



Date Mailed: November 5, 2025

Docket No.: 25-027573

Case No.: [REDACTED]

Petitioner: [REDACTED] [REDACTED]

[REDACTED]
[REDACTED]
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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; and 45 CFR 205.10. After due notice, a hearing was held on September 4, 2025. Petitioner [REDACTED] [REDACTED] appeared for the hearing and was unrepresented. The Department was represented by Darlene Shaw, Eligibility Specialist.

At the hearing, Petitioner requested that the record be extended so that he could submit additional evidence from his physical therapist, Wright Way Rehabilitation which was not included in the medical evidence initially provided. The record was extended to October 6, 2025. No additional medical records were received by October 6, 2025 and no additional medical records were received by the time of the issuance of this decision. Therefore, the decision is based only on the evidence presented and submitted at the hearing.

ISSUE

Whether the Department properly determined 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 March [REDACTED] 2025, the Department received Petitioner's application for SDA benefits indicating he was actively applying for Social Security Administration (SSA) benefits and had been out of work since September 2023. (Exhibit A, pt. 1, pp. 10-15)
2. On April [REDACTED] 2025, the Department received Petitioner's completed Medical – Social Questionnaire indicating he had the following illnesses, injuries, or conditions that limited his ability to work: herniated disc in his neck, bipolar disorder, anxiety, Post Traumatic Stress Disorder (PSTD), a left tibia fracture, and a torn ACL and MCL. The form also noted that he had worked as a cashier from 2014 through 2018, a car rental agent from August 2020 through April 2021, and peer support person from May 2022 through November 2022. (Exhibit A, pt. 1, pp. 18-24)

3. As of the hearing date on September 4, 2025, Petitioner's March 2025 application with SSA was still pending. (Exhibit A, pt. 1, pp. 18-24)
4. Petitioner claimed the following conditions with this SSA application: generalized anxiety disorder, PTSD, bipolar disorder, herniated disk in neck, torn Anterior Cruciate Ligament (ACL) and medial collateral ligament (MCL) in his right knee, chronic pain in left leg, left leg fracture, and bilateral arthritis in his shoulders. (Exhibit A, pt. 1, p. 110)
5. Petitioner identified the following conditions at the hearing: bipolar disorder, anxiety, Post Traumatic Stress Disorder (PSTD), a tear of the ACL and MCL, right tibia and left tibia plateau fracture, and a herniated disc.
6. Petitioner is a [redacted] year-old male who has completed high school or a General Education Degree (GED). He is fluent in English and can speak a little Bengali. He is able to do basic math. Petitioner does not have a valid driver's license as he has to pay off a fine from 2022, and he has not renewed his license.
7. At the time of application and at the hearing, Petitioner was not employed. Petitioner was last employed in 2023, working part-time at McDonald's doing maintenance work, fixing machines, taking the trash out, and organizing the stock room. He was expected to pick up 50 pounds and push or pull 10 to 20 pounds. Petitioner only worked in this job for about a week and then was in a car accident.
8. Petitioner's other work history includes:
 - a. Full time work for a home remodeling company for a few months hanging drywall, taking apart floors and walls, and redoing bathrooms. He used a sledgehammer in his work and would lift large sheets of drywall over his head estimated to be about 50 pounds.
 - b. Full time peer support specialist at the Hope Shelter in Pontiac from 2022-2023. Petitioner was responsible for answering calls, retrieving toiletries, checking doors, and sorting donations. This job required Petitioner to stand for 8 hours per day and lift five to ten pounds. Petitioner left this job because he was stressed and could not stay.
 - c. Full time management of an Avis Car Rental location requiring him to bring in cars, clean cars, porter the cards, and manage customer service on his own most of the time. This job required a lot of bending and standing. Petitioner left this job because he had a manic episode for two weeks and just quit; he does not really remember much about it.
9. Petitioner described the following difficulties resulting from his conditions at the hearing:

