NONPRECEDENTIAL DISPOSITION
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United States Court of Appeals

For the Seventh Circuit
Chicago, Illinois 60604

Submitted November 3, 2023
Decided December 20, 2023

Before

THOMAS L. KIRSCH II, *Circuit Judge*

CANDACE JACKSON-AKIWUMI, *Circuit Judge*

DORIS L. PRYOR, *Circuit Judge*

No. 22-3134

TRACIE L. ELLISON,
Plaintiff-Appellant,

v.

KILOLO KIJAKAZI,
Acting Commissioner of Social Security,
Defendant-Appellee.

Appeal from the United States District Court for the Eastern District of Wisconsin.

No. 1:21-cv-00821

Stephen C. Dries,
Magistrate Judge.

O R D E R

An administrative law judge ruled that Tracie L. Ellison was not eligible for Social Security disability benefits. The ALJ recognized that she suffered from nine severe and several non-severe impairments, which made her unable to perform her past relevant work, but denied her benefits because she could perform sedentary work with additional limitations. On appeal, Ellison argues that the ALJ: (1) discounted the impact of some of her impairments, including the limitations from her severe and non-severe impairments in combination, in conducting the residual functional capacity (RFC) assessment, (2) improperly rejected her primary care doctor's medical source statement,

and (3) failed to obtain another medical opinion of her 2019 medical imaging results. Because we find that substantial evidence supports the ALJ's decision, we affirm.

I

In June 2017, Tracie L. Ellison applied for disability benefits due to several impairments, including depression and anxiety, carpal tunnel syndrome, obesity, and fibromyalgia, among others. She alleged that these health problems prevented her from lifting anything that weighed more than ten pounds, standing or sitting for extended periods, and walking long distances. She testified that she had trouble reaching with either arm, using her hands, and maintaining her grip. And she claimed that she experienced anxiety around groups of people and did not handle stress well. The Social Security Administration denied Ellison's claims initially and on reconsideration, and Ellison appeared before an ALJ at a video hearing in February 2020. Ellison and vocational expert Thomas A. Gusloff testified at the hearing. The ALJ also considered the medical opinions of various doctors, including medical consultants, psychological consultants, a psychologist, and Ellison's primary care physician, but noted that none of these opinions could be given controlling weight. The ALJ found Ellison's primary care physician's opinion that Ellison could not work to be "conclusory."

The ALJ concluded that Ellison was not disabled under the Social Security Act from the alleged onset date in January 2015 through March 16, 2020, the date of the decision. The ALJ applied the five-step evaluation for disability claims. 20 C.F.R. § 404.1520. At step one, the ALJ found that Ellison had not engaged in substantial gainful employment since the alleged onset date. At steps two and three, the ALJ found that while Ellison had several severe and non-severe impairments, none of the impairments alone or in combination resulted in more than mild, if any, functional limitations. However, in assessing Ellison's RFC, the ALJ determined that Ellison can perform work that requires no more than a sedentary level of exertion with additional limitations. At step four, the ALJ ascertained that Ellison could not perform her past relevant work because the exertional level required for those occupations exceeded the exertional limit provided in the RFC assessment. At step five, the ALJ found that considering Ellison's age, education, work experience, and RFC, there were jobs that existed in significant numbers in the national economy that Ellison could perform, such as order clerk (food-and-beverage), telephone information clerk, and document preparer. The ALJ thus held that Ellison was not disabled and denied Ellison's claim for disability benefits. The district court affirmed the ALJ's decision, and Ellison now appeals.

Ellison raises three issues on appeal. First, Ellison argues that the ALJ erred by disregarding the limitations from her severe and non-severe impairments in combination in the RFC assessment. Second, Ellison asserts that the ALJ improperly rejected the medical source statement from her treating physician. Third, Ellison disagrees with the ALJ's decision to not obtain another medical opinion on her 2019 medical imaging results.

