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UNITED STATES DISTRICT COURT  
WESTERN DISTRICT OF WASHINGTON  
AT TACOMA

TRACIE D. MORGAN,  
  
Plaintiff,  
  
v.  
  
HARTFORD LIFE AND ACCIDENT  
INSURANCE COMPANY,  
  
Defendant.

CASE NO. C16-5183 BHS  
  
OPINION AND ORDER

This matter comes before the Court on the merits of Plaintiff Tracie D. Morgan’s (“Morgan”) claim against Defendant Hartford Life and Accident Insurance Company (“Hartford”) for wrongful denial of benefits under the Employee Retirement Income Security Act of 1974, 29 U.S.C. § 1001, *et seq.* (“ERISA”). Dkt. 1. The Court, having considered the parties’ pleadings and the remainder of the record, finds in favor of Morgan and orders the parties to (1) submit further briefing on the issues of attorney fees and prejudgment interest, and (2) meet and confer to craft a stipulated proposed judgment.

1 **I. PROCEDURAL HISTORY**

2 On March 9, 2016, Tracie Morgan filed a complaint for long-term disability  
3 benefits against Hartford. Dkt. 1. Morgan presently brings a claim for wrongful denial of  
4 benefits under an ERISA long-term disability plan. *Id.*

5 On November 16, 2016, Hartford moved for summary judgment. Dkt. 20. On  
6 January 26, 2017, the Court denied the motion for summary judgment. Dkt. 27.

7 On January 31, 2017, the parties submitted trial briefs and proposed findings of  
8 fact. Dkts. 29–32. On January 31, 2017, the Court held a pretrial conference at which the  
9 parties stipulated that (1) the case should be submitted as a bench trial on the  
10 administrative record, and (2) no further evidentiary hearings were necessary. Dkt. 34.

11 On February 9, 2017, the Court ordered that the parties submit simultaneous  
12 additional briefing on specific issues. Dkt. 33. On February 24, 2017, the parties filed  
13 their supplemental briefs. Dkts. 35, 36. On March 3, 2017, the parties submitted  
14 supplemental responses. Dkts. 37, 38.

15 **II. FACTUAL BACKGROUND**

16 **A. Morgan’s Employment**

17 In 2015, Morgan was employed as an Operations Specialist in the Dynacraft  
18 division at PACCAR, Inc. Morgan’s position involved duties that would be classified as a  
19 “heavy physical demand occupation.” ARCF000005; ARCF000089–90; ARCF000140–  
20 44. The duties of Morgan’s actual occupation included “the use of power and manual  
21 hand tools, carrying up to 15 pounds, pushing parts up to 75 pounds in a cart, constantly  
22 handling, fingering, and reaching at waist level, and occasionally reaching above

1 shoulder and below waist level.” ARCF000005; AR000089. Also, Morgan’s actual  
2 position required that she stand for her entire eight-hour workday. ARCF000005.

3 An occupational analysis of the Operations Specialist position by a “Rehabilitation  
4 Claims Manager” indicates that, in the national economy, the position is a “medium  
5 physical demand occupation,” requiring “frequent reaching, handling, fingering, near  
6 acuity, and depth perception with occasional stooping, crouching, feeling and color vision  
7 required.” ARCF000005; ARCF000090. The occupational analysis report does not  
8 describe a specific standing requirement as a “physical demand” or “essential duty” of  
9 the Operations Specialist in the national economy. ARCF000005. However, the report  
10 states that the “environmental conditions” of the occupation in the national economy  
11 “may still involve long periods of standing, sitting, or working on ladders.” *Id.*

## 12 **B. Plan Terms**

13 An ERISA fiduciary must distribute benefits “in accordance with the documents  
14 and instruments governing the plan.” 29 U.S.C. § 1104(a)(1)(D). Under the governing  
15 plan, claimants like Morgan are eligible to receive monthly benefits “if [they] are  
16 *Disabled* according to the Occupation Qualifier provision.” ARPD00010.<sup>1</sup> The  
17 “Occupation Qualifier provision” states that:

18 “Disability means that . . . *Injury* or *Sickness* causes physical or  
19 mental impairment to such a degree of severity that you are:

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20 <sup>1</sup> The Court generally adopts the same format for citations used by the parties to reference  
21 evidence contained in the plan administrator’s record. *See* Dkt. 20 at 2; Dkt. 22 at 2. However,  
22 the Court notes that the Administrative record is divided into two sections—the plan documents  
and the claim file. Accordingly, citations to the plan documents found in the beginning of the  
administrative record are preceded by “ARPD” while citations to the claim file are preceded  
by “ARCF.” The record is available on the electronic docket at Dkts. 21-1, 21-2, and 21-3.

