UNITED STATES DISTRICT COURT FOR THE MIDDLE DISTRICT OF FLORIDA, TAMPA DIVISION

# Rhonda T. Williams v. Frank Bisignano, Commissioner of Social Security

Williams v. Bisignano · No. 8:24-cv-02814-AAS · Decided February 2, 2026

## SUMMARY

The United States District Court for the Middle District of Florida reviewed the Commissioner of Social Security’s denial of Rhonda T. Williams’s claim for disability insurance benefits. The court held that the Administrative Law Judge properly evaluated Williams’s subjective complaints and that substantial evidence supported the residual functional capacity determination, affirming the Commissioner’s decision and directing entry of judgment for the Commissioner.

## CASE DETAILS

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| COURT | United States District Court for the Middle District of Florida, Tampa Division |
| WRITING FOR THE COURT | Amanda Arnold Sansone |
| JURISDICTION | United States District Court for the Middle District of Florida, Tampa Division |
| DECIDED | February 2, 2026 |
| DOCKET | 8:24-cv-02814-AAS |
| DISPOSITION | affirmed |
| PROCEDURAL POSTURE | Plaintiff sought judicial review under 42 U.S.C. § 405(g) of the Commissioner's denial of her claim for a period of disability and disability insurance benefits. |
| STANDARD OF REVIEW | The court determines whether the ALJ applied the correct legal standards and whether substantial evidence supports the ALJ's findings. The court may not make new factual determinations, reweigh the evidence, or substitute its judgment for the Commissioner's; a decision must be affirmed if supported by substantial evidence and based on proper legal standards. |
| PRECEDENTIAL VALUE | Unknown; district court order with no reporter citation and metadata identifying precedential status as Unknown. |

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| **PARTIES** | Rhonda T. Williams v. Frank Bisignano, Commissioner of Social Security |

## TOPICS

judicial review of agency action | administrative law | disability definition

## PRACTICE AREAS

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

## QUESTIONS PRESENTED

1. Whether the ALJ properly evaluated Williams's subjective complaints and whether the residual functional capacity assessment adequately accounted for those complaints and the medical evidence before her date last insured.
2. Whether substantial evidence supported the Commissioner's determination that Williams was not disabled during the period ending June 30, 2022.

## HOLDINGS

1. The ALJ properly evaluated Williams's subjective complaints because the ALJ considered the complaints in conjunction with the medical evidence, medical opinions, treatment history, noncompliance, and daily activities, and adequately explained why the complaints were not entirely consistent with the record.
2. The Commissioner's determination that Williams was not disabled through June 30, 2022, must be affirmed because the ALJ applied the proper legal standards and substantial evidence supported the findings.

## KEY QUOTATIONS

> *"whatever the meaning of 'substantial' in other contexts, the threshold for such evidentiary sufficiency is not high."* (5)

> *"Even when the court finds the evidence could support a different conclusion, the ALJ's decision must be affirmed if it is supported by substantial evidence and based on proper legal standards."* (11)

## FACTUAL BACKGROUND

Williams alleged disability from chronic kidney disease, acute renal failure, diabetes mellitus, peripheral edema, and cardiac problems. During the insured period, the ALJ found severe impairments including chronic kidney disease, end-stage renal disease, hypertension, obesity, neuropathy, coronary artery disease, congestive heart failure, and diabetes mellitus, but determined that they did not meet or equal a listed impairment. The ALJ assessed a light-work residual functional capacity and found that Williams could perform her past work as a daycare center director and other jobs existing in significant numbers in the national economy. Williams began

dialysis four months after her date last insured, but the court held that the relevant disability period for her DIB claim ended on June 30, 2022.

## PROCEDURAL HISTORY

Williams applied for disability insurance benefits alleging disability beginning May 1, 2020. Her application was denied initially and on reconsideration; following a hearing, the ALJ issued an unfavorable decision on September 7, 2023, and the Appeals Council denied review on October 9, 2024. The district court reviewed the administrative record and affirmed the Commissioner's decision, directing the Clerk to enter judgment for the Commissioner and close the file.

