UNITED STATES DISTRICT COURT FOR THE EASTERN DISTRICT OF WISCONSIN

Benjamin J. Royer v. Frank J. Bisignano, Commissioner of the Social Security Administration

Case No. 24-CV-1616-SCD (E.D. Wis. Feb. 3, 2026) · No. 24-CV-1616-SCD · Decided February 3, 2026

SUMMARY

The United States District Court for the Eastern District of Wisconsin reviews the denial of Benjamin Royer's application for Social Security disability insurance benefits. The court concludes that the ALJ inadequately evaluated Royer's subjective symptoms by misstating or overemphasizing medication noncompliance and by failing to address the effect of fatigue on his ability to sustain work before his date last insured. The court reverses the unfavorable portion of the decision and remands for further proceedings.

CASE DETAILS

COURT	United States District Court for the Eastern District of Wisconsin
WRITING FOR THE COURT	Stephen C. Dries
JURISDICTION	United States District Court for the Eastern District of Wisconsin
DECIDED	February 3, 2026
DOCKET	24-CV-1616-SCD
DISPOSITION	reversed_and_remanded
PROCEDURAL POSTURE	Royer sought judicial review under 42 U.S.C. § 405(g) of the Commissioner's final decision denying his claim for disability insurance benefits through his date last insured, although the administrative law judge found him disabled as of his later supplemental-security-income application date.
STANDARD OF REVIEW	The court reviews the Commissioner's decision under 42 U.S.C. § 405(g) and will reverse if the ALJ used incorrect legal standards or supported the denial with less than substantial evidence. The court may not reweigh the evidence or substitute its judgment for the ALJ's, but must determine whether the ALJ built an accurate and logical bridge between the evidence and the result. An ALJ's subjective-symptom finding is reversed when it is patently wrong because it lacks explanation or support.

PRECEDENTIAL VALUE	Unknown; federal district court decision with no reporter citation identified
PARTIES	Benjamin J. Royer v. Frank J. Bisignano, Commissioner of the Social Security Administration

TOPICS

judicial review of agency action | administrative law | ada / disability

PRACTICE AREAS

Social Security disability | administrative law | judicial review of agency action

QUESTIONS PRESENTED

1. Whether the ALJ adequately supported and explained the evaluation of Royer's subjective heart-related symptoms before his date last insured.
2. Whether the ALJ improperly discounted Royer's symptoms based on alleged medication and treatment noncompliance by misstating or ignoring contrary evidence.
3. Whether the ALJ failed to consider Royer's alleged fatigue and its effect on his ability to sustain work activity in the residual-functional-capacity assessment.
4. Whether the ALJ's errors undermined the step-four and step-five findings denying disability insurance benefits.

HOLDINGS

1. The ALJ erred by discounting Royer's alleged heart-related symptoms based on treatment noncompliance because the ALJ misstated the record, failed to address evidence that Royer reported compliance during the relevant period, and assumed without supporting evidence or medical opinion that the July 2016 low ejection fraction resulted from noncompliance.
2. The ALJ erred by failing to consider how Royer's alleged fatigue affected his ability to perform sustained work before his date last insured.
3. Because the ALJ's subjective-symptom evaluation lacked logical support and explanation, substantial evidence did not support the RFC or the resulting step-four and step-five findings denying Royer's DIB claim.

KEY QUOTATIONS

> *"Thus, the ALJ misstated the record when he suggested that Royer was noncompliant with medication and treatment at the time of the July 2016 heart failure exacerbation."* (14)

> *"Again, while the ALJ was not required to accept Royer's reports, he needed to cite record evidence that supported his disbelief and to confront the evidence contrary to his medical conclusions."* (16)

> *“The ALJ could not wholly ignore that alleged symptom during the relevant period; he needed to explain either why he discredited Royer’s allegations or how he accounted for Royer’s alleged fatigue in his RFC assessment.”* (17)