- a. Difficulties maintaining employment because of stress and emotions getting the best of him.
- b. Can walk for 30 minutes but that results in a sore back which he describes as a 10 out of 10 and burning legs. He later described in the hearing he could not walk one mile or not more than 15 to 20 minutes because it causes his legs and back to hurt with unbearably sharp pain.
- c. Negative racing thoughts.
- d. Social anxiety which prompts his mother to go to the store with him, even if it is only for a bag of chips.
- e. He struggles to get out of the shower and has concerns of slipping while balancing on one leg.
- f. Petitioner has no issues with sitting but laying prompts him to move a lot because his neck becomes stiff.
- g. He should not lift more than ten pounds.
- h. Within minutes of standing, he starts to hurt and movement helps to alleviate some of his pain.
- i. Petitioner cannot squat because of his knees but can bend at the hips.
- j. On stairs, Petitioner tires easily but has not used stairs in the last two years.
- k. Petitioner can do the dishes and fold the laundry, but other household chores are left to his roommate who takes the laundry to the machine to wash and dry.
- l. Petitioner hates being in cars as he no longer feels comfortable in them after his accident.
- m. Petitioner struggles with his memory indicating he cannot remember where he put something or conversations from the day before or last week.
- n. Petitioner struggles to concentrate. While reading, he cannot remember the previous paragraph or when watching movies, will rewind it to remember things.
- o. Petitioner struggles with completing tasks but admits he is doing a little better as of the time of the hearing.

- p. Petitioner does not like to be around other people but goes to Alcoholics Anonymous meetings four times per week on average. If the decision to go to AA meeting were left up to him, he would only go once per week. When he attends the meetings, he sits quietly and chooses not to share because of the unknown people and fears of public speaking.
- q. Petitioner's longest period of sobriety was in 2020-2021 for about 1 year and 2 months.
- r. He does not have suicidal ideations since becoming sober.

10. Petitioner's medical records revealed the following:

- a. In February 2023, Petitioner was seen by Corewell Health Emergency Department for left wrist pain, left hand pain, and right-sided rib pain after having fallen two weeks prior when he jumped down ten stairs falling onto the floor with outstretched hands. Radiographs revealed no evidence of fracture, subluxation, proper alignment of the bones, no chondrocalcinosis or joint effusion, mild negative ulnar variance, no periosteal reaction or destructive bony lesion, unremarkable soft tissues, and no radiopaque foreign bodies. (Exhibit A, pt. 3, pp. 271, 274-275,
- b. On October █ 2023, Petitioner was seen by Corewell Health Emergency Department after a motor vehicle collision the week prior complaining of right shoulder pain radiating to his scapula and upper chest which worsened with movement and improved with rest. Upon examination, Petitioner had mild tenderness with palpitation of the pectoralis muscle but full range of motion of his shoulder and upper right extremity. X-ray did not show any acute pathology (no displaced fracture, dislocation, or intrinsic osseous abnormality) and symptoms improved with a lidocaine patch. (Exhibit A, pt. 3, pp. 258, 261-262)
- c. As early as October 2023, Petitioner was referred for physical therapy three times per week, laser therapy, and evaluation and treatment based on cervicalgia, lumbar back, thoracic pain, right shoulder/trapezius pain, left knee pain, upper right arm pain, and right sided anterior chest pain. (Exhibit A, pt. 1, pp. 147-155)
- d. From October 2023 through February 2024, Excel Medical Group indicated that Petitioner was disabled and needed case management services, housework or replacement services, transportation services, and work/employment disability. (Exhibit A, pt. 1, pp. 157-160)
- e. From October 2023 through February 2024, Petitioner reported to his physical therapist (PT) headaches, muscle stiffness, neck and back pain ranging from 6 to 9 out 10, difficulty with activities of daily living, difficulty

sleeping due to the pain, and weakness with difficulty in prolonged sitting or standing. His PT noted that Petitioner's upper and lower back were very tight and tender with palpitation, he walked and moved very slowly with guarded movements, a neck flexion of 30 with increasing pain, left rotation of 50 which was painful and 50 on the right side, lumbar flexion of 50 with increasing pain, left thigh extension of 5 with local pain, and bilateral shoulder joint with fracture or ligament tear. He also had manual muscle testing and stimulation of the gross cervical joint at 3+ out of 5 and lumbar joint 3 out of 5. Finally, the PT noted a sitting tolerance of 30 minutes and standing tolerance of 5 minutes. (Exhibit A, pt. 1, pp. 203-304).