## DISPOSITION

affirmed

## CASES CITED

- McRoberts v. Bowen, 841 F.2d 1077, 1080 (11th Cir. 1988)
- Richardson v. Perales, 402 U.S. 389, 390 (1971)
- Dale v. Barnhart, 395 F.3d 1206, 1210 (11th Cir. 2005)
- Foote v. Chater, 67 F.3d 1553, 1560 (11th Cir. 1995)
- Biestek v. Berryhill, 139 S. Ct. 1148, 1154 (2019)
- Phillips v. Barnhart, 357 F.3d 1232, 1240 & n.8 (11th Cir. 2004)
- Lowery v. Sullivan, 979 F.2d 835, 837 (11th Cir. 1992)
- Wilson v. Barnhart, 284 F.3d 1219, 1225 (11th Cir. 2002)
- Marbury v. Sullivan, 957 F.2d 837, 839 (11th Cir. 1992)
- Miraco B. v. Comm’r, Soc. Sec. Admin., No. 19-CV-05777, 2021 WL 9667338, at *12 (N.D. Ga. July 8, 2021)
- Moore v. Barnhard, 405 F.3d 1208, 1211 (11th Cir. 2005)
- Keplar v. Saul, No. 8:18-cv-1370, 2019 WL 4744941, at *6 (M.D. Fla. Sept. 30, 2019)
- Macia v. Bowen, 829 F.2d 1009, 1012 (11th Cir. 1987)
- Laws v. Saul, No. 8:19-cv-123-t-AAS, 2020 WL 13601696, at *7 (M.D. Fla. Apr. 27, 2020)
- Hunter v. Comm’r of Soc. Sec., 808 F.3d 818, 822 (11th Cir. 2015)
- Winschel v. Comm’ of Soc. Sec., 631 F.3d 1176, 1178 (11th Cir. 2011)
- Ted Martin v. Louis W. Sullivan, Secretary of the Department of Health and Human Services, Martin v. Sullivan, 894 F.2d 1520, 1529 (11th Cir. 1990)

## OPINION

UNITED STATES DISTRICT COURT MIDDLE DISTRICT OF FLORIDA TAMPA DIVISION RHONDA T. WILLIAMS, Plaintiff, v. Case No. 8:24-cv-02814-AAS FRANK BISIGNANO1, COMMISSIONER OF SOCIAL SECURITY, Defendant.

_____/ ORDER Plaintiff Rhonda T. Williams requests judicial review of a decision by the Commissioner of Social Security (Commissioner) denying her claim for period of disability and disability insurance benefits (DIB) under the Social Security Act, 42 U.S.C. Section 405(g).

After reviewing the record, including the transcript of the hearing before the Administrative Law Judge (ALJ), the administrative record, and the parties' briefs, the Commissioner's decision is AFFIRMED. 1 Frank Bisignano became the Commissioner of Social Security on May 7, 2025.

Under Rule 25(d) of the Federal Rules of Civil Procedure, Mr. Bisignano should be substituted as the defendant in this suit. 1 I. PROCEDURAL HISTORY On June 23, 2022, Ms. Williams applied for DIB, alleging disability beginning on May 1, 2020. (Tr. 224–25, 238–39). Disability examiners denied her disability applications initially and on reconsideration. (Tr.

101, 112–15). Following a hearing, the ALJ issued a decision unfavorable to Ms. Williams on September 7, 2023. (Tr. 10–21). The Appeals Council denied Ms. Williams's request for review on October 9, 2024. (Tr. 1–3). Ms. Williams now requests judicial review. (Doc. 1, 18). II. NATURE OF DISABILITY CLAIM A. Background Ms. Williams was 47 years old on her alleged disability onset date.

(Tr. 224). Ms. Williams graduated from high school and has past employment as a cashier, a food preparer, and a director of childcare. (Tr. 263–64). Ms. Williams alleges disability due to several physical impairments, including chronic kidney disease, acute renal failure, diabetes mellitus, peripheral edema, and cardiac problems. (Tr. 262). 2 B. Summary of the ALJ's Decision The ALJ must follow five steps when evaluating a disability claim.2 20 C.F.R. § 404.1520(a).

First, if a claimant is engaged in substantial gainful activity,3 she is not disabled. 20 C.F.R. § 404.1520(b). Second, if a claimant has no impairment or combination of impairments that significantly limits her physical or mental ability to perform basic work activities, she has no severe impairment and is not disabled. 20 C.F.R. § 404.1520(c); see McDaniel v. Bowen, 800 F.2d 1026, 1031 (11th Cir.

1986) (stating that step two acts as a filter and "allows only claims based on the most trivial impairments to be rejected."). Third, if a claimant's impairments fail to meet or equal an impairment in the Listings, she is not disabled. 20 C.F.R. § 404.1520(d). Fourth, if a claimant's impairments do not prevent her from doing past relevant work, she is not disabled.

