1. ***Karen O. v. Comm'r of Soc. Sec.*, 731 F. Supp. 3d 926 (S.D. Ohio 2024)**

In *Karen O. v. Commissioner*, the court examined the issue of attorney fees following a successful appeal of a denial of Social Security disability benefits. The claimant’s counsel sought fees under a contingency fee agreement, which the court partially granted. The court held that motions for attorney fees for the first and second appeals should have been filed as a single motion, as separate filings were contrary to the statute governing attorney fee awards under the Social Security Act and created judicial inefficiency. The court found that the total award sought by counsel was reasonable but reduced the requested fee by the hypothetical Equal Access to Justice Act (EAJA) award counsel could have received for the second appeal.

The court’s reasoning was based on the statutory language of 42 U.S.C. § 406(b), which allows for a single attorney fee award in a judicial appeal that directly leads to an award of benefits. The court emphasized the need for judicial economy and consistency in fee awards, noting that separate motions could lead to inconsistent results. The court also considered the reasonableness of the fee under the Gisbrecht standard, which allows for a reduction if the fee constitutes a windfall.

Ultimately, the court granted the motion for attorney fees in part, subject to modification, and emphasized the importance of filing a single motion for fees in cases involving multiple appeals. The decision highlights the court’s focus on statutory interpretation and the need for efficiency in judicial proceedings.

1. ***Duran v. O’Malley*, — F.Supp.3d —- (D. Mass. 2024)**:

In *Duran v. O’Malley*, the court addressed the denial of Social Security disability benefits, focusing on the Appeals Council’s failure to consider new evidence. The claimant argued that the Council erred by not reviewing a vocational report that contradicted the testimony of a vocational expert at the hearing. The court found that the Council’s decision not to review the case based on the new evidence was “egregiously mistaken” and granted the motion to reverse the Commissioner’s decision.

The court’s reasoning centered on the requirement for the Appeals Council to review cases when new, material evidence is presented that could change the outcome of the decision. The court emphasized that the Council’s failure to consider the vocational report, which undermined the hearing officer’s decision, constituted a significant error. The court also noted that the Council did not rely on a lack of good cause for the late submission of the report, further supporting the decision to remand the case.

The outcome of the case was a reversal of the Commissioner’s decision and a remand for further proceedings, highlighting the court’s focus on ensuring that all relevant evidence is considered in Social Security disability determinations.

1. ***Duran v. O’Malley*, — F.Supp.3d —- (D. Mass. 2024)**:

In *Garcia v. Commissioner*, the court reviewed the denial of disability benefits, focusing on the ALJ’s evaluation of medical opinions and the claimant’s symptom testimony. The court found that the ALJ failed to provide specific and legitimate reasons for discounting the opinion of the treating physician, Dr. Grasser, and did not adequately address the claimant’s symptom testimony.

The court emphasized the importance of providing clear and convincing reasons for rejecting a treating physician’s opinion, especially when it is supported by substantial evidence. The ALJ’s failure to identify specific clinical findings that contradicted Dr. Grasser’s opinion was a key factor in the court’s decision to remand the case for further proceedings. Additionally, the court found that the ALJ did not adequately consider the claimant’s daily activities and symptom testimony, which further undermined the decision.

The court ultimately remanded the case for payment of benefits, concluding that the ALJ’s errors were not harmless and that further administrative proceedings would not serve a useful purpose. This decision underscores the court’s commitment to ensuring that disability determinations are based on a thorough and accurate evaluation of all relevant evidence.

1. ***M.M. v. O'Malley*, 732 F. Supp. 3d 1126 (N.D. Cal. 2024):**

In *M.M. v. O’Malley*, the court addressed the denial of Social Security disability benefits, focusing on the ALJ’s failure to properly consider the claimant’s insomnia and subjective symptom testimony. The court found that the ALJ did not provide specific, clear, and convincing reasons for rejecting the claimant’s testimony regarding his chronic back pain and insomnia.

The court emphasized the need for the ALJ to fully develop the record and consider all relevant evidence, including new and material evidence that could impact the outcome of the decision. The ALJ’s failure to address the claimant’s insomnia and its impact on his residual functional capacity (RFC) was a significant factor in the court’s decision to remand the case. The court also noted that the ALJ did not adequately explain the decision to reject the claimant’s symptom testimony, which further supported the decision to remand.

The outcome of the case was a reversal of the Commissioner’s decision and a remand for reconsideration of the claimant’s RFC, highlighting the court’s focus on ensuring that all relevant evidence is considered in disability determinations.