- 1) continuously unable to perform the *Material and Substantial Duties of Your Regular Occupation*; and
- 2) not *Gainfully Employed*.

3 ARPD000009.

4 The plan sets out claim filing procedures, requiring that claimants submit “proof  
5 of loss,” or “Proof of *Disability*.” ARPD000018. “Failure to do so may delay, suspend or  
6 terminate *Your* benefits.” *Id.* As part of the “Proof of Disability,” a claimant must submit:

7 Objective medical findings which support *Your Disability*. Objective  
8 medical findings include but are not limited to tests, procedures, or clinical  
9 examinations standardly accepted in the practice of medicine, for *Your*  
10 disabling condition(s).

11 *Id.* The claim filing procedures also require that a claimant show “[t]he extent of *Your*  
12 *Disability*, including restrictions and limitations which are preventing *You* from  
13 performing *Your Regular Occupation*.” *Id.* Despite the requirement that a claimant  
14 provide objective medical findings that support her claim, the plan also limits coverage  
15 for any “*Disability* beyond 12 months after the elimination period if it is due to a  
16 diagnosed condition which manifests itself primarily with *Self-Reported Symptoms*.”  
17 ARPD000013.

### 18 **C. Morgan’s Claim**

19 April 8, 2015, Morgan initiated a claim with Hartford for disability benefits.  
20 ARCF000082. On May 11, 2015, Dr. Cornelia Moynihan, ND, indicated that Morgan  
21 was suffering chronic fatigue from infectious mononucleosis or a “flare up of EBV  
22 [Epstein-Barr Virus].” ARCF000242. However, follow-up serologies revealed results  
indicating former infection with no current illness. ARCF000244–46. Morgan continued

1 to suffer symptoms of fatigue and an inability to concentrate. ARCF000255. On June 18,  
2 2015, Dr. Moynihan referred Morgan to Dr. Larry Stonesifer, MD, for an endocrine  
3 evaluation. ARCF000253.

4 Morgan continued to visit Dr. Moynihan for follow-up appointments. On June 26,  
5 2015, Dr. Moynihan authorized Morgan to work four hours per day. ARCF000343. On  
6 July 1, 2015, Dr. Moynihan increased Morgan's work capacity to 4.5 hours each day.  
7 ARCF000347. On July 22, 2015, Dr. Moynihan noted that Morgan continued to suffer  
8 fatigue and added nausea. ARCF000352.

9 On July 28, 2015, Morgan met with Dr. Stonesifer. ARCF000265. Dr. Stonesifer  
10 assessed Morgan with chronic fatigue and possible reactive hypoglycemia. *Id.* Dr.  
11 Stonesifer ordered additional tests, including an insulin tolerance test. *Id.* On July 29,  
12 2015, Dr. Moynihan ordered that Morgan not work from July 30, 2015, through August  
13 21, 2015. ARCF000374. In the same note, Dr. Moynihan stated that Morgan could return  
14 to work for 3 hours per day beginning on August 24, 2015. *Id.*

15 On August 19, 2015, Morgan returned for a follow-up with Dr. Stonesifer.  
16 ARCF000267. Reviewing Morgan's lab results, Dr. Stonesifer noted that Morgan's  
17 "insulin tolerance test was diagnostic of growth hormone deficiency." *Id.* However, he  
18 noted that "for definitive diagnosis, we will need the Cortrosyn Stim study." *Id.*

19 On August 24, 2015, Morgan returned to work on a three-hour-per-day schedule.  
20 ARCF000405. On August 28, 2015, Dr. Moynihan authorized Morgan to increase her  
21 schedule on Mondays and Fridays from three hours to four. ARCF000308.  
22

1 On September 18, 2015, Dr. Ifeanyi Nwaneshiudu, MD, NPH, reviewed the  
2 medical records submitted to support Morgan’s claim to Hartford. ARCF000278–81. To  
3 support her claim, Morgan had presented records from Dr. Moynihan. *See* ARCF000242–  
4 47, ARCF000254–57, ARCF000264–68. Dr. Nwaneshiudu did not review the records of  
5 Dr. Stonesifer. ARCF000278–79. Dr. Nwaneshiudu assessed that “[w]ithout any  
6 evidence of a diagnosis causing physical impairment, there is no need for medical [sic]  
7 necessary work restrictions.” ARCF000280. On September 30, 2015, Dr. Nwaneshiudu  
8 completed an addendum to his initial review after discussing Morgan’s functional status  
9 with Dr. Moynihan. AR000270. In the addendum, Dr. Nwaneshiudu noted that his  
10 “impression of no impairment diagnosis is unchanged.” ARCF000270.

