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GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
MICHIGAN OFFICE OF ADMINISTRATIVE HEARINGS AND RULES  
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Date Mailed: January 24, 2024  
MOAHR Docket No.: 23-006589  
Agency No.: ██████████  
Petitioner: ██████████

**ADMINISTRATIVE LAW JUDGE: Ellen McLemore**

**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 December 7, 2023, via conference line. Petitioner was present with his brother, ██████████. The Department of Health and Human Services (Department) was represented by Kendra Hall, Disability Specialist and Juliette Todd-Robinson, Eligibility Specialist.

**ISSUE**

Did the Department properly determine that Petitioner was not disabled for purposes of the State Disability Assistance (SDA) benefit program?

**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 ██████████ 2023, Petitioner submitted an application seeking cash assistance benefits on the basis of a disability.
2. On or around September 11, 2023, the Disability Determination Service (DDS) found Petitioner not disabled for purposes of the SDA program (Exhibit A, pp. 12-29).
3. On September 11, 2023, the Department sent Petitioner a Notice of Case Action denying his SDA benefit case, based on DDS' finding that he was not disabled (Exhibit A, pp. 6-10).

4. On October 6, 2023, Petitioner submitted a timely written Request for Hearing disputing the Department's denial of his DDS benefit case (Exhibit A, pp. 3-5).
5. Petitioner alleged disabling impairments due to hypertension, Pes Cavus, Scoliosis and chronic back pain (Exhibit A, pp. 225-231).
6. As of the hearing date, Petitioner was [REDACTED] years old with a [REDACTED], 1976 date of birth.
7. Petitioner reached the [REDACTED] grade in high school and did not obtain a [REDACTED] [REDACTED]. Petitioner has reportedly not had significant employment in the past 20 years. The only employment Petitioner reported was working as a home health aide for his mother from 2018 to 2019.
8. Petitioner has a pending disability claim with the Social Security Administration (SSA).

### **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 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.

Petitioner applied for cash assistance alleging a disability. A disabled person is eligible for SDA. BEM 261 (April 2017), p. 1. An individual automatically qualifies as disabled for purposes of the SDA program if the individual receives Supplemental Security Income (SSI) or Medical Assistance (MA-P) benefits based on disability or blindness. BEM 261, p. 2. Otherwise, to be considered disabled for SDA purposes, a person must have a physical or mental impairment for at least ninety days which meets federal SSI disability standards, meaning the person is unable to do any substantial gainful activity by reason of any medically determinable physical or mental impairment, for 90 or more days. BEM 261, pp. 1-2; 20 CFR 416.901; 20 CFR 416.905(a).

Determining whether an individual is disabled for SSI purposes requires the application of a five step evaluation of whether the individual (1) is engaged in substantial gainful activity (SGA); (2) has an impairment that is severe; (3) has an impairment and duration that meet or equal a listed impairment in Appendix 1 Subpart P of 20 CFR 404; (4) has the residual functional capacity to perform past relevant work; and (5) has the residual functional capacity and vocational factors (based on age, education and work experience) to adjust to other work. 20 CFR 416.920(a)(1) and (4); 20 CFR 416.945. If an individual is found disabled, or not disabled, at any step in this process, a

determination or decision is made with no need to 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). The duration requirement for purposes of SDA eligibility is 90 or more days. BEM 261 (April 2017), p. 2.

In general, the individual has the responsibility 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, if a mental disability is alleged, to reason and make appropriate mental adjustments. 20 CFR 416.912(a); 20 CFR 416.913. 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). Similarly, conclusory statements by a physician or mental health professional that an individual is disabled or blind, absent supporting medical evidence, are insufficient to establish disability. 20 CFR 416.927(d).

### **Step One**

The first step in determining whether an individual is disabled requires consideration of the individual's current work activity. 20 CFR 416.920(a)(4)(i). If an individual is working and the work is SGA, then the individual must be considered not disabled, regardless of medical condition, age, education, or work experience. 20 CFR 416.920(b); 20 CFR 416.971. SGA means work that involves doing significant and productive physical or mental duties and that is done, or intended to be done, for pay or profit. 20 CFR 416.972.

