



Refer To: [REDACTED]

Office of Disability Adjudication and Review  
SSA ODAR Hearing Ofc  
Suite 200  
1033 University Place  
Evanston, IL 60201

Date: December 23, 2013

Rick A Logsdon  
913 Furman St  
Rockford, IL 61101

### Notice of Decision – Fully Favorable

I carefully reviewed the facts of your case and made the enclosed fully favorable decision. Please read this notice and my decision.

Another office will process my decision and decide if you meet the non-disability requirements for Supplemental Security Income payments. That office may ask you for more information. If you do not hear anything within 60 days of the date of this notice, please contact your local office. The contact information for your local office is at the end of this notice.

#### **If You Disagree With My Decision**

If you disagree with my decision, you or your representative may submit written exceptions to the Appeals Council. "Written exceptions" are your statements explaining why you disagree with my decision. Please put the Social Security number shown above on any written exceptions you send.

Please send your written exceptions to:

**Appeals Council  
Office of Disability Adjudication and Review  
5107 Leesburg Pike  
Falls Church, VA 22041-3255**

If you need help, you may file in person at any Social Security or hearing office.

#### **Time Limit To File Written Exceptions (30 Days)**

You must file your written exceptions with the Appeals Council **within 30 days** of the date you get this notice. The Appeals Council assumes that you got this notice within 5 days after the date of the notice unless you show that you did not get it within the 5-day period.

If you need more time to file your written exceptions, you must file a written request with the Appeals Council. You must file the request for an extension within 30 days of the date you get

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this notice. If you request more than 30 days, you must explain why you need the extra time. The Appeals Council will decide whether to grant your request for more than a 30-day extension.

### **How Written Exceptions Work**

The Appeals Council will consider your entire case. It will consider all of my decision, even the parts with which you agree. The Appeals Council's action may be more or less favorable or unfavorable to you. The rules the Appeals Council uses are in the Code of Federal Regulations, Title 20, Chapter III, Part 404 (Subpart J) and Part 416 (Subpart N).

The Appeals Council may:

- Find that there is no reason to change my decision,
- Return your case to me or another administrative law judge for a new decision, or
- Issue its own decision.

The Appeals Council will send you a notice telling you what it decides to do. If the Appeals Council does not change my decision, my decision will become the final decision after remand. Any future claim you file will not change a final decision on this claim if the facts and issues are the same.

### **The Appeals Council May Review My Decision On Its Own**

The Appeals Council may review my decision even if you do not file written exceptions. They may decide to review my decision within 60 days after the date of the decision. The Appeals Council will mail you a notice of review if they decide to review my decision.

### **Filing An Action In Federal District Court**

If you do not file written exceptions and the Appeals Council does not review your case on its own, my decision and a transcript of your case record will be sent to the Office of the United States Attorney for filing with the court when required. You have the right to pursue your civil action with the court.

### **If You Have Any Questions**

We invite you to visit our website located at [www.socialsecurity.gov](http://www.socialsecurity.gov) to find answers to general questions about social security. You may also call (800) 772-1213 with questions. If you are deaf or hard of hearing, please use our TTY number (800) 325-0778.

If you have any other questions, please call, write, or visit any Social Security office. Please have this notice and decision with you. The telephone number of the local office that serves your area is (877)628-6570. Its address is:

Social Security  
502 E Jefferson St  
Rockford, IL 61107-4076

Sylke Merchan  
Administrative Law Judge

Enclosures:  
Form HA-L15 (Fee Agreement Approval)  
Decision Rationale

cc: Gregory P Szul  
P. O. Box 59  
Rockford, IL 61105

**SOCIAL SECURITY ADMINISTRATION**  
**Office of Disability Adjudication and Review**  
**ORDER OF ADMINISTRATIVE LAW JUDGE**

**IN THE CASE OF**

Rick A Logsdon  
(Claimant)  
  
(Wage Earner)

**CLAIM FOR**

Period of Disability, Disability Insurance  
Benefits, and Supplemental Security Income  
  
[REDACTED]  
(Social Security Number)

I approve the fee agreement between the claimant and his representative subject to the condition that the claim results in past-due benefits. My determination is limited to whether the fee agreement meets the statutory conditions for approval and is not otherwise excepted. I neither approve nor disapprove any other aspect of the agreement.