11 On October 6, 2015, Hartford denied Morgan’s application for long-term disability  
12 benefits based on Dr. Nwaneshiudu’s review. ARCF000102–06. The denial dealt  
13 exclusively with Dr. Moynihan’s diagnosis of infectious mononucleosis and the lack of  
14 objective medical findings to support such a diagnosis. ARCF000102–05.

15 On November 18, 2015, Morgan met with Dr. Stonesifer, who noted in his  
16 records: “I have written a letter today asking [Hartford] to give us more time to get her  
17 growth hormone to a more appropriate level. I think she is significantly disabled and  
18 growth hormone deficiency can certainly cause these symptoms . . . .” ARCF000173. His  
19 letter, dated November 12, 2015, stated: “[Morgan] was recently diagnosed with adult  
20 growth hormone deficiency. She has been on growth hormone for less than a month but it  
21 may take a longer time for her growth hormone to achieve therapeutic level.”

22 ARCF000169.

1 On December 24, 2015, Morgan appealed the denial of her claim and  
2 supplemented the claim file with records from Dr. Stonesifer. ARCF000168–258.  
3 Hartford submitted her medical records to Dr. Charles Fisher, Jr., MD, for another  
4 review.

5 On February 2, 2016, Dr. Fisher concluded that Morgan had no physical  
6 limitations and that “there is no objective evidence to support a physical inability to  
7 remain awake.” ARCF000158. On February 5, 2016, Dr. Fisher noted in an addendum  
8 that, although “Dr. Stonesifer has diagnosed Ms. Morgan with Adult Human Growth  
9 Hormone Deficiency using standard methodologies . . . absent any sort of specific deficit,  
10 it would be impossible for any physician to specifically restrict or limit activities based  
11 on cognitive deficits alone.” ARCF000129–30.

12 On February 24, 2016, Hartford denied Morgan’s appeal based on Dr. Fisher’s  
13 review. ARCF000085–91. On March 9, 2016, Morgan commenced the present action.  
14 Dkt. 1.

### 15 III. STANDARD OF REVIEW

16 This matter comes before the Court as a “bench trial on the record.” In *Kearney*,  
17 the Ninth Circuit “created a ‘novel form of trial,’ in which the district court, subject to its  
18 discretion to consider additional evidence under limited circumstances, is to conduct ‘a  
19 bench trial on the record.’” *Thomas v. Oregon Fruit Products Co.*, 228 F.3d 991, 996 (9th  
20 Cir. 2000) (quoting *Kearney v. Standard Ins. Co.*, 175 F.3d 1084, 1095 (9th Cir. 1999)).  
21 “In a trial on the record . . . the judge can evaluate the persuasiveness of conflicting  
22 testimony and decide which is more likely true.” *Kearney*, 175 F.3d at 1095.

1           The parties stipulate that the standard for this case is *de novo* review. On *de novo*  
2 review, the Court must decide “whether [Morgan] was disabled in the sense defined by  
3 the policy.” *Kearney*, 175 F.3d 1093. “[W]hen the court reviews a plan administrator’s  
4 decision under the *de novo* standard of review, the burden of proof is placed on the  
5 claimant.” *Muniz v. Amec Const. Mgmt., Inc.*, 623 F.3d 1290, 1294 (9th Cir. 2010).

6           Under *de novo* review of an ERISA benefits decision, ““a district court should not  
7 take additional evidence merely because someone at a later time comes up with new  
8 evidence’ and ‘[i]n most cases’ only the evidence that was before the plan administrator  
9 should be considered.” *Kearney*, 175 F.3d at 1091 (quoting *Mongeluzo v. Baxter*  
10 *Travenol Long Term Disability Ben. Plan*, 46 F.3d 938, 944 (9th Cir. 1995)).

11 Nonetheless, “the district court has discretion to consider evidence beyond the record  
12 where additional evidence is necessary to conduct an adequate *de novo* review of the  
13 benefit decision.” *See also Walker v. Am. Home Shield Long Term Disability Plan*, 180  
14 F.3d 1065, 1070 (9th Cir. 1999) (quotation omitted).

15           Here, the parties have indicated that evidence outside the plan administrator’s  
16 claim file is generally not admissible. *See* Dkt. 15 at 2. More importantly, they have  
17 stipulated that evidence need not be introduced beyond what is already contained in the  
18 administrative record. Dkt. 34. Accordingly, for the purpose of this opinion and order, the  
19 Court will rely exclusively on the plan documents and the evidence in the plan  
20 administrator’s claim file.



1 **IV. DISCUSSION**

2 Hartford denied Morgan’s claim because it determined that her “proof of loss” did  
3 not include objective medical findings “demonstrating the physical inability for Morgan  
4 to perform her duties.” Dkt. 20 at 19. To reach this conclusion, Hartford relied upon Dr.  
5 Fisher’s independent review, which indicates that a diagnosis of growth hormone  
6 deficiency is “controversial” and highlights that Dr. Stonesifer’s diagnosis was based  
7 *almost* exclusively on self-reported symptoms. ARCF000156–57.