In conducting our review, we ask whether substantial evidence supports the ALJ's decision and review de novo the district court's decision. 42 U.S.C. § 405(g); *Stephens v. Berryhill*, 888 F.3d 323, 327 (7th Cir. 2018). Substantial evidence is only "such relevant evidence as a reasonable mind might accept as adequate to support a conclusion[,]" *Biestek v. Berryhill*, 139 S. Ct. 1148, 1154 (2019) (quotation omitted), and "the threshold for such evidentiary sufficiency is not high," *id.*

II

On appeal, Ellison argues that the ALJ overlooked the degree of some of her impairments and failed to consider the limitations of her severe and non-severe impairments in combination in conducting the RFC assessment. She further asserts that the ALJ committed reversible error by not adopting her primary care doctor's medical source statement and by failing to obtain another medical opinion on her 2019 medical imaging results. We address each argument in turn.

A

First, Ellison argues that the ALJ downplayed the severity of some of her impairments and failed to consider the combined effect of her severe and non-severe impairments in conducting the RFC assessment. Ellison is correct that "an ALJ must consider the combined effects of all of the claimant's impairments, even those that would not be considered severe in isolation." *Terry v. Astrue*, 580 F.3d 471, 477 (7th Cir. 2009). Here, the ALJ properly weighed and considered Ellison's combined impairments, and, under the deferential standard controlling our review, we cannot say the ALJ's decision lacks support. *Albert v. Kijakazi*, 34 F.4th 611, 614 (7th Cir. 2022).

Depression and anxiety. Ellison opposes the ALJ's finding that her depression and anxiety disorders were non-severe impairments. Specifically, Ellison asserts that the ALJ was playing doctor by disregarding medical evidence. Yet the ALJ's opinion discusses Ellison's mental health history in detail, describing her visits with an

anesthesiologist (where she reported thoughts of suicide), a psychological evaluation (where she was diagnosed with major depressive disorder), and her primary care physician (where she discussed her anxiety). But, as the ALJ noted, these doctors also did not document any abnormality in her presentation, found her memory to be normal and intact, and noted that medication had stabilized the issues related to her depression and anxiety disorder. Further, the ALJ found persuasive two reports from psychological consultants concluding that Ellison did not have a severe mental impairment. The ALJ did not ignore medical evidence but reached a different conclusion than Ellison desired. "[E]ven if reasonable minds could differ," we must affirm the ALJ's decision because it is "adequately supported" by the evidence. *Elder v. Astrue*, 529 F.3d 408, 413 (7th Cir. 2008) (quotation omitted). Therefore, the ALJ appropriately considered and addressed the effect of this non-severe impairment in the RFC assessment.

Carpal tunnel syndrome. Ellison argues that the ALJ's finding that she is able to frequently use her bilateral hands for handling and fingering lacks substantial evidence and that the ALJ ignored the effects of carpal tunnel syndrome on both her hands. But the ALJ appropriately considered the medical records related to Ellison's carpal tunnel syndrome, found that carpal tunnel syndrome in both hands was a severe impairment, and assessed lifting, carrying, and manipulative limitations on both of Ellison's hands. The ALJ also considered Ellison's recovery post-surgery and her personal activities, such as making beaded bracelets. We find that substantial evidence supports the ALJ's finding that Ellison's carpal tunnel syndrome in combination with her other impairments is not disabling.

Obesity. Ellison alleges that the ALJ failed to acknowledge Ellison's obesity. But the record shows otherwise. In her decision, the ALJ explicitly considered the exacerbating effect Ellison's weight could have in combination with her symptoms of fibromyalgia, lumbar spine, and left knee impairments when limiting Ellison to sedentary work. The ALJ also accounted for the stress imposed by her weight when finding that Ellison can stand for one to two minutes after sitting for thirty minutes. Further, the ALJ noted Ellison's weight when she found as reasonable the limitation that Ellison never climb ladders, ropes, or scaffolds and only occasionally climb ramps or stairs or balance, twist, stoop, bend, crouch, kneel, or crawl. Thus, the ALJ did more than just mention Ellison's obesity "in passing." *Martinez v. Astrue*, 630 F.3d 693, 698 (7th Cir. 2011). Rather, she appropriately "consider[ed] its significance in relation to" her other symptoms. *Id.* Moreover, the fact that the ALJ placed Ellison in the categories of Level II and Level III obesity (with Level III being the highest level) reveals that the ALJ acknowledged and considered the degree of Ellison's obesity.

