTED] 2020, x-ray showed minor degenerative joint disease of the interphalangeal joint of the thumb. Otherwise, normal right hand radiographically, particularly for trauma. (Exhibit A, p. 140)

An [REDACTED] 2020, record from [REDACTED] documented a diagnosis of functional neurological disorder. The potential for this to be related, at least in some extents, to her prior abusive relationship and the changes to the brain that can adaptively occur in such context. It was recommended that Petitioner see a psychologist or counselor, possibly via cognitive behavioral therapy. The importance of optimal management of her mood and anxiety was expressed. Orders were to be provided for physical therapy and occupational therapy for motor programming/retraining therapy regarding Petitioner's specific functional neurological complaints, such as gait imbalance and shaking. (Exhibit A, pp. 208-222)

As previously noted, Petitioner bears the burden to present sufficient objective medical evidence to substantiate the alleged disabling impairment(s). As summarized above, Petitioner has presented medical evidence establishing that she does have some limitations on the ability to perform basic work activities. The medical evidence has established that Petitioner has an impairment, or combination thereof, that has more than a *de minimis* effect on Petitioner's basic work activities. Further, the impairments have lasted, or can be expected to last, continuously for 90 days; therefore, Petitioner is not disqualified from receipt of SDA benefits under Step 2.

In the third step of the sequential analysis of a disability claim, the trier of fact must determine if Petitioner's impairment, or combination of impairments, is listed in Appendix 1 of Subpart P of 20 CFR, Part 404. The evidence confirms recent diagnosis and treatment of multiple impairments including: right carpal tunnel syndrome, connective tissue disorder with overlap syndrome, antiphospholipid antibody syndrome, spastic paralysis, lumbar spondylosis, incomplete rotator cuff tear, chronic pelvic pain, vulvar and vaginal dysplasia, and functional neurological disorder.

Based on the objective medical evidence, considered listings included: 1.04 Disorders of the Spine, 12.06 Anxiety and obsessive-compulsive disorders, 12.07 somatic symptom and related disorders; and 14.06 undifferentiated and mixed connective tissue disease. However, the medical evidence was not sufficient to meet the intent and severity requirements of any listing, or its equivalent. Accordingly, Petitioner cannot be found disabled, or not disabled at Step 3; therefore, Petitioner's eligibility is considered under Step 4. 20 CFR 416.905(a).

Before considering the fourth step in the sequential analysis, a determination of the individual's residual functional capacity ("RFC") is made. 20 CFR 416.945. An individual's RFC is the most he/she can still do on a sustained basis despite the limitations from the impairment(s). *Id.* The total limiting effects of all the impairments, to include those that are not severe, are considered. 20 CFR 416.945(e).

To determine the physical demands (exertional requirements) of work in the national economy, jobs are classified as sedentary, light, medium, heavy, and very heavy. 20 CFR 416.967. 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 (exertional requirements, i.e. sitting, standing, walking, lifting, carrying, pushing, or pulling) are considered non-exertional. 20 CFR 416.969a(a). In considering whether an individual can perform past relevant work, individual's residual functional capacity is compared with the demands of past relevant work. *Id.* If an individual can no longer do past relevant work, the same residual functional capacity assessment, along with an individual's age, education, and work experience is considered to determine whether an individual can adjust to other work which exists in the national economy. *Id.* Examples of non-exertional limitations or restrictions include difficulty to function 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.*

The evidence confirms recent diagnosis and treatment of multiple impairments including: right carpal tunnel syndrome, connective tissue disorder with overlap syndrome, antiphospholipid antibody syndrome, spastic paralysis, lumbar spondylosis, incomplete rotator cuff tear, chronic pelvic pain, vulvar and vaginal dysplasia, and functional neurological disorder. Petitioner's testimony indicated her ability to do physical activities varies. Some days she can walk a mile and a half to the store and back home, stand for several hours, sit for not more than an hour, and lift/carry a gallon of milk with her left hand. Petitioner has to plan things out, activities may take longer, and she may pay for them for several days. Petitioner has some difficulties with her grip and frequently drops items. Petitioner described cognitive issues, memory problems, anxiety, panic attacks, and crying spells. Petitioner had to take a break during the hearing for a crying spell. The testimony of Petitioner regarding the severity of her limitations was supported by the medical records and is found credible. As noted in the [REDACTED], 2020, record, in between episodes Petitioner has had serial normal neurological examinations, MRI, and EMG-NCS. The multiple transient neurological abnormalities in the setting of her prior abusive relationship and spurred by stress/mood make it quite likely that Petitioner suffers from a functional neurological disorder. Overall, the medical records indicated Petitioner was frequently participating in physical therapy, and would be starting another course of physical and occupational therapy for the recent functional neurological disorder treatment. Additionally, mental health treatment was recommended, such as cognitive behavioral therapy. The frequency of medical appointments as well as the inconsistency of her functional abilities and limitations would likely interfere with the ability to perform work activities on a regular and sustained basis.