8 Accordingly, to prove her claim, Morgan must show that she submitted adequate  
9 proof of disability in support of her application for benefits. To assess the claim, the  
10 Court must assess and weigh the reports of Doctors Moynihan, Stonesifer, and Fisher.<sup>2</sup>

11 **A. Objective Medical Findings on the Extent of Limitations**

12 Morgan argues that Dr. Stonesifer diagnosed her with Growth Hormone  
13 Deficiency based on a combination of (1) Plaintiff’s subjective complaints of fatigue and  
14 “brain fog,” and (2) an objective insulin challenge test revealing an Insulin-Like Growth  
15 Factor-1 (“IGF-1”) Z score that “was diagnostic of growth hormone deficiency.”  
16 ARCF000155; ARCF000267; ARCF000317. Dr. Stonesifer further opined that he  
17 “thinks [Morgan] is significantly disabled” after explaining that “growth hormone  
18 deficiency can certainly cause [the] symptoms” revealed on Morgan’s “quality of life  
19 questionnaire,” such as severe fatigue and an inability to focus or even remain standing.

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20  
21 <sup>2</sup> The Court notes that the report of Dr. Nwaneshiudu does not include any assessment of  
22 Morgan’s diagnosis of Growth Hormone Deficiency or her treatment by Dr. Stonesifer.  
Accordingly, it is not helpful to the Court’s analysis, and neither of the parties have relied upon it  
in their briefings to the Court.

1 ARCF000173. Even Dr. Fisher noted: “Morgan is chronically fatigued secondary to an  
2 endocrine disorder. Her fatigue certainly does and has impaired her function at work and  
3 in her daily life.” ARCF000131.

4         Based on these facts, Morgan argues that her proof of loss included objective  
5 evidence that supported her disability. To support this argument, she points to the  
6 definition of objective medical findings, which describes tests or procedures standardly  
7 accepted for one’s “disabling *condition(s)*.” ARPD000018 (emphasis added). Construing  
8 this language, she argues that the objective findings need not directly prove that she is  
9 unable to perform the material and substantial duties of her occupation. Instead, Morgan  
10 contends, the objective findings need only support the existence of a condition that has  
11 resulted in her disability. *See* Dkt. 36 at 5–7.

12         Hartford concedes that Morgan’s IGF-1 Z score is an objective medical finding.  
13 Dkt. 37 at 4 (“There is no dispute that Plaintiff has been diagnosed with Adult Human  
14 Growth Hormone Deficiency. There is also no dispute that this ‘condition’ was diagnosed  
15 using objective medical findings.”). However, Hartford argues that the IGF-1 Z score is  
16 insufficient to establish a “causal link between objective medical findings . . . and  
17 ‘Disability.’” *Id.* at 3. More specifically, Hartford argues that Morgan’s proof of  
18 disability must include objective medical findings showing her inability to perform the  
19 material and substantial duties of her occupation. In denying the claim for benefits,  
20 Hartford explained:

21             Based upon the functionality as outlined by Dr. Fisher . . . Morgan has not  
22             been medically precluded from performing either her job for her employer  
              or her occupation in the national economy . . . . Although we note that Dr.

1 Fisher opined that fatigue “. . . would be considered potentially  
2 disqualifying in safety sensitive positions (e.g. airline pilot, rail operator,  
3 crane operation or heavy equipment operator),” Ms. Morgan would not be  
precluded from performing the material and substantial duties of her  
occupation even with fatigue complaints.

4 ARCF000090.

5 Many of the cases that Hartford has cited in support of its position are easily  
6 distinguished from the facts of this case. *See* Dkt. 37 at 5–6. For instance, the Tenth  
7 Circuit’s decision in *Loughray* was based on the fact that the plaintiff “cannot point to  
8 any objective medical condition that may be producing the disabling fatigue of which she  
9 complained.” 366 Fed. Appx. 913, 926 (10th Cir. 2010). In fact, in *Loughray* there was  
10 evidence that directly contradicted the plaintiff’s reported fatigue. *See id.* Here, however,  
11 Morgan has pointed to her diagnosis of Growth Hormone Deficiency, which every doctor  
12 on the record has acknowledged may reasonably result in the type of chronic fatigue that  
13 Morgan reports. *See* ARCF000129; ARCF000169. Moreover, the diagnosis was made  
14 “using standard methodology” of Morgan’s objective IGF-1 Z score. ARCF000129.  
15 Also, there is neither evidence nor argument to suggest that Morgan is malingering in the  
16 reports of her symptoms.

