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EVALUATION OF SOCIAL SECURITY DISABILITY- ROMCS

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DISCLOSURES

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LEARNING OBJECTIVES

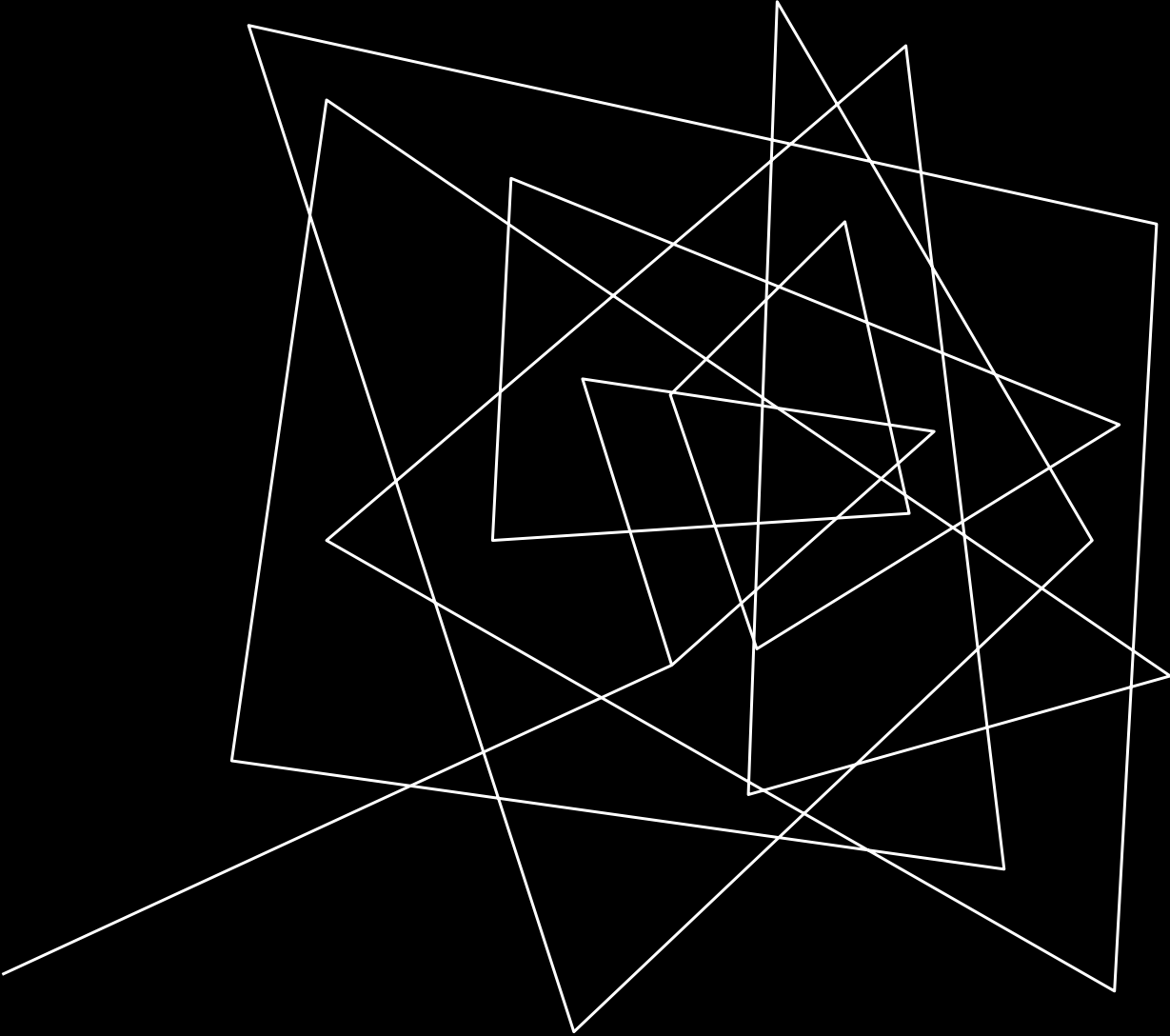
1. Define the two major types of Social Security Disability Benefits
2. Describe the process of sequential evaluation for Social Security Administration (SSA) disability determination
3. Review the medical categories of the Social Security Disability “blue book” and how they apply to adjudication (Use your electronic device here to participate)
4. Discuss medical record review and how to apply information to create a residual functional capacity statement (RFC)

ROOSEVELT SIGNED THE SOCIAL SECURITY BILL INTO LAW ON AUGUST 14, 1935

Started a a plan for social insurance as a safeguard
“against the hazards and vicissitudes of life

The plan was a culmination of work from the Committee on
Economic Security (CES)

Congress modified many details, most of the programs
recommended were adopted.