20 C.F.R. § 404.1520(e). At this fourth step, the ALJ determines the claimant's residual functional capacity (RFC).4 Id. Fifth, if a claimant's impairments (considering her RFC, age, education, and 2 If the ALJ determines the claimant is disabled at any step of the sequential analysis, the analysis ends. 20 C.F.R. § 404.1520(a)(4). 3 Substantial gainful activity is paid work that requires significant physical or mental activity.

20 C.F.R. § 404.1572. 4 A claimant's RFC is the level of physical and mental work she can consistently perform despite her limitations. 20 C.F.R. § 404.1545(a)(1). 3 past work experience) do not prevent her from performing work that exists in the national economy, she is not disabled. 20 C.F.R. § 404.1520(g).

The ALJ determined Ms. Williams had not engaged in substantial gainful activity during the period from her alleged onset date of May 1, 2020, through her date last insured of June 30, 2022. (Tr. 12). The ALJ found Ms. Williams has these severe impairments: chronic kidney disease, end-stage renal disease, hypertension, obesity, neuropathy, coronary artery disease, congestive heart failure, and diabetes mellitus.

(Tr. 12–14). However, the ALJ concluded Ms. Williams's impairments or combination of impairments fail to meet or medically equal the severity of an impairment in the Listings. Id. The ALJ found Ms. Williams has an RFC to perform light work,5 except: [L]ifting 20lbs occasionally and 10lbs frequently; carrying 20lbs occasionally and 10lbs frequently; sitting for 6hrs, standing for 6hrs, walking for 6hrs.

She can push/pull as much as she can lift/carry. She can handle and finger items frequently bilaterally. [Ms. Williams] can climb ramps and stairs occasionally, never climb ladders, ropers, or scaffolds, balance frequently, stoop occasionally, kneel occasionally, crouch occasionally, crawl occasionally. [Ms. Williams] can work at unprotected heights frequently, moving mechanical parts frequently, in extreme cold 5 "Light work involves lifting no more than 20 pounds at a time with frequent lifting or carrying of objects weighing up to 10 pounds.

Even though the weight lifted may be very little, a job is in this category when it requires a good deal of walking or standing, or when it involves sitting most of the time with some pushing and pulling of arm or leg controls.

To be considered capable of performing a full or wide range of light work, you must have the ability to do substantially all of these activities. If someone can do light work, we determine that he or she can also do sedentary work, unless there are additional limiting factors such as loss of fine dexterity or inability to sit for long periods of time." 20 C.F.R. § 404.1567(b).

4 frequently, in extreme heat frequently, and in vibration frequently. (Tr. 16). Based on these findings and a vocational expert's testimony, the ALJ determined Ms. Williams could perform her past relevant work as a daycare center director. (Tr. 19).

The ALJ also found that there were other jobs that exist in significant numbers in the national economy that Ms. Williams could also perform. (Id.). Specifically, as a Merchandise Marker, Survey Worker, and Sales Attendant. (Tr. 20).

As a result, the ALJ found Ms. Williams was not disabled from May 1, 2020, the alleged onset date, through June 30, 2022, the date last insured. (Id.). III. ANALYSIS A. Standard of Review A review of the ALJ's decision is limited to determining whether the ALJ applied the correct legal standards and whether substantial evidence supports the ALJ's findings. McRoberts v. Bowen, 841 F.2d 1077, 1080 (11th Cir.

1988); Richardson v. Perales, 402 U.S. 389, 390 (1971). Substantial evidence is more than a mere scintilla but less than a preponderance. Dale v. Barnhart, 395 F.3d 1206, 1210 (11th Cir. 2005) (citation omitted). There must be sufficient evidence for a reasonable person to accept as enough to support the conclusion. Foote v. Chater, 67 F.3d 1553, 1560 (11th Cir.

1995) (citations omitted). The 5 Supreme Court explained, "whatever the meaning of 'substantial' in other contexts, the threshold for such evidentiary sufficiency is not high." Biestek v. Berryhill, 139 S. Ct. 1148, 1154 (2019). A reviewing court must affirm a decision supported by substantial evidence "even if the proof preponderates against it." Phillips v. Barnhart, 357 F.3d 1232, 1240 n.8 (11th Cir.