> *“Those errors are substantive errors of logic, not—as the Commissioner suggests—mere articulation errors.”* (18)

FACTUAL BACKGROUND

Royer has longstanding dilated non-ischemic familial cardiomyopathy and congestive heart failure, including very low ejection fractions, repeated emergency-room visits, hospitalizations, and an implanted cardioverter defibrillator. During the period relevant to his disability-insurance claim, he repeatedly reported fatigue, shortness of breath, dizziness, and related cardiac symptoms, and his heart failure was assessed as Class III by July 2016. The ALJ discounted the severity of those symptoms largely because of alleged medication and treatment noncompliance, but the record also contained reports of compliance and evidence that the July 2016 exacerbation may have been related to prednisone, fluid retention, or other causes. Royer also alleged that fatigue prevented sustained work, but the ALJ did not adequately address that symptom in evaluating his residual functional capacity before September 30, 2016.

PROCEDURAL HISTORY

Royer applied for disability insurance benefits and supplemental security income in March 2020. The Social Security Administration denied the applications initially and on reconsideration. After a February 2024 hearing, the ALJ issued a partially favorable decision in May 2024, finding Royer disabled as of the SSI application date but not disabled by September 30, 2016, his date last insured. The Appeals Council denied review, and Royer filed this action. The district court reversed the denial of DIB and remanded for further proceedings.

DISPOSITION

reversed_and_remanded

REMAND INSTRUCTIONS

The court remanded to the Commissioner under sentence four of 42 U.S.C. § 405(g) for further proceedings consistent with the decision, including reevaluation of Royer's subjective symptoms, treatment-compliance evidence, alleged fatigue, RFC, and the step-four and step-five DIB findings.

CASES CITED

- Snead v. Barnhart, 360 F.3d 834, 837 (8th Cir. 2004)
- Prange v. Astrue, 547 F. Supp. 2d 926, 928 n.2 (S.D. Ill. 2008)
- Robinson v. Berryhill, 426 F. Supp. 3d 411, 421 n.5 (E.D. Mich. 2019)
- Diamond v. Commissioner of Social Security, 154 F. App'x 478, 480 (6th Cir. 2005)
- Mejia v. Astrue, 719 F. Supp. 2d 328, 340 n.22 (S.D.N.Y. 2010)
- Loveless v. Colvin, 810 F.3d 502, 506 (7th Cir. 2016)

- Varga v. Colvin, 794 F.3d 809, 813 (7th Cir. 2015)
- Allord v. Astrue, 631 F.3d 411, 415 (7th Cir. 2011)
- Jones v. Astrue, 623 F.3d 1155, 1160 (7th Cir. 2010)
- Martin v. Saul, 950 F.3d 369, 373 (7th Cir. 2020)
- Clifford v. Apfel, 227 F.3d 863, 869 (7th Cir. 2000)
- Skarbek v. Barnhart, 390 F.3d 500, 503 (7th Cir. 2004)
- Lopez ex rel. Lopez v. Barnhart, 336 F.3d 535, 539 (7th Cir. 2003)
- Beardsley v. Colvin, 758 F.3d 834, 837 (7th Cir. 2014)
- Blakes v. Barnhart, 331 F.3d 565, 569 (7th Cir. 2003)
- Zurawski v. Halter, 245 F.3d 881, 887 (7th Cir. 2001)
- Cullinan v. Berryhill, 878 F.3d 598, 603 (7th Cir. 2017)
- Murphy v. Colvin, 759 F.3d 811, 816 (7th Cir. 2014)
- McKinzey v. Astrue, 641 F.3d 884, 890 (7th Cir. 2011)
- Terry v. Astrue, 580 F.3d 471, 477 (7th Cir. 2009)
- Villano v. Astrue, 556 F.3d 558, 563 (7th Cir. 2009)
- Indoranto v. Barnhart, 374 F.3d 470, 474 (7th Cir. 2004)
- Childress v. Colvin, 845 F.3d 789, 793 (7th Cir. 2017)