In this case, Petitioner was not working during the period for which assistance might be available. Because Petitioner was not engaged in SGA, he is not ineligible under Step 1, and the analysis continues to Step 2.

### **Step Two**

Under Step 2, the severity and duration of an individual's alleged impairment is considered. If the individual does not have a severe medically determinable physical or mental impairment (or a combination of impairments) that meets the duration requirement, the individual is not disabled. 20 CFR 416.920(a)(4)(ii). The duration requirement for SDA means that the impairment is expected to result in death or has lasted, or is expected to last, for a continuous period of at least 90 days. 20 CFR 416.922; BEM 261, p. 2.

An impairment, or combination of impairments, is severe if it significantly limits an individual's physical or mental ability to do basic work activities. 20 CFR 416.920(a)(4)(ii); 20 CFR 416.920(c). Basic work activities mean the abilities and aptitudes necessary to do most jobs, such as (i) physical functions such as walking, standing, sitting, lifting, pushing, pulling, reaching, carrying, or handling; (ii) the capacity to see, hear, and speak; (iii) the ability to understand, carry out, and remember simple instructions; (iv) use of judgment; (v) responding appropriately to supervision, coworkers

and usual work situations; and (vi) dealing with changes in a routine work setting. 20 CFR 416.921(b). A claim may be denied at Step 2 only if the evidence shows that the individual's impairments, when considered in combination, do not have more than a minimal effect on the person's physical or mental ability to perform basic work activities. Social Security Ruling (SSR) 85-28.

The individual bears the burden to present sufficient objective medical evidence to substantiate the alleged disabling impairments. While the Step 2 severity requirement may be employed as an administrative convenience to screen out claims that are totally groundless solely from a medical standpoint, under the de minimis standard applied at Step 2, an impairment is severe unless it is only a slight abnormality that minimally affects work ability regardless of age, education and experience. *Higgs v Bowen*, 880 F2d 860, 862-863 (CA 6, 1988), citing *Farris v Sec of Health and Human Services*, 773 F2d 85, 90 n.1 (CA 6, 1985). A claim may be denied at Step 2 only if the evidence shows that the individual's impairments, when considered in combination, are not medically severe, i.e., do not have more than a minimal effect on the person's physical or mental ability to perform basic work activities. Social Security Ruling (SSR) 85-28. If such a finding is not clearly established by medical evidence or if the effect of an impairment or combination of impairments on the individual's ability to do basic work activities cannot be clearly determined, adjudication must continue through the sequential evaluation process. *Id.*; SSR 96-3p.

The medical evidence presented was thoroughly reviewed and is briefly summarized below:

Petitioner had a comprehensive psychiatric examination on [REDACTED], 2021 (Exhibit A, pp. 219-223). Petitioner was evaluated for depression. Petitioner was diagnosed with depression. Petitioner had another psychiatric examination on [REDACTED], 2023 (Exhibit A, pp. 145-150). Petitioner was diagnosed with Somatic Symptom Disorder with predominant pain. Petitioner's mental health was primarily assessed in relation to his physical impairments. Petitioner did not allege any nonexertional disabling impairments. Therefore, the medical evidence related to Petitioner's mental health was given little weight.

Petitioner was under the care of a primary care physician (PCP) at DMC-Grand River Health Center (Exhibit A, pp. 194-203). On [REDACTED], 2023, Petitioner presented with complaints of chronic back pain, neck pain, and bilateral ankle and foot swelling. Petitioner reported that he has had chronic back pain for the previous five years. Petitioner reported that the episodes of pain last for 25 minutes to one hour with aching pain in character which was partially relieved by Tylenol and ibuprofen. Petitioner stated that his pain radiates to both thighs and legs. Petitioner reported that he also sometimes feels numbness. Petitioner's medications included Amlodipine (a calcium channel blocker), Atorvastatin (treats high cholesterol and triglycerides), Cetirizine (treats allergic rhinitis and urticaria), chlorthalidone (high blood pressure medication), Clemastine (antihistamine), Lisinopril (high blood pressure medication), and naproxen. Petitioner was diagnosed with prediabetes, repaired congenital heart disease, hypertension,