THE SSA ESTABLISHED TWO TYPES OF PROVISIONS

1. Federal aid to the states to enable them to provide cash pensions to their needy aged- immediate assistance to destitute aged individuals
2. A system of Federal old-age benefits for retired workers- preventive measure intended to reduce the extent of future dependency among the aged and assure workers entitled to a life income

FOR THE WORKING POPULATION UNDER AGE 65, THE SOCIAL SECURITY ACT- TITLE II SSDI OR SSD

The Claimant must have a disability that prevents them from working and is expected to last at least 12 months

AND

The claimant must have worked for 20 out of the past 40 quarters

(you must have worked 5 out of the 10 years immediately prior to the start of your disability to be eligible for Title II Disability)

THE OTHER TYPE OF DISABILITY- TITLE XVI

Disability for those who are disabled

Whose disability is expected to last more than a year

AND

Have not worked 20 out of the last 40 quarters is Title XVI Supplemental Security Income SSI

DIFFERENCES BETWEEN TITLE II AND TITLE XVI

Benefits payable under Title II disability are based on your earnings history and are generally higher than for Title XVI

There are quite a few restrictions and exclusions attached to Title XVI SSI which are not attached to Title II- example if you are married, and your spouse is earning a substantial wage, your benefits for SSI are likely to be reduced to nothing

SOCIAL SECURITY HAS A FIVE-STEP PROCESS TO DETERMINE DISABILITY- SEQUENTIAL EVALUATION

Step 1 – Is person working at SGA? (Gainful work activity)

Step 2 – Does person have severe impairment?

Step 3 - Does impairment meet or equal the listing?

Step 4 – Does impairment allow for past relevant work?

Step 5 – Does impairment allow for any other work?

Physician/Psychologists evaluation at step 2 and 3

We work as a team on step 4



DOES THE APPLICANT HAVE A SEVERE IMPAIRMENT?

Case managers help by clearly and accurately presenting information about person's level of function

DDS considers physical activities involved in work such as standing, walking, lifting, carrying, seeing, hearing and speaking

They consider mental activities such as understanding, remembering, carrying out simple instructions, judgement, responding to supervision, dealing with changes

If severe impairment- move to step 3

If not severe, the application is denied

WEBSITE FOR LISTING OF IMPAIRMENTS- ADULT STEP 3- DOES THE IMPAIRMENT MEET/EQUAL A LISTING?

[HTTPS://WWW.SSA.GOV/DISABILITY/PROFESSIONALS/BLUEBOOK/ADULTLISTINGS.HTM](https://www.ssa.gov/disability/professionals/bluebook/adultlistings.htm)