**YOU MAY REQUEST A REVIEW OF THIS ORDER AS INDICATED BELOW**

**Fee Agreement Approval:** You may ask us to review the approval of the fee agreement. If so, write us within 15 days from the day you get this order. Tell us that you disagree with the approval of the agreement and give your reasons. Your representative also has 15 days to write us if he or she does not agree with the approval of the fee agreement. Send your request to this address:

Sherry D. Thompson  
Regional Chief Administrative Law Judge  
SSA ODAR Regional Ofc  
Suite 2901  
200 W Adams Street  
Chicago, IL 60606-5234

**Fee Agreement Amount:** You may also ask for a review of the amount of the fee due to the representative under this approved fee agreement. If so, please write directly to me as the deciding Administrative Law Judge within 15 days of the day you are notified of the amount of the fee due to the representative. Your representative also has 15 days to write me if he/she does not agree with the fee amount under the approved agreement.

You should include the social security number(s) shown on this order on any papers that you send us.

*/s/ Sylke Merchan*  
\_\_\_\_\_  
Sylke Merchan  
Administrative Law Judge

December 23, 2013  
Date

**SOCIAL SECURITY ADMINISTRATION  
Office of Disability Adjudication and Review**

**DECISION**

**IN THE CASE OF**

Rick A Logsdon  
(Claimant)

(Wage Earner)

**CLAIM FOR**

Period of Disability, Disability Insurance  
Benefits, and Supplemental Security Income

██████████  
(Social Security Number)

**JURISDICTION AND PROCEDURAL HISTORY**

This case is before me on remand from the Appeals Council pursuant to a remand from the United States District Court for the Northern District of Illinois. On November 13, 2013, I held a video hearing (20 CFR 404.936(c) and 416.1436(c)). The claimant appeared in Rockford, Illinois, and I presided over the hearing from Evanston, Illinois. Also appearing and testifying were Ronald A. Semerdjian, M.D., an impartial medical expert, and Caroline Ward-Kniaz, an impartial vocational expert. The claimant is represented by Gregory P. Szul, an attorney.

The claimant has amended the alleged onset date of disability to December 31, 2009.

**ISSUES**

The issue is whether the claimant is disabled under sections 216(i), 223(d) and 1614(a)(3)(A) of the Social Security Act. Disability is defined as the inability to engage in any substantial gainful activity by reason of any medically determinable physical or mental impairment or combination of impairments that can be expected to result in death or that has lasted or can be expected to last for a continuous period of not less than 12 months.

With respect to the claim for a period of disability and disability insurance benefits, there is an additional issue whether the insured status requirements of sections 216(i) and 223 of the Social Security Act are met. The claimant's earnings record shows that the claimant has acquired sufficient quarters of coverage to remain insured through December 31, 2009. Thus, the claimant must establish disability on or before that date in order to be entitled to a period of disability and disability insurance benefits.

After careful review of the entire record, I find that the claimant has been disabled from December 31, 2009, through the date of this decision. I also find that the insured status requirements of the Social Security Act were met as of the date disability is established.

### APPLICABLE LAW

Under the authority of the Social Security Act, the Social Security Administration has established a five-step sequential evaluation process for determining whether an individual is disabled (20 CFR 404.1520(a) and 416.920(a)). The steps are followed in order. If it is determined that the claimant is or is not disabled at a step of the evaluation process, the evaluation will not go on to the next step.

At step one, I must determine whether the claimant is engaging in substantial gainful activity (20 CFR 404.1520(b) and 416.920(b)). Substantial gainful activity (SGA) is defined as work activity that is both substantial and gainful. If an individual engages in SGA, he is not disabled regardless of how severe his physical or mental impairments are and regardless of his age, education, or work experience. If the individual is not engaging in SGA, the analysis proceeds to the second step.

At step two, I must determine whether the claimant has a medically determinable impairment that is "severe" or a combination of impairments that is "severe" (20 CFR 404.1520(c) and 416.920(c)). An impairment or combination of impairments is "severe" within the meaning of the regulations if it significantly limits an individual's ability to perform basic work activities. If the claimant does not have a severe medically determinable impairment or combination of impairments, he is not disabled. If the claimant has a severe impairment or combination of impairments, the analysis proceeds to the third step.

At step three, I must determine whether the claimant's impairment or combination of impairments is of a severity to meet or medically equal the criteria of an impairment listed in 20 CFR Part 404, Subpart P, Appendix 1 (20 CFR 404.1520(d), 404.1525, 404.1526, 416.920(d), 416.925, and 416.926). If the claimant'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 404.1509 and 416.909), the claimant is disabled. If it does not, the analysis proceeds to the next step.