allergic rhinitis, lower back pain, hyperlipidemia and obesity. On April 18, 2023, Petitioner had a follow-up appointment. Petitioner was prescribed additional medications including diclofenac (medication to treat inflammation), guaifenesin (medication for chest congestion), ipratropium bromide (bronchodilator), methocarbamol (muscle relaxer), a higher dose of naproxen and Tylenol Arthritis. Petitioner was referred to pain management for further treatment of his lower back pain. Petitioner had additional diagnoses of severe obesity and microalbuminuria. On [REDACTED], 2023, Petitioner had imaging of his lumbar spine. Petitioner had facet joint degenerative joint disease (DJD) at multiple levels with mild disc space narrowing and slight retrolisthesis at L5. Petitioner had mild degenerative disc space narrowing at T12-L2. Petitioner's imaging impression revealed early DJD.

Petitioner was under the care of a group of physicians at Vitality Visiting Physicians that provided various forms of care during at-home visits (Exhibit 1, pp. 11-29). Petitioner was provided with general care by Vitality Visiting Physicians. On [REDACTED], 2023, Petitioner had a follow up appointment. Petitioner complained of chronic back pain. Petitioner had diagnoses of hypertension, hyperlipidemia and weakness. Petitioner was advised to continue his medications. On [REDACTED] 2023, Petitioner presented with a chief complaint of chronic pain. Petitioner was diagnosed with hypertension, hyperlipidemia, obesity, chronic pain, spondylosis of the lumbar region and osteoarthritis. Petitioner was advised to continue his medications, exercise and control his diet. On [REDACTED] 2023, Petitioner had a follow-up appointment. Petitioner had an unsteady gait and was walker dependent. Petitioner stated he continued to have lower chronic back pain that was worse with increased activity. Petitioner reported his pain level was a 5/10 with no radiating symptoms, as aching pain would come and go. Petitioner indicated he was taking prescription medication for pain management. Petitioner denied any acute distress and was compliant with care. Petitioner had limited motion in his lumbar spine. Petitioner was prescribed meloxicam (anti-inflammatory drug) and methocarbamol (muscle relaxer) for his unspecified lower back pain. Petitioner was advised to continue over the counter analgesics for pain relief as needed. On [REDACTED], 2023, Petitioner had a follow up appointment. Petitioner reported that he still had aching pain that was constant and not getting better. Petitioner reported his pain would increase with ambulation with his walker. Petitioner reported that his pain level was a 6/10 with no radiating symptoms. Petitioner was advised to continue his medications and control his weight. On [REDACTED], 2023, Petitioner had a follow up appointment. Petitioner had hypertension and complaints of chronic lower back pain. Petitioner stated that his pain level was a 9/10 with aching radiating pain into his hips and legs. Petitioner reported that his pain was worse with movement. Petitioner stated he was not approved for physical therapy.

Petitioner was also seen by a podiatrist with Vitality Visiting Physicians (Exhibit 1, pp. 30-38). On [REDACTED], 2023, Petitioner presented as a new patient with complaints of thick and painful toenails. Petitioner reported he had pain in both of his heels when standing and walking. Petitioner's orthopedic physical examination revealed that he had an unsteady gait; Pes Planus and decreased medial arches in both feet; and pain elicited with palpitation of his plantar medial calcaneal tubercles and plantar fascia in