17 Another important distinction between the present case and the authorities cited by  
18 Hartford can be found in a review of *Williams v. Aetna Life Ins. Co.*, 509 F.3d 317 (7th  
19 Cir. 2007). In that case, the Seventh Circuit found in favor of an insurance company  
20 when a claimant failed to provide objective documentation of his functional limitations.  
21 *Id.* at 325–25. The Seventh Circuit relied upon language in the plan requiring only that  
22 the administrator “[c]onsider subjective complaints of the claimant as well as objective

1 evidence.” *Id.* at 323. Based on this language, the Seventh Circuit concluded that merely  
2 “considering” such subjective complaints “does not mean that they are to be dispositive  
3 of a claimant’s entitlement to benefits.” *Id.* However, the Seventh Circuit expressly drew  
4 a distinction between the language of that plan and cases “in which the plan provided that  
5 it would pay benefits for up to [a limited number of] months with respect to disabilities  
6 ‘primarily based on self-reported symptoms.’” *Id.* In drawing this distinction, the Seventh  
7 Circuit cited its previous ruling in *Diaz v. Prudential Ins. Co. of Am.*, 499 F.3d 640 (7th  
8 Cir. 2007). *Id.*

9         In *Diaz*, the Seventh Circuit found in favor of the claimant (albeit under a  
10 favorable summary judgment standard) when his limitations were supported only by  
11 subjective complaints, the assessment of treating physicians, and a diagnosis based on  
12 diagnostic tests. 499 F.3d 645–48. In reaching its decision, the Seventh Circuit noted that  
13 the plan included a twenty-four-month “cap on disabilities that ‘are primarily based on  
14 self-reported symptoms,’” and that the term “disability” was defined as either “sickness  
15 or injury.” *Id.* at 645. The Seventh Circuit concluded that “[t]hese provisions erase any  
16 doubt that Diaz is entitled to benefits notwithstanding the fact that some of his evidence  
17 consists of subjective reports of his pain.” *Id.* at 646. In this case, the operative plan  
18 language mirrors the plan in *Diaz*, not *Williams*. Specifically, this plan caps coverage for  
19 any “*Disability* beyond 12 months after the elimination period if it is due to a diagnosed  
20 condition which manifests itself primarily with *Self-Reported Symptoms*.” ARPD000013.  
21 Additionally, the plan defines “disability” as a “sickness or injury” that otherwise  
22 satisfies the occupation qualifier. ARPD000009.

1 Hartford also relies upon *Hilton v. UNUM Life Ins. Co. of Am.*, 967 F. Supp. 2d  
2 1114 (E.D. Va. 2013), where a district court determined that a claimant was required to  
3 provide objective medical findings that verified the “manifestations” of her diagnosed  
4 condition. However, the district court’s decision was focused on whether that plan’s self-  
5 reported symptoms limitation (similar to the one in Morgan’s plan) precluded continued  
6 long term benefits *beyond* the stated twenty-four-month limitation. *Id.* at 1122–23. In that  
7 case, the plan administrator had already concluded that the claimant was entitled to  
8 benefits during the limited period, despite that lack of objective findings that supported  
9 the extent of her self-reported symptoms. The plan administrator’s decision in that case  
10 actually runs contrary to Hartford’s position, as Hartford denied benefits to Morgan  
11 entirely—even during the period described by the plan for disabilities manifested  
12 primarily through self-reported symptoms.

13 Reviewing the record, the Court concludes that Morgan has sufficiently proven  
14 that she suffered from “a diagnosed condition which manifests itself primarily with self-  
15 reported symptoms” at the time Hartford denied her benefits. Morgan was diagnosed with  
16 Growth Hormone Deficiency “using standard methodologies” and she suffered from  
17 “substantial and well documented fatigue” commonly associated with her diagnosed  
18 sickness. ARCF000129. Although the extent of her illness manifested itself primarily  
19 through self-reported symptoms, its existence was nonetheless supported by diagnostic  
20 tests showing her low IGF-1 Z score. Morgan’s self-reported descriptions of her fatigue,  
21 coupled with her physicians’ observations at appointments, were sufficiently serious that  
22 they caused her treating physicians to place time limitations on Morgan’s work schedule

1 and conclude that she is “significantly disabled.” While Dr. Fisher highlighted a lack of  
2 documentation regarding any specific physical limitations or cognitive deficits, he  
3 recognized that Morgan’s “physicians have clearly documented their perception that she  
4 is markedly and dramatically fatigued . . . .” ARCF000129–30. Under the language of the  
5 plan, Morgan was not required to provide “objective medical findings” that prove the  
6 degree of the limitations indicated by her self-reported symptoms. Therefore, to the  
7 extent that her claim for benefits was denied on this basis, the denial was wrongful.