Before considering step four of the sequential evaluation process, I must first determine the claimant's residual functional capacity (20 CFR 404.1520(e) and 416.920(e)). An individual's residual functional capacity is his ability to do physical and mental work activities on a sustained basis despite limitations from his impairments. In making this finding, I must consider all of the claimant's impairments, including impairments that are not severe (20 CFR 404.1520(e), 404.1545, 416.920(e), and 416.945; SSR 96-8p).

Next, I must determine at step four whether the claimant has the residual functional capacity to perform the requirements of his past relevant work (20 CFR 404.1520(f) and 416.920(f)). The term past relevant work means work performed (either as the claimant actually performed it or as it is generally performed in the national economy) within the last 15 years or 15 years prior to the date that disability must be established. In addition, the work must have lasted long enough for the claimant to learn to do the job and have been SGA (20 CFR 404.1560(b), 404.1565, 416.960(b) and 416.965). If the claimant has the residual functional capacity to do his past

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relevant work, the claimant is not disabled. If the claimant is unable to do any past relevant work or does not have any past relevant work, the analysis proceeds to the fifth and last step.

At the last step of the sequential evaluation process (20 CFR 404.1520(g) and 416.920(g)), I must determine whether the claimant is able to do any other work considering his residual functional capacity, age, education, and work experience. If the claimant is able to do other work, he is not disabled. If the claimant is not able to do other work and meets the duration requirement, he is disabled. Although the claimant generally continues to have the burden of proving disability at this step, a limited burden of going forward with the evidence shifts to the Social Security Administration. In order to support a finding that an individual is not disabled at this step, the Social Security Administration is responsible for providing evidence that demonstrates that other work exists in significant numbers in the national economy that the claimant can do, given the residual functional capacity, age, education, and work experience (20 CFR 404.1512(g), 404.1560(c), 416.912(g) and 416.960(c)).

#### FINDINGS OF FACT AND CONCLUSIONS OF LAW

After careful consideration of the entire record, I make the following findings:

- 1. The claimant's date last insured is December 31, 2009.**
- 2. The claimant has not engaged in substantial gainful activity since December 31, 2009, the amended alleged onset date (20 CFR 404.1520(b), 404.1571 *et seq.*, 416.920(b) and 416.971 *et seq.*).**
- 3. The claimant has the following severe impairments: diabetes mellitus, bilateral knee osteoarthritis, lumbago, and glaucoma (20 CFR 404.1520(c) and 416.920(c)).**
- 4. As of August 1, 2012 the claimant does not have an impairment or combination of impairments that meets or medically equals the severity of one of the listed impairments in 20 CFR Part 404, Subpart P, Appendix 1 (20 CFR 404.1520(d), 404.1525, 404.1526, 416.920(d), 416.925 and 416.926).**

According to the medical expert witness, the severity of the claimant's knee impairment equaled that contemplated by section 1.02A. of Appendix 1 for the period from December 31, 2009- July 31, 2012. Notably, as of April, 2012 there are no documented findings of range of motion deficits in his knees (12F/13-31).

- 5. As of August 1, 2012 the claimant has the residual functional capacity to perform sedentary work as defined in 20 CFR 404.1567(a) and 416.967(a) except no climbing ladders, ropes or scaffolds, no more than occasional postural activities such as stooping, crouching, balancing, kneeling, crawling, climbing ramps or stairs, or balancing, no concentrated exposure to extreme temperatures or wet surfaces, the option to sit or stand every thirty minutes and he would likely be absent from work in excess of three days per month due to his impairments.**

In making this finding, I considered all symptoms and the extent to which these symptoms can reasonably be accepted as consistent with the objective medical evidence and other evidence, based on the requirements of 20 CFR 404.1529 and 416.929 and SSRs 96-4p and 96-7p. I have also considered opinion evidence in accordance with the requirements of 20 CFR 404.1527 and 416.927 and SSRs 96-2p, 96-6p and 06-3p.

The claimant testified at supplemental hearing that, due to pain, snapping and popping in his knees, he has difficulty with prolonged standing and walking. He relieves the pain by sitting in a reclined position and elevating his legs at a 45° angle. However, he is only able to sit in this fashion for approximately 20 minutes, after which he experiences severe pain from his low back to his hips and then he has to stand and stretch and walk around. He also has difficulty walking and, instead, has now resumed riding his exercise bike at 15-minute intervals for a total of an hour a day to control his weight.