both feet. Petitioner's feet had thick, hypertrophic, shiny and friable dry skin that was dark brown/cyanotic in color in both feet. Petitioner's toenails were mycotic, yellow, thick, dystrophic, elongated, incurvated, painful and brittle. Petitioner's bunion examinations reviewed both hallux in a mild valgus position with brachydactyly of both halluces. Petitioner was diagnosed with onychomycosis (fungal infection of the nail), peripheral vascular disease (PVD), edema, pes planus, hallux abducto valgus (HAV), and plantar fasciitis. Petitioner was advised to apply ointment to his feet twice per day and obtain over the counter shoe inserts. On [REDACTED] 2023, Petitioner had a follow up appointment. Petitioner complained of sore, thick nails that hurt to walk and wear shoes. Petitioner also stated that the skin on his feet was dry, flaky and itched at times. Petitioner denied claudication pain in both of his lower extremities. Petitioner was able to ambulate unassisted but used a cane when needed. Petitioner reported he did not have any recent foot care. Petitioner had some unsteadiness with his gait. Petitioner's gait and foot morphology were normal. Petitioner's skin on his foot was dry without dermatophytosis. Petitioner was advised to apply ointment and lotion to his feet. On [REDACTED], 2023, Petitioner had a follow-up appointment. Petitioner continued to have dry skin on his feet.

Petitioner was also previously under the care of a podiatrist (Exhibit A, pp. 184-185). Petitioner's medical records were handwritten and difficult to discern.

On [REDACTED] 2023, Petitioner had a comprehensive examination pursuant to his SSA case (Exhibit a, pp. 161-165). Petitioner stated he had disabling impairments including hypertension, headaches, pes cavus, scoliosis and chronic radicular back pain. Petitioner stated he has had hypertension. Petitioner reported he had edema in the past of the ankles, feet, and hands. Petitioner alleged that he had headaches that had been ongoing for years. Petitioner stated that he had headaches twice per day and lasted until medication is used or he rested. Petitioner stated that he was diagnosed with scoliosis in March of 2023. Petitioner stated he had lower back pain on a daily basis that comes and goes. Petitioner stated that the back pain felt like pressure and achy. Petitioner rated his level of pain at a 7/10 on the pain scale. Petitioner reported that the pain was worse while sitting or standing for long periods of time. Petitioner reported he had a walker that was prescribed to him by his PCP. Petitioner reported he had pes cavus since birth. Petitioner reported that he was seeing a podiatrist. Petitioner's physical examination revealed that he was overweight and had pes cavus of the feet. Petitioner had a walker that was prescribed and medically necessary. Petitioner had some difficulty when not using the walker. Petitioner's physical examination revealed mostly normal systems functioning, with the exception of Petitioner experiencing pain with extension of his spine and decreased lateral bending of his spine. Petitioner's gait was also unsteady with tandem walking and abnormal in regard to heel and toe walking. Petitioner was diagnosed with hypertension, degenerative disc disease, degenerative joint disease, hyperlipidemia, hypertensive heart and renal disease, obesity, sciatica, arthritis, and chronic depression and general anxiety disorder.

In consideration of the *de minimis* standard necessary to establish a severe impairment under Step 2, the foregoing medical evidence is sufficient to establish that Petitioner

suffers from severe impairments that have lasted or are expected to last for a continuous period of not less than 90 days. Therefore, Petitioner has satisfied the requirements under Step 2, and the analysis will proceed to Step 3.

### **Step Three**

Step 3 of the sequential analysis of a disability claim requires a determination if the individual'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 an individual's impairment, or combination of impairments, is of a severity to meet or medically equal the criteria of a listing and meets the duration requirement (20 CFR 416.909), the individual is disabled. If not, the analysis proceeds to the next step.

Based on the medical evidence presented in this case and the listing criteria applicable at the time of Petitioner's assessment date, listing 1.00 (musculoskeletal disorders). A thorough review of the medical evidence presented does **not** show that Petitioner's impairments meet or equal the required level of severity of any of the listings in Appendix 1 to be considered as disabling without further consideration. Therefore, Petitioner is not disabled under Step 3 and the analysis continues to Step 4.

### **Residual Functional Capacity**

If an individual's impairment does not meet or equal a listed impairment under Step 3, before proceeding to Steps 4 and 5, the individual's residual functional capacity (RFC) is assessed. 20 CFR 416.920(a)(4); 20 CFR 416.945. RFC is the most an individual can do, based on all relevant evidence, despite the limitations from the impairment(s), including those that are not severe, and takes into consideration an individual's ability to meet the physical, mental, sensory and other requirements of work. 20 CFR 416.945(a)(1), (4); 20 CFR 416.945(e).