- f. On October █ 2024, Petitioner was seen by Corewell Health for a displaced tibial spine fracture and underwent a fluoroscopy and right knee arthroscopy with tibial spine fixation with chondroplasty and was prescribed pain medication and physical therapy to begin 1-2 weeks postoperatively. His injury was caused while "messing around with a friend" and he was hit in the lateral aspect of his right knee when he heard a loud pop. Imaging showed a five to six millimeter displacement and laxity of Petitioner's ACL. Petitioner's medial meniscus was intact. (Exhibit A, pt. 3, p. 218-224, 239; Exhibit A, pt. 5, pp. 181, 185-186)
- g. In November 2024, the Michigan Health and Pain Management clinic indicated that Petitioner needed work/employment disability, houseworker or replacement services, and driving/transportation services. (Exhibit A, pt. 1, p. 156)
- h. In November 2024, Petitioner reported to his PT that his back and neck pain were 8 out of 10 throughout the month and had difficulty sleeping because of the stiffness and pain. His PT noted that Petitioner's upper and lower back were very tight and tender with palpitation, a neck flexion of 30 with increasing pain, left rotation of 50 which was painful and 50 on the right side, lumbar flexion of 50 with increasing pain, left thigh extension of 5 with local pain, and bilateral shoulder joint with fracture or ligament tear. He also had manual muscle testing and stimulation of the gross cervical joint at 3+ out of 5 and lumbar joint 3 out of 5. Finally, the PT noted a sitting tolerance of 30 minutes and standing tolerance of 5 minutes. (Exhibit A, pt. 1, pp. 179-202)
- i. In December 2024, Petitioner reported to his physical therapist (PT) tightness in his back and neck with a pain level of 7 out of 10 through his visits in the month. His PT noted he walked and moved "very slowly with guarded movements," that his upper and lower back were very tight and tender with palpitation, a neck flexion of 30 with increasing pain, left rotation of 50, lumbar flexion of 52 with increasing pain, left thigh extension of 5 with local pain, and bilateral shoulder joint with fracture or

ligament tear. He also had manual muscle testing and stimulation of the gross cervical joint at 3+ out of 5 and lumbar joint 3 out of 5. (Exhibit A, pt. 1, pp. 161-178)

- j. In February 2025, Petitioner underwent a Magnetic Resonance Imaging (MRI) which resulted in the following findings:
 - i. Related to Petitioner's cervical spine: loss of lordosis, multilevel anterior marginal osteophytes (bone spurs), multilevel perineural cysts, hemangiomas (noncancerous growths from malfunctioning blood vessels), normal vertebral heights, normal spinal cord signal, no disc herniation or stenosis of the spinal canal or neural foramina for C2-C3, right paracentral herniated disc without neural compression of C3-C4, posterior-central herniated disc without neural compression for C4-C5 and intervertebral disc T2 hyperintensity, left paracentral disc herniation indenting left C6 nerve roots at C5-C6, left asymmetric 3 mm posterior disc bulge compressing left and indenting right C7 nerve roots at C6-C7, mild uncovertebral and facet hypertrophy from C4-C5 to C6-C7. (Exhibit A, pt. 2, pp. 67-68)
 - ii. Related to Petitioner's lumbar spine: L4-L5 and L5-S1 mild retrolisthesis (backward displacement), hemangiomas, normal vertebral heights, normal conus medullaris, no disc herniation or stenosis of the spinal canal or neural foramina from T12-L5, and a 2-millimeter posterior disc bulge abutting both L5 and S1 nerve roots with mild hypertrophy. (Exhibit A, pt. 2, pp. 72-73)
 - iii. Related to Petitioner's right shoulder: the acromioclavicular joint, supraspinatus, infraspinatus, subscapularis, minor tendons, the long head of the bicep tendo, articular cartilage, and bones are unremarkable; subacromial distance is within normal limits; the acromion has a curved anterior morphology; there is subacromial-subdeltoid bursitis and glenohumeral joint effusion. (Exhibit A, pt. 2, pp. 76-77)
- k. Petitioner sees a qualified mental health professional (QMHP), nurse practitioner, social worker, and case manager at Training and Treatment Innovations, Inc. who noted:
 - i. Petitioner is diagnosed with Bipolar 1 Disorder with psychotic features, opioid use disorder, alcohol use disorder, cannabis use disorder, and cocaine use disorder. He is also listed as having a housing or economic problem, academic or educational problem, a problem related to employment, and "high expressed emotion level within family." (Exhibit A, pt. 4, p. 160)