A summary of the medical records pertaining to the period through June 2, 2011 was provided in the initial decision (9A) and is incorporated by reference herein. The record now also contains progress notes from the Crusader Clinic spanning the period from August 11, 2011 through July 11, 2013 (12F). During this period the claimant, in addition to being treated for diabetes and glaucoma, which are both controlled with medication, has consistently complained of low back and bilateral knee pain, most recently at a level of eight on a 1-10 scale of severity, (12F/27), and has been diagnosed with lumbago.

After considering the evidence of record, I find that the claimant's medically determinable impairments could reasonably be expected to produce the alleged symptoms, and that the claimant's statements concerning the intensity, persistence and limiting effects of these symptoms are generally credible. The record, in that it documents degenerative disease in the claimant's knees, which is not likely to improve, supports his allegations as to the severity of the pain and the degree of limitation imposed. Thus, while Dr. Semerdjian found no basis for a provision of a sit/stand option in the residual functional capacity assessment, I am crediting the claimant's subjective complaints in this regard.

**6. The claimant is unable to perform any past relevant work (20 CFR 404.1565 and 416.965).**

The demands of the claimant's past relevant work exceed the residual functional capacity.

**7. The claimant was a younger individual age 45-49 on the established disability onset date (20 CFR 404.1563 and 416.963).**

**8. The claimant has a limited education and is able to communicate in English (20 CFR 404.1564 and 416.964).**

**9. The claimant's acquired job skills do not transfer to other occupations within the residual functional capacity defined above (20 CFR 404.1568 and 416.968).**



**10. Considering the claimant's age, education, work experience, and residual functional capacity, there are no jobs that exist in significant numbers in the national economy that the claimant can perform (20 CFR 404.1560(c), 404.1566, 416.960(c), and 416.966).**

In determining whether a successful adjustment to other work can be made, I must consider the claimant's residual functional capacity, age, education, and work experience in conjunction with the Medical-Vocational Guidelines, 20 CFR Part 404, Subpart P, Appendix 2. If the claimant can perform all or substantially all of the exertional demands at a given level of exertion, the medical-vocational rules direct a conclusion of either "disabled" or "not disabled" depending upon the claimant's specific vocational profile (SSR 83-11). When the claimant cannot perform substantially all of the exertional demands of work at a given level of exertion and/or has nonexertional limitations, the medical-vocational rules are used as a framework for decision making unless there is a rule that directs a conclusion of "disabled" without considering the additional exertional and/or nonexertional limitations (SSRs 83-12 and 83-14). If the claimant has solely nonexertional limitations, section 204.00 in the Medical-Vocational Guidelines provides a framework for decision making (SSR 85-15).

If the claimant had the residual functional capacity to perform the full range of sedentary work, considering the claimant's age, education, and work experience, a finding of "not disabled" would be directed by Medical-Vocational Rule 201.19. To determine the extent to which the claimant's additional limitations erode the unskilled sedentary occupational base, I asked the vocational expert whether jobs exist in the national economy for an individual with the claimant's age, education, work experience, and residual functional capacity. The vocational expert testified that given all of these factors there are no jobs in the national economy that the individual could perform.

Based on the testimony of the vocational expert, I conclude that, considering the claimant's age, education, work experience, and residual functional capacity, a finding of "disabled" is appropriate under the framework of the above-cited rule.

**11. The claimant has been under a disability as defined in the Social Security Act since December 31, 2009, the amended alleged onset date of disability (20 CFR 404.1520(g) and 416.920(g)).**

**DECISION**

Based on the application for a period of disability and disability insurance benefits filed on November 18, 2009, the claimant has been disabled under sections 216(i) and 223(d) of the Social Security Act since December 31, 2009.

Based on the application for supplemental security income filed on November 18, 2009, the claimant has been disabled under section 1614(a)(3)(A) of the Social Security Act since December 31, 2009.

The component of the Social Security Administration responsible for authorizing supplemental security income will advise the claimant regarding the nondisability requirements for these

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payments and, if the claimant is eligible, the amount and the months for which payment will be made.

Medical improvement is expected with appropriate treatment. Consequently, a continuing disability review is recommended in 18 months.

*/s/ Sylke Merchan*

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Sylke Merchan  
Administrative Law Judge

December 23, 2013

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Date