RFC is assessed based on all relevant medical and other evidence such as statements provided by medical sources, whether or not they are addressed on formal medical examinations, and descriptions and observations of the limitations from impairment(s) provided by the individual or other persons. 20 CFR 416.945(a)(3). This includes consideration of (1) the location/duration/frequency/intensity of an applicant's pain; (2) the type/dosage/effectiveness/side effects of any medication the applicant takes to relieve pain; (3) any treatment other than pain medication that the applicant has received to relieve pain; and (4) the effect of the applicant's pain on his or her ability to do basic work activities. 20 CFR 416.929(c)(3). The applicant's pain must be assessed to determine the extent of his or her functional limitation(s) in light of the objective medical evidence presented. 20 CFR 416.929(c)(2).

Limitations can be exertional, nonexertional, or a combination of both. 20 CFR 416.969a. If individual's impairments and related symptoms, such as pain, affect only the ability to meet the strength demands of jobs (i.e., sitting, standing, walking, lifting, carrying, pushing, and pulling), the individual is considered to have only exertional limitations. 20 CFR 416.969a(b).

The exertional requirements, or physical demands, of work in the national economy are classified as sedentary, light, medium, heavy, and very heavy. 20 CFR 416.967; 20 CFR 416.969a(a). Sedentary work involves lifting no more than 10 pounds at a time and occasionally lifting or carrying articles like docket files, ledgers, and small tools and occasionally walking and standing. 20 CFR 416.967(a). Light work involves lifting no more than 20 pounds at a time with frequent lifting or carrying of objects weighing up to 10 pounds; even though the weight lifted may be very little, a job is in the light 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. 20 CFR 416.967(b). 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). 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). Very heavy work involves lifting objects weighing more than 100 pounds at a time with frequent lifting or carrying of objects weighing 50 pounds or more. 20 CFR 416.967(e).

In this case, Petitioner alleges only exertional limitations due to his impairments. Petitioner testified that he experiences debilitating pain in his lower back that radiates to his legs. Petitioner described the pain as a sharp pain that has increased in intensity over time. Petitioner testified that he has also had the physical deformity in his feet since birth, which exacerbates his pain. Petitioner stated that he also has numbness in his feet.

Petitioner testified that he is unable to walk without assistance. Petitioner stated that he uses a prescribed walker and is able to only walk short distances. Petitioner testified that he is unable to sit or stand for long periods of time due to his back pain. Petitioner stated that he can only lift up to five pounds, is unable to bend or squat and can ascend and descend stairs, but only with assistance. Petitioner lives with his brother and is able to complete his own personal hygiene and dressing. However, Petitioner does require some assistance getting to and from the bathroom, as well as putting on his shoes. Petitioner stated that he does not do any household chores and does not cook or grocery shop. Petitioner testified that he is completely reliant on his brother for tasks of daily living. Petitioner stated that he spends most of his days lying down or sitting up in bed.

Petitioner testified that he has not had any surgery, steroid injections or completed any physical therapy. Petitioner stated that he is in the process of trying to complete physical therapy and is seeing physicians at a pain management clinic, but he had some difficulty due to insurance issues. Petitioner stated that the only treatment he receives to alleviate his pain symptoms is medication in the form of non-steroidal anti-inflammatory drugs (NSAIDs) and a muscle relaxer.

The evidence presented is considered to determine the consistency of Petitioner's statements regarding the intensity, persistence and limiting effects of her symptoms. A thorough review of Petitioner's medical records including records presented from Petitioner's treating physicians was completed. Petitioner repeatedly complained of



lower back pain and imaging revealed he had early stages of DJD. Petitioner also had a diagnosis of pes cavus, resulting in decreased mobility. Due to Petitioner's physical limitations, he was unable to sit or stand for long periods, could not lift over ten pounds, and had difficulty walking, squatting and bending. With respect to Petitioner's exertional limitations, it is found, based on a review of the entire record, that Petitioner maintains the physical capacity to perform sedentary work as defined by 20 CFR 416.967(a).