- ii. In January 2024, Petitioner was noted to have increased mood instability feeling depressed and lethargic with increased anxiety. He had been experiencing racing thoughts. His provider noted that he was considered to be in a stable or improving condition. (Exhibit A, pt 2, p. 247)
- iii. In March 2024, Petitioner reported to his team that he was doing better, spending more time with family and friends, and did not need any resources. (Exhibit A, pt. 2, p. 231)
- iv. In August 2024, Petitioner reported that he was not taking his mental health medications and calls Natural Supports to talk when feeling anxious or depressed in addition to finding healthy things to do when he starts having thoughts or urges to use. (Exhibit A, pt. 2, p. 224)
- v. In September 2024, Petitioner was experiencing a depressed and elevated mood, guilt/shame/worthlessness, and nervousness or tension. His QMHP also noted he was talking incessantly and disorganized, had poor concentration and was distractable, and had disrupted thought processes. Petitioner also noted that he was having a hard time staying away from people, places, and things that tempted him to use substances and lose his sobriety. (Exhibit A, pt. 2, pp. 206-222)
- vi. In December 2024, Petitioner met with social worker at a crisis response unit after he admitted himself due to heroin use and a bad living situation, feelings of hopelessness, and suicidal ideations. Upon admission, he had a blood alcohol content of .191. He also reported having used cocaine every day in the previous 30 days. After approximately two weeks, he was discharged on December 17, 2024 and taken directly to a residential program with Meridian. (Exhibit A, pt. 2, pp. 116, 177-187; pt. 3, 314-317; pt. 4, pp. 6, 8)
- vii. Petitioner was discharged and transferred from Meridian to another facility to address his physical therapy needs on December 19, 2024. (Exhibit A, pt. 4, pp. 105-110)
- viii. In January and February 2025, Petitioner's attitude, behavior, mood, affect, and psychomotor activity were all within normal limits. (Exhibit A, pt. 2, pp 153-174).
- ix. On March 6, 2025 and April 2, 2025, Petitioner's attitude, behavior, psychomotor activity, and speech were within normal limits but he was dysphoric with an anxious or labile affect. He also noted that he was not experiencing feelings of little interest/pleasure in doing

things, down, depressed, hopeless, trouble falling or staying asleep, sleeping too much, feeling tired or with little energy, poor appetite or overeating, feeling bad about himself, trouble concentrating, nor moving or speaking so slowly that others noticed. (Exhibit A, pt. 2, pp. 125-146)

- x. On May 7, 2025, Petitioner indicated he had been speaking at his Narcotics Anonymous (NA) meetings and was exercising 30-60 minutes per day six days per week. (Exhibit A, pt. 2, p. 113)
- xi. On May 28, 2025, Petitioner's attitude, behavior, psychomotor activity, and speech were within normal limits, but he was dysphoric with a labile affect. Petitioner advised his team that he is still becoming easily irritated and was having night terrors which interfered with his sleep. Petitioner's records noted that he was considered to be stable or improving. He was also noted to have a negative depression screening showing no or minimal depression. (Exhibit A, pt. 2, pp. 100-109; pt. 3, pp. 155-162)

I. In May 2025, at Petitioner's annual physical exam, his doctor noted that Petitioner has a history of type 1 bipolar disorder and is prescribed Depakote, Seroquel, and Sublocade for treatment. For his anxiety, he is prescribed Hydroxyzine. Finally, Petitioner is prescribed gabapentin for his neck, back, and knee pain while continuing to attend physical therapy three times weekly and using lidocaine patches and ointment for some of the pain. (Exhibit A, pt. 2, p. 29)

11. On July █ 2025, the Disability Determination Service (DDS) determined that Petitioner was not disabled, capable of performing other work. (Exhibit A, pt. 5, pp. 274-275.)
12. On July █ 2025, the Department issued a Notice of Case Action to Petitioner informing him that the DDS (formerly known as Medical Review Team (MRT)) had determined that he is not disabled and capable of performing other work. The Notice also advised that his application for cash/SDA was denied effective April 16, 2025 because he was not aged, blind, disabled, under 21, pregnant, or a parent/caretaker of a dependent child. (Exhibit A, pt. 5, pp. 277-278)
13. On July 24, 2025, the Department received Petitioner's request for hearing disputing the determination that he was not disabled and denial of SDA benefits.