1. ***Perez v. Commissioner, Social Security Administration*, — F. App’x —- (11th Cir. 2024)**:

In *Perez v. Commissioner*, the court addressed the denial of disability benefits, focusing on the ALJ’s failure to resolve an apparent conflict between the vocational expert’s testimony and the Dictionary of Occupational Titles (DOT). The claimant argued that the vocational expert’s testimony regarding the amount of walking or standing required for certain jobs conflicted with the DOT, and the ALJ failed to resolve this conflict.

The court emphasized the importance of resolving apparent conflicts between vocational expert testimony and the DOT, as required by Social Security Ruling 00-4p. The ALJ’s failure to identify and resolve the conflict meant that the decision was not supported by substantial evidence. The court noted that the conflict was apparent because the DOT indicated that the jobs required significant walking or standing, which was inconsistent with the claimant’s limitations.

The outcome of the case was a reversal of the district court’s judgment and a remand to the Commissioner for further proceedings, highlighting the court’s focus on ensuring that disability determinations are based on accurate and complete information.

1. ***Wilson v. O’Malley*, — F. App’x —- (4th Cir. 2024)**:

In *Wilson v. O’Malley*, the court addressed the denial of Social Security disability benefits, focusing on the ALJ’s reliance on objective findings from mental status examinations to discredit the claimant’s subjective testimony. The court vacated the district court’s denial of benefits and remanded the case to the Social Security Administration for consideration in light of a recent decision, Shelley C. v. Commissioner Administration .

The court emphasized the importance of considering recent legal developments and ensuring that the ALJ has the opportunity to apply new legal standards to the case. The decision to remand was based on the need for the ALJ to have the first opportunity to perform the applicable analysis under the new legal framework.

The outcome of the case was a vacatur of the district court’s decision and a remand to the Social Security Administration, highlighting the court’s focus on ensuring that disability determinations are made in accordance with current legal standards.

1. ***Karissa B. v. O'Malley*, 733 F. Supp. 3d 57 (D.R.I. 2024):**

In *Karissa B. v. O’Malley*, the court addressed the denial of Social Security disability benefits, focusing on the determination of whether 10,100 available jobs in the national economy constituted a “significant number.” The court found that the Commissioner’s determination was not supported by substantial evidence, as there was no evidence or reasoning provided to support the finding.

The court emphasized the importance of providing substantial evidence to support findings related to the availability of jobs in the national economy. The lack of evidence or reasoning to support the determination that 10,100 jobs were significant led the court to conclude that the decision was not supported by substantial evidence. The court also noted that the Social Security Act is remedial in nature and should be construed broadly and applied liberally.

The outcome of the case was a reversal of the Commissioner’s decision and an order for the payment of benefits, highlighting the court’s focus on ensuring that disability determinations are based on substantial evidence and a liberal interpretation of the Social Security Act.

1. ***Anna C. v. O'Malley*, 734 F. Supp. 3d 1123 (D. Or. 2024):**

In *Anna C. v. O’Malley*, the court addressed the denial of Social Security disability benefits, focusing on the ALJ’s failure to consider the claimant’s non-severe mental impairments and the improper analysis of a psychologist’s medical opinion. The court found that the ALJ erred in failing to include the claimant’s non-severe mental impairments in the residual functional capacity (RFC) assessment and did not properly evaluate the psychologist’s opinion.

The court emphasized the importance of considering all medically determinable impairments, including non-severe ones, in the RFC assessment. The ALJ’s failure to include the claimant’s mild mental impairments in the RFC was a significant factor in the court’s decision to remand the case. Additionally, the court found that the ALJ did not properly analyze the psychologist’s opinion, which provided detailed findings on the claimant’s mental impairments.

The outcome of the case was a reversal of the Commissioner’s decision and a remand for further administrative proceedings, highlighting the court’s focus on ensuring that disability determinations are based on a comprehensive evaluation of all relevant evidence.

1. ***Stephen D. v. Comm'r of Soc. Sec.*, 734 F. Supp. 3d 729 (S.D. Ohio 2024):**

In *Stephen D. v. Commissioner*, the court addressed the denial of disability benefits, focusing on the ALJ’s use of the term “occasional interaction” instead of “superficial interaction” in assessing the claimant’s mental residual functional capacity (RFC). The court found that the ALJ’s use of “occasional interaction” did not create a conflict with the medical opinion suggesting “superficial interactions” and that any error in using the term was harmless.