8 **B. Evidence of Inability to Perform Material and Substantial Duties**

9 The analysis above does not mean that Plaintiff has proven that her condition of  
10 Growth Hormone Deficiency satisfied the plan’s definition of “disability” as found under  
11 the “occupation qualifier” provision. ARPD000018. While Morgan need not prove her  
12 inability to perform her occupation directly through “objective medical findings,” her  
13 self-reported symptoms and objectively diagnosed condition must still render her  
14 “continuously unable to perform the *Material and Substantial Duties* of [her] *Regular*  
15 *Occupation.*” ARPD000009. This is evident in the claim procedures, which also require  
16 that she provide information on “[t]he extent of [her] *Disability*, including restrictions  
17 and limitations which are preventing [her] from performing [her] *Regular Occupation.*”  
18 ARPD000018. Moreover, the self-reported-symptoms provision only applies to a  
19 “*Disability . . . due to a diagnosed condition which manifests itself primarily with Self-*  
20 *Reported Symptoms.*” ARPD000013. Under this language, Morgan’s diagnosed condition  
21 and self-reported symptoms are insufficient on their own if they do not constitute a  
22 “disability” as defined in the plan.

1 Morgan’s employer reported that Morgan’s actual position as an Operations  
2 Specialist involved duties that would be classified as a “heavy physical demand  
3 occupation.” ARCF000005; ARCF000089–90; ARCF000140–44. A “Rehabilitation  
4 Claims Manager” performed an occupational analysis of Morgan’s occupation in the  
5 national economy and determined that it was a “medium physical demand occupation,”  
6 requiring “frequent reaching, handling, fingering, near acuity, and depth perception with  
7 occasional stooping, crouching, feeling and color vision required.” ARCF000005;  
8 ARCF000090. The duties of Morgan’s actual occupation included “the use of power and  
9 manual hand tools, carrying up to 15 pounds, pushing parts up to 75 pounds in a cart,  
10 constantly handling, fingering, and reaching at waist level, and occasionally reaching  
11 above shoulder and below waist level.” ARCF000005; AR000089. Accordingly, to  
12 establish that she suffered a disability, Morgan must show that the self-reported  
13 symptoms of which she complained—more specifically, the reported symptoms  
14 reasonably attributable to her diagnosed condition of Growth Hormone Deficiency—  
15 rendered her unable to perform the above described tasks.

16 Unfortunately, the record offers little information regarding how Morgan’s fatigue  
17 and other symptoms would relate to her specific duties as an Operations Specialist. For  
18 the most part, Morgan’s treating physicians offered only general observations that her  
19 fatigue is chronic while making conclusory statements that she appears to be  
20 “significantly disabled.” The most detailed description of the extent of Morgan’s  
21 symptoms comes in the form of Morgan’s quality of life surveys, indicating her perceived  
22 difficulty in performing even regular everyday tasks and a difficulty remaining awake.

1 See AR000181–82. Hartford’s final denial of appeal is the only aspect of the record that  
2 directly discusses Morgan’s fatigue and how it relates to the occupational analysis report  
3 on her position as an Operations Specialist. ARCF000090. However, the denial offers  
4 only a conclusory statement that “Morgan would not be precluded from performing the  
5 material and substantial duties of her occupation even with fatigue complaints.”  
6 ARCF000090. This is particularly unhelpful where the denial in no way assesses the  
7 extent of her fatigue and the analysis seems directly tied to the prior conclusion that her  
8 fatigue is not supported by objective medical findings. *See id.*

9 Dr. Fisher noted in his initial review that “Ms. Morgan has no *physical* impairment  
10 that would substantially affect her physical ability to perform her job as far as sitting,  
11 standing, lifting, carrying, use of any sense organ, etc.” ARCF000157 (emphasis added).  
12 However, it appears that Dr. Fisher then continued on by distinguishing between  
13 “physical impairments” and the fatigue of which Morgan complained. *Id.* Specifically, he  
14 stated that, despite the lack of physical limitations, “[Morgan] clearly has fatigue and . . .  
15 [t]his undoubtedly affects her job performance, and would be considered potentially  
16 disqualifying in safety sensitive positions.” *Id.* Therefore, he noted, “[s]hould she not  
17 respond to treatment . . . neuropsychiatric testing may be helpful to further characterize  
18 the cause and extent of her illness.” *Id.*

19 Dr. Fisher also expressly noted that “[Morgan] may be unsuccessful as an  
20 employee due to her fatigue,” despite the fact that she has “neither defined limitations nor  
21 appropriate restrictions based on cognitive deficits.” ARCF000130. He further wrote,  
22 “[t]hat [Morgan] is fatigued, sleeps through the day, and has failed at a job in which she



1 was previously successful is compelling circumstantial evidence of impairment.”