After review of the entire record it is found, at this point, that Petitioner has a combination of exertional and non-exertional limitations and does not maintain the residual functional capacity to perform a full range of sedentary work as defined by 20 CFR 416.967(a) on a sustained basis.

The fourth step in analyzing a disability claim requires an assessment of the Petitioner's residual functional capacity ("RFC") and past relevant employment. 20 CFR 416.920(a)(4)(iv). An individual is not disabled if he/she can perform past relevant work. *Id.*; 20 CFR 416.960(b)(3). 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 considered. 20 CFR 416.960(b)(3).

Petitioner has a work history including cashier and clerk. (Exhibit A, pp. 53 and 62; Petitioner Testimony) In light of the entire record and Petitioner's RFC (see above), it is found that Petitioner is not able to perform her past relevant work. Accordingly, the Petitioner cannot be found disabled, or not disabled, at Step 4; therefore, the Petitioner's eligibility is considered under Step 5. 20 CFR 416.905(a).

In Step 5, an assessment of Petitioner's residual functional capacity and age, education, and work experience is considered to determine whether an adjustment to other work can be made. 20 CFR 416.920(4)(v). At the time of the hearing, Petitioner was [REDACTED] years old and, thus, considered to be a younger individual for disability purposes. Petitioner completed the 12<sup>th</sup> grade and has a work history including cashier and clerk. (Exhibit A, pp. 53 and 62; Petitioner Testimony) Disability is found if an individual is unable to adjust to other work. *Id.* At this point in the analysis, the burden shifts from the Petitioner to the Department to present proof that the Petitioner has the residual capacity to substantial gainful employment. 20 CFR 416.960(2); *Richardson v Sec of Health and Human Services*, 735 F2d 962, 964 (CA 6, 1984). 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).

The evidence confirms recent diagnosis and treatment of multiple impairments including: right carpal tunnel syndrome, connective tissue disorder with overlap syndrome, antiphospholipid antibody syndrome, spastic paralysis, lumbar spondylosis, incomplete rotator cuff tear, chronic pelvic pain, vulvar and vaginal dysplasia, and functional neurological disorder. As noted above, Petitioner has a combination of exertional and non-exertional limitations and does not maintain the residual functional capacity to perform a full range of sedentary work as defined by 20 CFR 416.967(a) on a sustained basis.

After review of the entire record, and in consideration of Petitioner's age, education, work experience, RFC, and using the Medical-Vocational Guidelines [20 CFR 404, Subpart P, Appendix II] as a guide, Petitioner is found disabled at Step 5.

In this case, the Petitioner is found disabled for purposes of SDA benefits, as the objective medical evidence does establish a physical and/or mental impairment that met the federal SSI disability standard with the shortened duration of 90 days. In light of the foregoing, it is found that Petitioner's impairments did preclude work at the above stated level for at least 90 days.

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 Petitioner disabled for purposes of the SDA benefit program.

**DECISION AND ORDER**

Accordingly, the Department's determination is REVERSED.

THE DEPARTMENT IS ORDERED TO INITIATE THE FOLLOWING, IN ACCORDANCE WITH DEPARTMENT POLICY AND CONSISTENT WITH THIS HEARING DECISION, WITHIN 10 DAYS OF THE DATE THE ORDER WAS ISSUED:

1. Initiate a review of the application dated [REDACTED] 2020, for SDA, if not done previously, to determine Petitioner's non-medical eligibility. The Department shall inform Petitioner of the determination in writing. A review of this case shall be set for July 2021.

CL/ml



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Colleen Lack  
Administrative Law Judge  
for Elizabeth Hertel, Director  
Department of Health and Human Services

**NOTICE OF APPEAL:** A party may appeal this Order in circuit court within 30 days of the receipt date. A copy of the circuit court appeal must be filed with the Michigan Office of Administrative Hearings and Rules (MOAHR).

A party may request a rehearing or reconsideration of this Order if the request is received by MOAHR within 30 days of the date the Order was issued. The party requesting a rehearing or reconsideration must provide the specific reasons for the request. MOAHR will not review any response to a request for rehearing/reconsideration.

A written request may be mailed or faxed to MOAHR. If submitted by fax, the written request must be faxed to (517) 763-0155; Attention: MOAHR Rehearing/Reconsideration Request.

If submitted by mail, the written request must be addressed as follows:

Michigan Office of Administrative Hearings and Rules  
Reconsideration/Rehearing Request  
P.O. Box 30639  
Lansing, Michigan 48909-8139

**DHHS**

Brenda Buhl  
Lapeer County DHHS – via electronic mail

BSC2 – via electronic mail

L. Karadsheh – via electronic mail

**Petitioner**

██████████ – via first class mail  
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