The court emphasized that “occasional” and “superficial” interactions are not necessarily inconsistent, as limiting interactions to short and infrequent ones often correlates with superficial interactions. The ALJ’s decision to use “occasional interaction” was supported by substantial evidence and did not require further explanation. The court also noted that even if there was an error, it was harmless because the claimant did not identify any jobs he could not perform under the “occasional interaction” limitation.

The outcome of the case was an affirmation of the Commissioner’s decision, highlighting the court’s focus on ensuring that disability determinations are based on a reasonable interpretation of the evidence and that any errors are harmless.

1. ***Linger v. Comm'r of Soc. Sec.*, No. 22-2192, 2025 WL 40548 (4th Cir. Jan. 7, 2025):**

In *Linger v. Commissioner*, the court addressed the ALJ’s denial of disability benefits, focusing on the ALJ’s failure to build a logical bridge between the evidence and the RFC determination. The court found that the ALJ did not adequately explain how the claimant’s moderate limitations in concentration, persistence, and pace were accommodated in the RFC, which allowed for simple, routine tasks without fast-paced production requirements.

The court emphasized the need for the ALJ to provide a clear and logical explanation of how the evidence supports the RFC determination. The court noted that the ALJ’s failure to address the claimant’s ability to perform tasks for a full workday and the lack of a clear definition for “no fast-paced production requirements” precluded meaningful review of the decision. Additionally, the court found that the ALJ gave too little weight to the opinions of the claimant’s treating physicians and failed to reconcile these opinions with the claimant’s ability to perform daily activities.

The outcome of the case was a reversal of the Commissioner’s decision and a remand with instructions to grant disability benefits. The court concluded that the record clearly established the claimant’s disability and that further administrative proceedings would be unnecessary and unjust.

1. ***Walsh v. Colvin*, No. 23-3184, 2025 WL 40559 (9th Cir. Jan. 7, 2025):**

In *Walsh v. Colvin*, the court reviewed the ALJ’s denial of disability and survivor’s benefits, focusing on the ALJ’s treatment of medical opinions and the failure to consider certain evidence. The court found that the ALJ did not err in giving little weight to the treating physician’s opinion, as it was inconsistent with other medical evidence and lacked support from clinical findings.

The court emphasized the ALJ’s discretion in weighing medical opinions, particularly when a treating physician’s opinion is brief, conclusory, or unsupported by the record. The court also noted that the ALJ properly rejected the opinions of non-examining physicians when they were inconsistent with the evidence. Furthermore, the court found that the ALJ did not err in failing to discuss certain opinions that were not significant or probative of the claimant’s condition during the relevant period.

The court affirmed the ALJ’s decision, highlighting the importance of substantial evidence in supporting the ALJ’s findings and the deference given to the ALJ’s conclusions when evidence is susceptible to multiple interpretations. The decision underscores the court’s focus on the ALJ’s role in evaluating and weighing medical evidence in disability determinations.

1. ***Hammond v. O'Malley*, 735 F. Supp. 3d 567 (E.D. Pa. 2024):**

In *Hammond v. O'Malley*, the court addressed the failure of the Administrative Law Judge (ALJ) to consider the claimant's post-traumatic stress disorder (PTSD) as a medically determinable impairment, which warranted a remand. The ALJ also failed to consider the supportability and consistency of the opinion of the claimant's treating psychiatrist, which was crucial in determining the claimant's residual functional capacity (RFC). The court found that these oversights deprived it of the ability to determine whether substantial evidence supported the ALJ's decision, necessitating a remand for further proceedings. This case highlights the importance of considering all medically determinable impairments and the supportability of medical opinions in disability determinations.

1. ***Yasmin V. v. O'Malley*, 735 F. Supp. 3d 118 (D.R.I. 2024):**

In *Yasmin V. v. O'Malley*, the court exercised its equitable power to order disability insurance benefits for the claimant due to unconscionable delays in the administrative process. The claimant had pursued her claim through four years and two erroneous ALJ decisions. The court found that further remand was unnecessary as the evidence before the ALJ established that Yasmin was disabled and entitled to benefits. This case underscores the court's discretion to award benefits directly when administrative delays are excessive and the evidence of disability is strong.

1. ***Reeves v. Colvin*, No. 24-1977, 2025 WL 87236 (8th Cir. Jan. 14, 2025):**

In *Reeves v. Colvin*, the court dismissed the plaintiff's civil action for review of the denial of social security benefits as untimely. The court concluded that the action was commenced beyond the 60-day filing deadline specified in 42 U.S.C. § 405(g). Additionally, the court found that the plaintiff was not entitled to equitable tolling of the deadline because she failed to explain how her health conditions prevented her from timely filing the action. This case illustrates the strict adherence to filing deadlines in social security cases and the limited circumstances under which equitable tolling may be granted.