2 ARCF000131. Concluding his review of Morgan’s claim, Dr. Fisher stated in an  
3 addendum:

4 Ms. Morgan is chronically fatigued secondary to an endocrine  
5 disorder. Her fatigue certainly does and has impaired her function at work  
6 and in her daily life. Taken individually, she has neither specific medical or  
7 psychological diagnoses nor focal cognitive deficits reflected in the records  
8 provided *that would in and of themselves require restriction or limitations*  
9 *in function or activity*. However, it is also clear that she feels impaired and  
10 has been unsuccessful in a job she was previously able to perform.  
11 Although she does not have specific defined limitations in cognition or  
12 concentration both of her physicians have well documented their opinion  
13 that her fatigue is secondary to endocrine dysfunction [sic] and is of  
14 sufficient severity that she feels impaired in the workplace and in her  
15 activities of daily living.

16 *Id.* (emphasis added).

17 During one examination, Dr. Stonesifer observed that Morgan’s self-reported  
18 fatigue had resulted in “difficulty staying on her feet for any length of time, which she is  
19 required [to do] at work.” ARCF000173. The occupational analysis report indicates that  
20 Morgan’s actual position required that she stand for her entire eight-hour workday.  
21 ARCF000005. While the occupational analysis report did not describe any specific  
22 standing or sitting requirements as “physical demands” or “essential duties” of an  
Operations Specialist in the national economy, the report did state that the environmental  
conditions of the occupation in the national economy “may still involve long periods of  
standing, sitting, or working on ladders.” *Id.* If the environmental conditions of the  
occupation require long periods of standing, it can be reasonably inferred that the  
inability to stand for any extended period of time would preclude Morgan from

1 performing the occupation’s material and substantial duties. Accordingly, in at least one  
2 instance, a medical professional indicated a specific manner in which Morgan’s self-  
3 reported symptoms of fatigue were preventing her from performing her occupation.

4 As noted by Dr. Fisher, Morgan’s medical diagnosis of Growth Hormone  
5 Deficiency is insufficient “in and of [itself] [to] require restriction or limitations in  
6 function or activity.” ARCF000131. However, when this diagnosis is combined with Dr.  
7 Stonesifer’s observations regarding Morgan’s extreme fatigue, as well as Morgan’s  
8 reports of exhaustion to the point of not being able to stand for any extended period—  
9 which are uncontroverted on the record—it appears more likely than not that Morgan’s  
10 diagnosed condition prevents her from performing the material and substantial duties of  
11 her occupation. Therefore, the limited record indicates that Morgan suffers from a  
12 “disability” as defined by the plan, and Morgan is entitled to relief.

13 **C. Liability and Attorney Fees**

14 The final issues before the Court are the extent of Hartford’s liability under the  
15 plan and whether the Court should award attorney fees and prejudgment interest. The  
16 Court requests that the parties submit additional briefing on these issues as follows:

17 **1. Period Between Expiration of Twelve-Month Self-Reported Symptom  
18 Limitation and Entry of Judgment**

19 Although Morgan has prevailed on her claim, there can be no doubt that Morgan’s  
20 claim for benefits, as it is supported by the administrative record, is subject to the plan’s  
21 cap on benefits for any disability that manifests primarily through self-reported  
22

1 symptoms. *See* ARPD000013. At least on the record before the Court, Morgan’s benefits  
2 are limited to a twelve-month span following the applicable “elimination period.”

3         However, the parties have not addressed how the Court should assess claimed  
4 benefits between the expiration of that period and the conclusion of these proceedings. It  
5 appears that the Court’s power to award unpaid benefits includes the power to award  
6 benefits through the date of judgment. *See Grosz-Salomon v. Paul Revere Life Ins. Co.*,  
7 237 F.3d 1154, 1163 (9th Cir. 2001). Additionally, the Ninth Circuit has stated that “[i]t  
8 would be patently unfair to hold that an ERISA plaintiff has a continuing responsibility to  
9 update her former insurance company and the court on her disability during the pendency  
10 of her internal appeals and litigation, on the off chance that she might prevail in her  
11 lawsuit.” *Cook v. Liberty Life Assur. Co. of Boston*, 320 F.3d 11, 24–25 (1st Cir. 2003).