Fibromyalgia. The ALJ adequately evaluated the effect of Ellison's fibromyalgia in combination with her other impairments. The ALJ considered Ellison's fibromyalgia combined with the exacerbating effect of her weight when imposing a limitation of sedentary work. The ALJ also accounted for Ellison's fibromyalgia in combination with her weight when finding that it was reasonable to provide a limit on Ellison's climbing and movements like bending and kneeling. That Ellison would have preferred a finding that she can sit for only fifteen minutes at a time is insufficient for reversal. This is especially true for fibromyalgia cases, where we have recognized that "[a]lmost any conclusion an ALJ reaches in such situations may be inconsistent with some evidence in the record and consistent with other evidence." *Kolar v. Berryhill*, 695 F. App'x 161, 162 (7th Cir. 2017).

Ellison also challenges the ALJ's finding that any perceived complexity of the treatment history was a consequence of how the treatment evidence was presented, rather than a reflection of the complexity of the information contained therein. She asserts that this finding constitutes the ALJ's own medical opinion interposed to convince the reader that her impairments have no interactive or cumulative effect on each other and that the record is not worth examining in detail. But we read this statement as contending that the medical evidence was documented in a complex way, not the ALJ offering her own medical opinion on the evidence. Further, an ALJ "is not required to mention every piece of evidence." *Craft v. Astrue*, 539 F.3d 668, 673, 678 (7th Cir. 2008). Thus, the ALJ examined and discussed Ellison's record in the appropriate level of detail.

B

Next, Ellison asserts that the ALJ committed reversible error by not adopting her primary care doctor's medical source statement—concluding that Ellison cannot maintain employment—and by failing to assign it controlling weight. But the ALJ reasonably discounted Dr. Johnson's opinion for three reasons. First, in evaluating claims filed March 27, 2017 or later, an ALJ cannot assign specific evidentiary weight, including controlling weight, to any medical opinions. 20 C.F.R. §§ 404.1520c(a), 416.920c(a). Second, Dr. Johnson's finding that Ellison cannot maintain employment is an improper legal conclusion; a doctor's opinion on a claimant's disability status is not entitled to any weight. See 20 C.F.R. § 404.1520b(c)(3)(i) (explaining that "statements that you are or are not … able to work, or able to perform regular or continuing work" are "inherently neither valuable nor persuasive" because such issues are reserved to the Commissioner); *Albert*, 34 F.4th at 616 ("[T]he ultimate determination of disability is

reserved for the Commissioner, and summarily asserting that the claimant is disabled does not suffice under the Commissioner's regulations."). Third, Dr. Johnson did not link his findings to specific treatment records, so it is unclear whether his conclusions stem from his own analysis of the medical evidence or Ellison's self-reports. Because an ALJ may discount medical opinions that are "conclusory and not supported by any clinical basis," *Cooley v. Berryhill*, 738 F. App'x 877, 880 (7th Cir. 2018), the ALJ did not err.

C

Lastly, Ellison challenges the ALJ's decision to not obtain another medical opinion on her 2019 medical imaging results. Ellison argues that an ALJ may not interpret and give medical opinions on medical testing results without help from a specialist. See *Goins v. Colvin*, 764 F.3d 677, 680 (7th Cir. 2014). But that is not what the ALJ did here. Instead, the ALJ relied on the radiologist's opinion that there had been no significant interval changes compared to the prior testing results. Because the 2019 results do not "contain[] new, significant medical diagnoses [that] reasonably could have changed the reviewing physician's opinion," *Moreno v. Berryhill*, 882 F.3d 722, 728 (7th Cir. 2018), the "older assessments can still constitute 'substantial evidence' supporting the ALJ's decision," *Bakke v. Kijakazi*, 62 F.4th 1061, 1067 (7th Cir. 2023). See also *Durham v. Kijakazi*, 53 F.4th 1089, 1095 (7th Cir. 2022) (finding that resubmission to a consulting physician was unwarranted where a 2019 hospital visit bore a "significant resemblance" to an earlier visit). Thus, the ALJ did not err in declining to submit Ellison's 2019 test results to a medical expert.

AFFIRMED