Musculoskeletal Disorders

Special Senses and Speech

Respiratory Disorders

Cardiovascular System

Digestive System

Genitourinary Disorders

Hematological Disorders

Skin Disorders

Endocrine Disorders

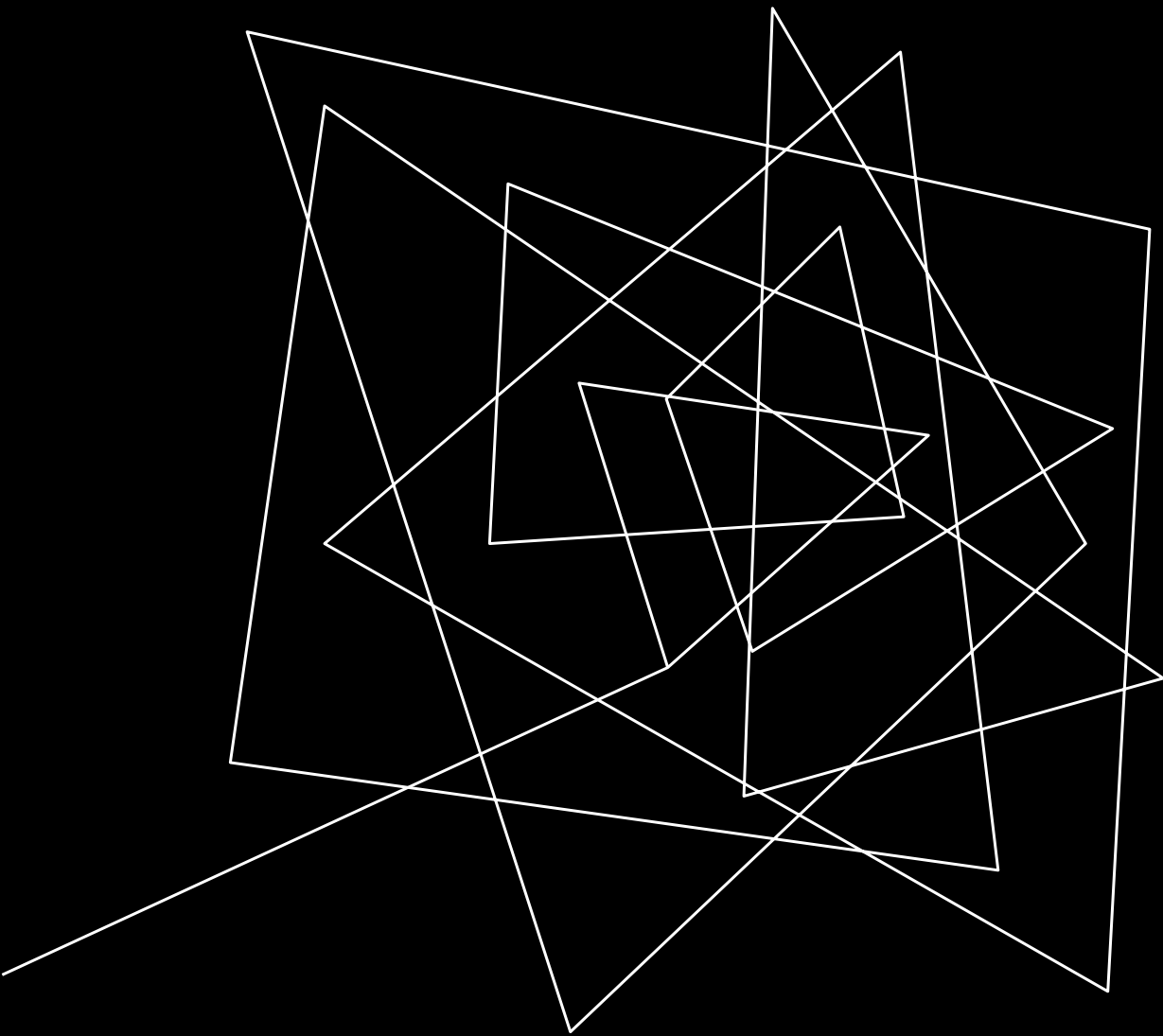
Congenital Disorders

Neurological Disorders

Mental Disorders

Cancer (Neoplastic)

Immune System Disorders



IMPAIRMENT IS SEVERE.....STEP 4- DOES THE IMPAIRMENT ALLOW FOR PAST RELEVANT WORK?

Create a residual functional capacity (RFC)