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 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. 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.

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) 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. BEM 261, pp. 1-3; 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 (RFC) to perform past relevant work; and (5) has the RFC 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).

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 has not worked since 2023, Petitioner cannot be assessed as not disabled at Step 1, and the evaluation 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, co-workers and usual work situations; and (vi) dealing with changes in a routine work setting. 20 CFR 416.921(b).

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 Servs*, 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.

The medical evidence presented at the hearing was reviewed and, in consideration of the *de minimis* standard necessary to establish a severe impairment under Step 2, it is

found to be 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 of whether 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 SDA 90-day duration requirement, the individual is disabled. If not, the analysis proceeds to the next step.

Based on the medical evidence presented in this case, listings 12.04 (depressive, bipolar, and related disorders), 12.06 (anxiety and obsessive-compulsive disorders), trauma- and stressor- related disorders), (lumbar spinal stenosis resulting in compromise of the cauda equina), 1.15 (disorders of the skeletal spine resulting in compromise of a nerve root), 1.19 (pathologic fractures due to any cause), 1.22 (non-healing or complex fracture of the femur, tibia, pelvis, or one or more of the talocrural bones), and 1.18 (abnormality of a major joint in any extremity) were considered. 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. There was no medical evidence of sensory changes evidenced by decreased sensation, sensory nerve deficit nor decreased deep tendon reflexes. There was no medical evidence of a need for a walker, bilateral cane, bilateral crutch, or a wheeled and seated mobility device, nor an inability to use one or both upper extremities. There was no medical evidence of pathologic fractures occurring on three separate occasions within a 12 month period. There was no medical evidence of bipolar disorder characterized by an extreme limitation of one of the following or a marked limitation of two of the following: understanding, remembering, applying information, interacting with others, concentrating, persisting, maintaining pace, or adapting and managing oneself. Therefore, Petitioner is not disabled under Step 3 and the analysis continues to Step 4.

Residual Functional Capacity (RFC)

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 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).

If an individual has limitations or restrictions that affect the ability to meet demands of jobs *other than* strength, or exertional, demands, the individual is considered to have only nonexertional limitations or restrictions. 20 CFR 416.969a(a) and (c). Examples of non-exertional limitations or restrictions 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., unable to 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). For mental disorders, functional limitation(s) is assessed based upon the extent to which the impairment(s) interferes with an individual's ability to function independently, appropriately, effectively, and on a sustained basis. *Id.*; 20 CFR 416.920a(c)(2). Chronic mental disorders, structured settings, medication, and other treatment and the effect on the overall degree of functionality are considered. 20 CFR 416.920a(c)(1). Where the evidence establishes a medically determinable mental impairment, the degree of functional limitation must be rated, taking into consideration chronic mental disorders, structured settings, medication, and other treatment. The effect on the overall degree of functionality is

evaluated under four broad functional areas, assessing the ability to (i) understand, remember, or apply information; (ii) interact with others; (iii) concentrate, persist, or maintain pace; and (iv) adapt or manage oneself. 20 CFR 416.920a(c)(3). A five-point scale is used to rate the degree of limitation in each area: none, mild, moderate, marked, and extreme. 20 CFR 416.920a(c)(4). The last point on each scale represents a degree of limitation that is incompatible with the ability to do any gainful activity. 20 CFR 416.920a(c)(4).

A two-step process is applied in evaluating an individual's symptoms: (1) whether the individual has a medically determinable impairment that could reasonably be expected to produce the individual's alleged symptoms and (2) whether the individual's statement about the intensity, persistence and limiting effects of symptoms are consistent with the objective medical evidence and other evidence on the record from the individual, medical sources and nonmedical sources. SSR 16-3p.