2004) (citations omitted). The court must not make new factual determinations, reweigh evidence, or substitute its judgment for the Commissioner's decision. Id. at 1240 (citation omitted). Instead, the court must view the whole record, considering evidence favorable and unfavorable to the Commissioner's decision. Foote, 67 F.3d at 1560; see also Lowery v. Sullivan, 979 F.2d 835, 837 (11th Cir.

1992) (citation omitted) (stating the reviewing court must scrutinize the entire record to determine the reasonableness of the Commissioner's factual determinations). B. Issue on Appeal Ms. Williams argues the ALJ's RFC assessment for light work did not fully reflect her subjective complaints and the medical evidence leading up to her initiation of dialysis.

(Doc. 18, pp. 4–13). In response, the Commissioner contends that the ALJ adequately considered Ms. Williams's subjective complaints, and substantial evidence supports the ALJ's disability determination. (Doc. 20, pp. 6–13). 6 To establish disability based on subjective complaints about one's symptoms, the claimant must prove: "(1) evidence of an underlying medical condition; and (2) either (a) objective medical evidence confirming the severity of the alleged pain; or (b) that the objectively determined condition can reasonably be expected to give rise to the claimed pain." Wilson v. Barnhart, 284 F.3d 1219, 1225 (11th Cir.

2002). The ALJ must assess the claimant's subjective statements and can consider: (1) the claimant's daily activities; (2) the location, duration, frequency, and intensity of the claimant's pain or other symptoms; (3) any precipitating and aggravating factors; (4) the type, dosage, effectiveness, and side effects of the claimant's medication; (5) any treatment other than medication; (6) any measures the claimant used to relieve her pain or symptoms; and (7) other

factors about the claimant's functional limitations and restrictions because of her pain or symptoms.

20 C.F.R. § 404.1529(c)(3), (4); 20 C.F.R. § 404.1529(c)(3)(i)-(vii). The ALJ may reject testimony about subjective complaints, but that rejection must be based on substantial evidence. Marbury v. Sullivan, 957 F. 2d 837, 839 (11th Cir. 1992).

Here, the ALJ concluded: After careful consideration of the evidence, the undersigned finds that the claimant's medically determinable impairments could reasonably be expected to cause the alleged symptoms; however, the claimant's statements concerning the intensity, persistence 7 and limiting effects of these symptoms are not entirely consistent with the medical evidence and other evidence in the record for the reasons explained in this decision.

(Tr. 17). Importantly, the ALJ's findings were not limited to the above paragraph. The ALJ explained throughout her decision why she found Ms. Williams's testimony was not consistent with the record. (Tr. 17–20). Before her alleged onset date, May 1, 2020, Ms. Williams was diagnosed with multiple chronic conditions that were stable, and her physical examination revealed minimal abnormalities and no new symptoms.

(Tr. 17). Her treatment notes documented normal reflexes, normal sensation, normal range of motion, normal gait, and/or normal motor strength. (Tr. 397, 404, 410, 420, 427, 439, 445, 453, 458, 463, 468, 472, 516, 536, 566–67, 593, 602, 609, 635, 644, 651, 661, 801, 857–58). C.F.R. § 404.1529(c) provides that medical opinions can be relied on when evaluating a claimant's subjective complaints.

However, the ALJ may not reject a claimant's subjective complaints only because the objective medical evidence does not substantiate the complaints. 20 C.F.R. § 404.1529(c)(2). This regulation instructs that the ALJ must "carefully consider any other information [a claimant] may submit about [her] symptoms." 20 C.F.R. § 404.1529(c)(3).

The ALJ may reject testimony about subjective complaints, 8 but such rejection must be supported by substantial evidence. Marbury v. Sullivan, 957 F.2d 837, 839 (11th Cir. 1992); see also Miraco B. v. Comm'r, Soc. Sec. Admin., No. 19-CV-05777, 2021 WL 9667338, at *12 (N.D. Ga. July 8, 2021) (citing SSR 16-3p at *7-8) ("The regulations do not require ALJs to explicitly identify and address each of the factors outlined in 20 C.F.R. §§ [404.]1529(c)(3) and 416.929(c)(3) in evaluating the intensity, persistence, and limiting effects of an individual's symptoms.").

When evaluating Ms. Williams's subjective complaints, the ALJ fully considered Ms. Williams's complaints in conjunction with medical opinions and prior administrative medical findings and reasonably reaffirmed Ms. Williams's RFC. (Tr. 18–19).