1. ***Reeves v. Colvin*, No. 24-1977, 2025 WL 87236 (8th Cir. Jan. 14, 2025):**

In *Stambuk v. Colvin*, the court reversed the district court's judgment affirming the Commissioner's denial of SSI benefits. The ALJ's rejection of medical opinions was not supported by substantial evidence, as the ALJ failed to consider the supportability and consistency factors adequately. The court emphasized the importance of considering the entire medical record and providing a thorough explanation for rejecting medical opinions. This case highlights the need for ALJs to provide clear and convincing reasons when discounting medical evidence.

1. ***Nahhas v. Commissioner*, — F.Supp.3d —- (D. Mass. 2024)**:

In *Nahhas v. Commissioner*, the court exercised its discretion to allow the claimant an opportunity for rehearing on remand. The court found that the Social Security Administration's internal policies granting ALJs discretion to deny new hearings were not binding and did not create judicially enforceable rights. The claimant argued that a new hearing was necessary to present additional evidence from a vocational expert. This case demonstrates the court's discretion in ordering rehearings to ensure a fair opportunity for claimants to present their cases.

1. ***Kertz v. Colvin*, — F.4th —- (8th Cir. 2025)**:

In *Kertz v. Colvin*, the court addressed the issue of attorney's fees under 42 U.S.C. § 406(b)(1)(A). The district court reduced the attorney's fee award, finding that the full 25% contingent-fee agreement was not reasonable given the limited time expended by the attorney. The court emphasized the need to prevent windfalls for lawyers and to ensure that fee awards are reasonable in light of the services rendered. This case highlights the court's role in reviewing attorney's fee agreements to ensure they yield reasonable results.

1. ***Bersie v. Colvin*, No. 23-4377, 2025 WL 219116 (9th Cir. Jan. 16, 2025):**

In *Bersie v. Colvin*, the court affirmed the ALJ's decision denying disability benefits. The ALJ found that the claimant could perform her past relevant work and that her testimony regarding the extent of her limitations was not fully credible. The court emphasized the importance of substantial evidence in supporting the ALJ's findings and the need for clear and specific reasons when discounting a claimant's testimony. This case illustrates the deference given to ALJ findings when supported by substantial evidence.

1. ***Fidel R.P. v. O’Malley*, — F.Supp.3d —- (N.D. Cal. 2024):**

In *Fidel R.P. v. O'Malley*, the court reversed in part and remanded the ALJ's decision denying disability benefits. The court found that the ALJ's rejection of the claimant's subjective symptom testimony regarding physical impairments was not supported by clear and convincing reasons. The court emphasized the need for the ALJ to consider all relevant evidence and not to cherry-pick evidence that supports a denial of benefits. This case underscores the importance of a comprehensive evaluation of the evidence in disability determinations.

1. ***Nevin v. Colvin*, — F.4th —- (9th Cir. 2025)**:

In *Nevin v. Colvin*, the court addressed the reopening of a second application for disability benefits. The ALJ erred in reopening and reversing the state agency's award of benefits on the second application more than two years after the award, as there was no evidence of fraud or similar fault. The court held that the ALJ lacked authority to reopen the award and remanded the case for the agency to award benefits in accordance with the original decision. This case highlights the limitations on reopening benefit awards and the importance of adhering to regulatory timeframes.

1. ***Stephanie T. v. O'Malley*, 738 F. Supp. 3d 156 (D.R.I. 2024):**

In *Stephanie T. v. O'Malley*, the court reversed the ALJ's decision denying SSI benefits based on fibromyalgia. The court found that the ALJ's determination that fibromyalgia was not a medically determinable impairment was not supported by substantial evidence. The court emphasized the need for a thorough review of medical records and the application of the correct legal standards in evaluating fibromyalgia claims. This case underscores the importance of adhering to established criteria for determining medically determinable impairments.

1. ***Stephanie T. v. O'Malley*, 738 F. Supp. 3d 156 (D.R.I. 2024):**

In *Smith v. Commissioner*, the court vacated the district court's reduction of attorney's fees under the EAJA. The court found that the district court abused its discretion by applying an arbitrary 40% reduction for **block** billing without providing principled reasons for the reduction. The court emphasized the need for a clear explanation of fee reductions to ensure fairness and transparency. This case highlights the importance of providing a reasoned basis for fee determinations in EAJA cases.