In this case, Petitioner alleges exertional and nonexertional limitations due to his medical conditions. A review of Petitioner's medical records from January 2024, to present, revealed a right tibia fracture which was corrected after surgery, anxiety, bipolar disorder, as well as pain in his knee, back, and neck from herniated discs, displacement, and bulging on the nerve roots. Petitioner's medical records did not include any discussion of a left tibia fracture and no discussion of physical limitations prescribed by a medical professional. Petitioner's mental health records from 2025 show that he had made improvements from the end of 2024, behaviors were within normal limits, but that he was still experiencing irritability and night terrors. Petitioner participated in the hearing which lasted approximately one hour and 20 minutes without any indication of an inability to persist, no indication of difficulties in interacting with authority or others in the hearing, and no indication of an inability to concentrate or maintain pace.

With respect to Petitioner's exertional limitations, Petitioner maintains at least the physical capacity to perform sedentary work as defined by 20 CFR 416.967(a). Based on Petitioner's medical records and the significant improvement from 2024 through 2025, Petitioner has a nonexertional RFC resulting in mild limitations in his ability to interact with others and mild limitations in his ability to adapt or manage himself.

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 5 years that was SGA and that lasted long enough for the individual to learn the position. 20 CFR 416.960(b)(1)(i). Work that was started and stopped in fewer than 30 calendar days is not PRW. *Id.* and 20 CFR 416.960(b)(1)(ii). 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 was last employed in 2023, but only for a short period before he was involved in a car accident. However, in 2020 through 2022, Petitioner had three different jobs which lasted longer than 30 days. One job required lifting drywall over his head and swinging a sledgehammer. The second job required standing eight hours per day and lifting five to ten pounds. His third job required frequent bending and standing for long hours with customer service interaction. Petitioner's past work requires, at a minimum, light work. Petitioner has an exertional RFC which is light. In addition, Petitioner is experiencing mild nonexertional limitations. Based on the medical evidence provided, Petitioner is not capable of performing past work.

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 DHHS 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. Thus, he is considered to be a younger age individual (aged 18-44 years old) for purposes of Appendix 2. He completed his high school education or GED. He can read, write, and do basic math. He has a work history which includes unskilled and semi-skilled transferable work. 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, the Medical-Vocational Guidelines, 201.27 and 201.28, result in a finding that Petitioner is not disabled. Petitioner also has nonexertional limitations, with a nonexertional RFC that results in mild limitations in his ability to interact with others and his ability to adapt or manage himself. These limitations are not significant enough to preclude Petitioner from engaging in other forms of work. See SSR 83-14. Therefore, Petitioner is not disabled at Step 5.

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.

DECISION AND ORDER

Accordingly, the Department's determination is AFFIRMED.



AMANDA MARLER
ADMINISTRATIVE LAW JUDGE

APPEAL RIGHTS: Petitioner may appeal this Hearing Decision to the circuit court. Rules for appeals to the circuit court can be found in the Michigan Court Rules (MCR), including MCR 7.101 to MCR 7.123, available at the Michigan Courts website at courts.michigan.gov. The Michigan Office of Administrative Hearings and Rules (MOAHR) cannot provide legal advice, but assistance may be available through the State Bar of Michigan at <https://lrs.michbar.org> or Michigan Legal Help at <https://michiganlegalhelp.org>. A copy of the circuit court appeal should be sent to MOAHR. A circuit court appeal may result in a reversal of the Hearing Decision.

Either party who disagrees with this Hearing Decision may also send a written request for a rehearing and/or reconsideration to MOAHR within 30 days of the mailing date of this Hearing Decision. The request should include Petitioner's name, the docket number from page 1 of this Hearing Decision, an explanation of the specific reasons for the request, and any documents supporting the request. The request should be sent to MOAHR

- by email to MOAHR-BSD-Support@michigan.gov, OR
- by fax at (517) 763-0155, OR
- by mail addressed to
Michigan Office of Administrative Hearings and Rules
Rehearing/Reconsideration Request
P.O. Box 30639
Lansing Michigan 48909-8139

Documents sent via email are not secure and can be faxed or mailed to avoid any potential risks. Requests MOAHR receives more than 30 days from the mailing date of this Hearing Decision may be considered untimely and dismissed.

Via Electronic Mail:

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