Petitioner's RFC is considered at both Steps 4 and 5. 20 CFR 416.920(a)(4), (f) and (g).

#### **Step Four**

Step 4 in analyzing a disability claim requires an assessment of Petitioner's RFC and past relevant employment. 20 CFR 416.920(a)(4)(iv). Past relevant work is work that has been performed by Petitioner (as actually performed by Petitioner or as generally performed in the national economy) within the past 15 years that was SGA and that lasted long enough for the individual to learn the position. 20 CFR 416.960(b)(1) and (2). An individual who has the RFC to meet the physical and mental demands of work done in the past is not disabled. *Id.*; 20 CFR 416.960(b)(3); 20 CFR 416.920. Vocational factors of age, education, and work experience, and whether the past relevant employment exists in significant numbers in the national economy are **not** considered. 20 CFR 416.960(b)(3).

Petitioner's limited past relevant work experience from the past 15 years requires at a minimum light RFC. Because Petitioner's current exertional RFC limits him to sedentary work, Petitioner is incapable of performing any past relevant work. Therefore, Petitioner cannot be found disabled, or not disabled, at Step 4, and the assessment continues to Step 5.

#### **Step 5**

If an individual is incapable of performing past relevant work, Step 5 requires an assessment of the individual's RFC and age, education, and work experience to determine whether an adjustment to other work can be made. 20 CFR 416.920(a)(4)(v); 20 CFR 416.920(c). If the individual can adjust to other work, then there is no disability; if the individual cannot adjust to other work, then there is a disability. 20 CFR 416.920(a)(4)(v).

At this point in the analysis, the burden shifts from Petitioner to the Department to present proof that Petitioner has the RFC to obtain and maintain substantial gainful employment. 20 CFR 416.960(c)(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).

When the impairment(s) and related symptoms, such as pain, only affect the ability to perform the exertional aspects of work-related activities, Medical-Vocational guidelines found at 20 CFR Subpart P, Appendix 2, may be used to satisfy the burden of proving

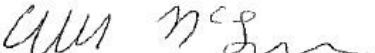
that the individual can perform specific jobs in the national economy. *Heckler v Campbell*, 461 US 458, 467 (1983); *Kirk v Secretary*, 667 F2d 524, 529 (CA 6, 1981) *cert den* 461 US 957 (1983). However, if the impairment(s) and related symptoms, such as pain, only affect the ability to perform the 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) When a person has a combination of exertional and nonexertional limitations or restrictions, the rules pertaining to the strength limitations provide a framework to guide the disability determination **unless** there is a rule that directs a conclusion that the individual is disabled based upon strength limitations. 20 CFR 416.969a(d).

In this case, Petitioner was ■ years old at the time of application and at the time of hearing, and, thus, considered to be a younger individual (age ■) for purposes of Appendix 2. Petitioner did not graduate high school and had an unskilled work history. As discussed above, Petitioner maintains the exertional RFC for work activities on a regular and continuing basis to meet the physical demands to perform sedentary work activities. Based solely on his exertional RFC and the Medical-Vocational Guidelines 201.27, it results in a finding that Petitioner is not disabled. Petitioner did not allege any nonexertional disabling impairments. Therefore, Petitioner is **not** disabled at Step 5.

### **DECISION AND ORDER**

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 **not disabled** for purposes of the SDA benefit program. Accordingly, the Department's determination is **AFFIRMED**.

EM/tm

  
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**Ellen McLemore**  
Administrative Law Judge

**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

**Via-Electronic Mail :**

**DHHS**

Keisha Koger-Roper  
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**MDHHS-Wayne-31-Grandmont-  
Hearings@Michigan.gov**

**Interested Parties**

L. Karadsheh  
BSC4

**Via-First Class Mail :**

**Petitioner**

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