12         The record does not presently offer any evidence to either support or refute a claim  
13 for benefits beyond the twelve-month limitation period. It is clear from the plan  
14 documents that Morgan is not entitled to an unconditional award of future benefits. *See*  
15 *Stout v. Hartford Life & Acc. Ins. Co.*, C 11-6186 CW, 2012 WL 762024, at \*1 (N.D.  
16 Cal. Mar. 8, 2012). The plan specifically states that “*You* may be required to submit proof  
17 that you continue to be *Disabled* . . . . Failure to do so may delay, suspend or terminate  
18 *Your* benefits.” ARPD000018. Also, Hartford has “the right to have [Morgan] examined  
19 as often as reasonably necessary while the claim continues.” *Id.*

20         Although Morgan has satisfied the requirements for showing a disability within  
21 the twelve-month limitation period, Dr. Stonesifer noted that “only when we have  
22 reached a therapeutic dose of growth hormone and her IGF is normal, will we be able to

1 tell if this is causing her symptoms are [sic] not.” ARCF000173. Also, Dr. Fisher noted  
2 that “[s]hould [Morgan] not respond to treatment . . . neuropsychiatric testing may be  
3 helpful to further characterize the cause and extent of her illness.” ARCF000157. If  
4 Morgan has not been responsive to treatment, then it appears that she would lack any  
5 objectively supported diagnosis. Without a diagnosis that would reasonably support her  
6 reported symptoms, Morgan would be unable to satisfy the plan’s “Proof of Disability”  
7 requirement unless her symptoms were otherwise supported by an objective medical  
8 finding, such as the neuropsychiatric testing referenced by Dr. Fisher.

9       Based on the foregoing, the Court requests additional briefing on the issues of (1)  
10 whether the Court should award benefits for the period between the twelve-month  
11 limitation’s expiration and the Court’s pending judgment, and (2) whether the Court may  
12 require that the parties supplement the record or conduct an additional evidentiary  
13 hearing to determine whether an award for that period would be just.

## 14       **2. Attorney Fees and Prejudgment Interest**

15       The Court also requests that the parties submit briefing on the remaining issue of  
16 attorney fees, which appears to fall within the discretion of the Court, so long as it  
17 considers the five factors set forth in *Hummell v. S.E. Rykoff & Co.*, 634 F.2d 446, 452–  
18 53 (9th Cir. 1980). The parties may also address the issue of prejudgment interest.

## 19       **3. Amount of Award**

20       The parties agree that the record does not contain the necessary information for the  
21 Court to determine the appropriate amount of the award, including Morgan’s wages and  
22 any information on deductible sources of income. Therefore, the parties have stipulated

1 that the Court may order that they meet and confer to craft a proposed judgment with the  
2 proviso that, if no agreement is reached, the Court may order further briefing or an  
3 evidentiary hearing, if deemed necessary, in order to resolve any dispute. *See* Dkt. 36 at  
4 13; Dkt. 37 at 11.

5 The Court, having reviewed the record, hereby rules in favor of Plaintiff Tracie D.  
6 Morgan and **FINDS, CONCLUDES, and ORDERS:**

#### 7 **V. FINDINGS OF FACT**

8 1. Morgan’s diagnosed condition of Growth Hormone Deficiency was  
9 supported by “objective medical findings.”

10 2. Morgan’s self-reported symptoms are reasonably attributed to her  
11 diagnosed condition of Growth Hormone Deficiency.

12 3. Morgan’s diagnosed condition of Growth Hormone Deficiency prevented  
13 her from performing the material and substantial duties of her occupation.

#### 14 **VI. CONCLUSIONS OF LAW**

15 1. The plan’s “Proof of Disability” provisions do not require that Morgan  
16 provide “objective medical findings” that directly evaluate and prove her inability to  
17 perform the material and substantial duties of her occupation.

18 2. The plan’s “objective medical findings” requirement is satisfied by  
19 objective tests that support a claimant’s diagnosed condition if the claimant’s “self-  
20 reported symptoms” are reasonably attributed to that condition.

21 3. Morgan suffered from a “Disability” as the term is defined in the plan’s  
22 “Occupation Qualifier.”

1 4. Morgan is entitled to benefits.

2 5. Morgan's benefits are subject to the plan's twelve-month cap for  
3 disabilities that manifest themselves primarily through self-reported symptoms.

4 **VII. ORDER**

5 1. The parties may submit additional briefing, as described above, on the  
6 issues of (1) liability for the period between an expiration of twelve-month self-reported  
7 symptom limitation and entry of judgment in this case, and (2) attorney fees and  
8 prejudgment interest. The briefing shall be filed no later than two weeks from the date of  
9 this order and shall not exceed ten pages.

10 2. The parties shall meet and confer to craft a stipulated proposed judgment  
11 conforming to the Court's findings in this order. The proposed judgment shall be filed no  
12 later than two weeks subsequent to the Court's forthcoming order on the outstanding  
13 issues outlined above.

14 Dated this 5th day of March, 2017.

15 

16 BENJAMIN H. SETTLE  
17 United States District Judge