Form SSA-4734

If able to do past work- denied

If unable application moves to step 5

PHYSICAL RESIDUAL FUNCTIONAL CAPACITY ASSESSMENT

Evaluation period

Exertional limitations – Frequently, Occasionally, Never

Postural limitations – ramps, stairs, balance

Exertional limitations

Standing/walking

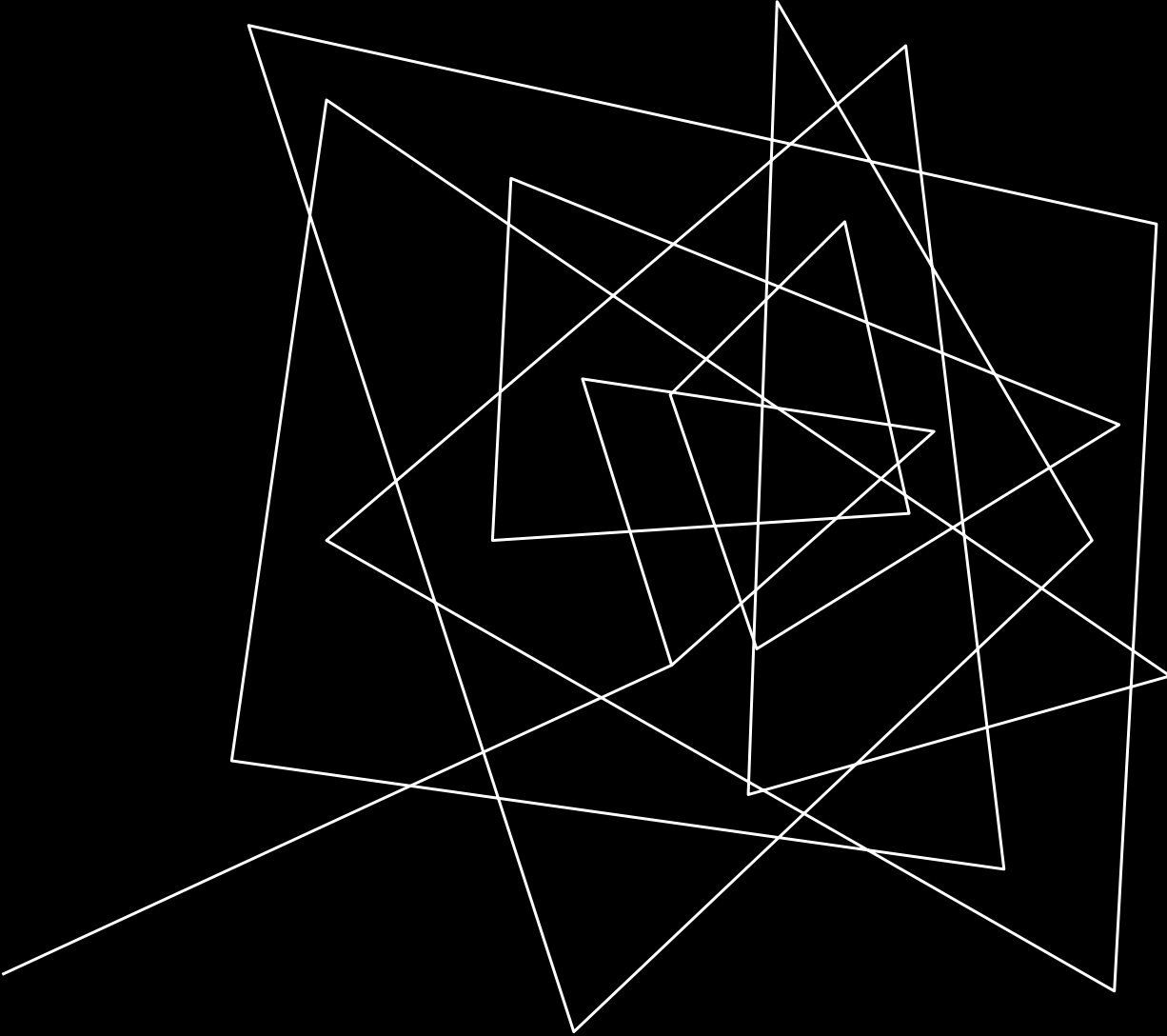
Sitting

Manipulative limitations

Visual limitations

Communication limitations

Environmental limitations – cold, heat, noise, vibration, fumes, hazards



MARY WEATHER

AOD- JANUARY 20, 1999

BROKEN ANKLE, OVERWEIGHT, HTN, HEART
DISEASE

DOB- FEBRUARY 1, 1973

September 2023

ADL- Lives at home alone in apartment west side Chicago. Secretary for hospital for 33 years. Finished high-school. Has difficulty with self care, can't cook meals (uses microwave), tired all the time, trouble with SOB, palpitations with walking across her apartment. Shops for food and necessities on-line. She has a daughter who takes her to the doctor and helps her with heavier tasks such as laundry. She no longer drives. Socializes by talking on the phone. Has become more house-bound and now has depression symptoms she will see a doctor for next week.

MER

Broken ankle January 20, 1999 – no Surgery healed but has had some pain residuals. No other ongoing record until July 3, 2022.

Hospitalized July 3, 2022 Height 62" 320# for MI EF was 20% treated with stent placement, managed medically. Outpatient records show Dilated cardiomyopathy with EF from August 2022 was 30% another in December 2022 at 27%. File describes ongoing complaints of fatigue- she is compliant with doctors.

HAPPY DAZE AOD SEPTEMBER 1, 2023 DUE TO VIRAL MENINGITIS. DOB DECEMBER 11, 1987

- 36 year old hospitalized for viral meningitis and headache on September 1, 2023. Works as a schoolteacher and lives with boyfriend in apartment. Discharged from the hospital on September 3, 2023 with Tylenol for headache. Still having headaches and feels unable to work. Spends a great deal of time on her computer looking up symptoms. Appetite is poor, believes she is losing weight. Sleeping is off – doesn't feel rested. Has been crying more. Her doctor started her on Zoloft.
- Progress notes show normal exams. No neurologic findings, musculoskeletal and laboratory tests are all normal. Her primary care doctor wants her to see a psychologist for talk therapy but she will not be able to get in until November. She also has a follow up appointment with her Neurologist as the headaches are still present and limit her at least 2-3 days per week.

**BILLY JOEL
AOD AUGUST 1, 2022
MVA RESIDUALS, CHRONIC
PAIN
DOB JUNE 15, 1983**

Worked construction 20 years. Lives with wife and 3 children. Had car accident at AOD with fractured left femur and left arm. Rods placed in left arm and developed more pain. Re-hospitalized for removal of rods due to infection September 1, 2022. Does simple house chores, able to mow the lawn and care for two dogs. Will walk kids to school and make lunches. Shops with his wife. Able to drive. Socializes by visiting friends, plays on a bowling league. He is right-handed. Has associate degree in textiles.

Physical exams (8/1/22- present) Not fully compliant with PT. Exams show FROM, motor 5/5 throughout except some reduced grip strength on left hand. Limited range of motion on left shoulder (see chart). No atrophy, skin discoloration, deformity. Sensory intact. Normal gait. X-rays show fracture in left leg and arm healed.



SUMMARY

1. Learned the difference between Title II and XVI
2. Learned about sequential evaluation
3. Introduced to the SSA “Bluebook”- listing of impairments
4. Review some basic cases with application of concepts presented



THANK YOU

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