In doing so, the ALJ specifically noted that Dr. Julie Bruno—whose findings were affirmed by Dr. Ellen Suarez-Perez— assessed no more than mild mental limitations; Dr. Steven Arkin opined that Ms. Williams remained capable of light work; and Dr. Fabiola Schlessinger described work-related functional abilities. (Tr. 18).

The ALJ also considered additional objective evidence, including diagnostic imaging and physical examination findings, which supported the need for ongoing treatment but did not demonstrate limitations inconsistent with the ALJ's RFC assessment. (Tr. 19). Ms. Williams argues her symptoms and limitations are "far greater 9 limitations than the ALJ accounted for...." (Doc.

18, p. 8). Ms. Williams argues that because she began dialysis four months after her date last insured, she necessarily has been work-preclusive as of the date last insured. (Doc. 18, pp. 9–10). However, "for DIB claims, a claimant is eligible for benefits where she demonstrates disability on or before the last date for which she was insured." Moore v. Barnhard, 405 F.3d 1208, 1211 (11th Cir.

2005). The ALJ reasonably determined Ms. Williams's RFC by considering the relevant period. (Tr. 14–19). Ms. Williams's chronic conditions were monitored and controlled prior to her date last insured. (Tr. 18). "She had no weakness, numbness, or reduced sensation. She was not reporting frequent fatigue, chest paints, shortness of breath, edema, or other symptoms that would have required further intervention." (Id.).

Furthermore, the court may "discern no error in the ALJ's decision to discount the Plaintiff's subjective complaints based, in part, upon [her] noncompliance with treatment...." Keplar v. Saul, No. 8:18-cv-1370, 2019 WL 4744941, at *6 (M.D. Fla. Sep. 30, 2019).

Here, Ms. Williams admitted noncompliance with her diabetes and hypertension medications, as well as her failure to follow the recommended diabetic diet. (Tr. 17, 426, 457, 954–55). Additionally, in March 2022, Ms. Williams was instructed to seek emergency care for elevated blood pressure, yet the administrative record includes no 10 documentation of an emergency room visit or hospital admission.

(Tr. 17). Thus, the ALJ did not improperly discount Ms. Williams's complaints when considering her noncompliance. (Id.); Keplar, 2019 WL 4744941, at *6. An ALJ may also properly rely on a claimant's activities of daily living when evaluating the claimant's subjective complaints and determining his or her RFC. 20 C.F.R. § 404.1529(c)(3)(i); Macia v. Bowen, 829 F.2d 1009, 1012 (11th Cir.

1987); see e.g. Laws v. Saul, No. 8:19-cv-123-t-AAS, 2020 WL 13601696 at *7 (M.D. Fla. Apr. 27, 2020) ("The ALJ noted, despite [the claimant's] impairments, she reported she cares for her son including cooking, cleaning, and doing laundry."). Ms. Williams was able to cook simple meals, was largely independent in personal care, and was able to go out shopping with her family.

(Tr. 13, 17, 43–47). The ALJ properly considered Ms. Williams's daily activities and substantial evidence supports the ALJ's determination that Ms. Williams's subjective complaints are not entirely consistent with the medical evidence and the record.

The ALJ considered the relevant evidence in evaluating Ms. Williams's subjective complaints, and substantial evidence supports the ALJ's determination that Ms. Williams's subjective complaints are not consistent with the record. See Hunter v. Comm'r of Soc. Sec., 808 F.3d 818, 822 (11th Cir. 2015) ("In determining whether substantial evidence supports a decision, we 11 give great deference to the ALJ's fact findings.").

The court may not "decide the facts anew, reweigh the evidence, or substitute our judgment for that of the [Commissioner]." Winschel v. Comm' of Soc. Sec., 631 F.3d 1176, 1178 (11th Cir. 2011). Even when the court finds the evidence could support a different conclusion, the ALJ's decision must be affirmed if it is supported by substantial evidence and based on proper legal standards.

See Martin v. Sullivan, 894 F.2d 1520, 1529 (11th Cir. 1990). The ALJ applied the proper legal standards, analyzed the evidence, and articulated why she did not find Ms. Williams's subjective complaints consistent with the evidence.

Thus, the ALJ properly evaluated Ms. Williams's subjective complaints, and remand is not required. IV. CONCLUSION For the reasons stated the Commissioner's decision is AFFIRMED, and the Clerk of Court is directed to enter judgment for the Commissioner and close the file. ORDERED in Tampa, Florida, on February 2, 2026. Aranda Aro th Sanne AMANDA ARNOLD SANSONE United States Magistrate Judge 12