UNITED STATES DISTRICT COURT FOR THE EASTERN DISTRICT OF MICHIGAN

Shannon M. v. Commissioner of Social Security

Shannon M. · No. 25-10098 · Decided January 30, 2026

SUMMARY

The United States District Court for the Eastern District of Michigan reviewed an administrative law judge's denial of Shannon M.'s application for Social Security disability insurance benefits. The court held that substantial evidence supported the ALJ's residual functional capacity assessment, treatment of the plaintiff's accident-related injuries and subjective symptoms, and reliance on state agency consultants. The court denied the plaintiff's motion for summary judgment, granted the Commissioner's motion, and affirmed the Commissioner's decision.

CASE DETAILS

COURT	United States District Court for the Eastern District of Michigan
WRITING FOR THE COURT	Elizabeth A. Stafford
JURISDICTION	United States District Court for the Eastern District of Michigan
DECIDED	January 30, 2026
DOCKET	25-10098
DISPOSITION	affirmed
PROCEDURAL POSTURE	Plaintiff sought judicial review under 42 U.S.C. § 405(g) of the Commissioner's final decision denying disability insurance benefits. The parties filed cross-motions for summary judgment and consented to proceed before the magistrate judge under 28 U.S.C. § 636(c).
STANDARD OF REVIEW	The court reviews the Commissioner's decision under 42 U.S.C. § 405(g) to determine whether it is supported by substantial evidence and conforms to proper legal standards. The court may not independently weigh the evidence or substitute its judgment for the Commissioner's when substantial evidence supports the decision.
PRECEDENTIAL VALUE	Unknown; district court opinion with no reported citation
PARTIES	Shannon M. v. Commissioner of Social Security

TOPICS

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

PRACTICE AREAS

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

QUESTIONS PRESENTED

1. Whether the ALJ's residual functional capacity assessment failed to account for plaintiff's need for assistive devices, frequent repositioning, and limitations allegedly resulting from his injuries.
2. Whether the ALJ properly determined that plaintiff's accident-related impairments did not satisfy the Social Security Act's twelve-month duration requirement.
3. Whether the ALJ improperly relied on state-agency consultant opinions that did not review the medical records concerning plaintiff's subsequent automobile-accident injuries.
4. Whether the ALJ adequately evaluated plaintiff's subjective symptoms under the two-step framework in 20 C.F.R. § 404.1529 and SSR 16-3p.

HOLDINGS

1. The ALJ was not required to include plaintiff's accident-related limitations in the RFC because substantial evidence supported the finding that those impairments had not lasted and were not expected to last for at least twelve consecutive months.
2. The ALJ's reliance on the state-agency consultants' opinions was permissible and those opinions supplied substantial evidence supporting the RFC.
3. The court could not reweigh the evidence or substitute its judgment for the Commissioner's where substantial evidence supported the ALJ's determination, even if the record also supported a different conclusion.
4. The ALJ complied with the two-step subjective-symptom evaluation framework and did not err in finding that plaintiff's alleged symptom intensity, persistence, and limiting effects were not entirely consistent with the medical and other evidence.

KEY QUOTATIONS

> *"The Court may not reweigh the evidence and substitute its own judgment for that of the Commissioner merely because substantial evidence exists in the record to support a different conclusion."* (Opinion at II.A)

> *"If the Secretary's decision is supported by substantial evidence, it must be affirmed even if the reviewing court would decide the matter differently, and even if substantial evidence also supports the opposite conclusion."* (Opinion at II.A)

FACTUAL BACKGROUND

Plaintiff alleged disability based primarily on degenerative disc disease, depressive disorder, and injuries sustained in a May 2023 automobile accident. The accident caused several fractures, including fractures to the right femur and heel, and plaintiff remained on crutches and in physical therapy in September 2023. The medical

record showed interval healing, increasing weight-bearing ability, and instructions to discontinue the walking boot and begin partial weight-bearing. The ALJ concluded that the accident-related limitations had not lasted and were not expected to last for twelve consecutive months, while finding plaintiff capable of a restricted range of light work based on the remaining impairments.

PROCEDURAL HISTORY

An administrative law judge found that plaintiff had severe degenerative disc disease of the lumbar spine and depressive disorder, but that his accident-related injuries did not satisfy the twelve-month duration requirement. The ALJ determined that plaintiff retained the capacity for a restricted range of light work and was not disabled because jobs existed in the national economy that he could perform. The district court denied plaintiff's motion for summary judgment, granted the Commissioner's motion, and affirmed.

DISPOSITION

affirmed

CASES CITED

- Bass v. McMahon, 499 F.3d 506, 513 (6th Cir. 2007)
- Gentry v. Commissioner of Social Security, 741 F.3d 708, 722 (6th Cir. 2014)
- Biestek v. Berryhill, 587 U.S. 97, 102-03 (2019)
- Hatmaker v. Commissioner of Social Security, 965 F. Supp. 2d 917, 930 (E.D. Tenn. 2013)
- Cutlip v. Secretary of Health & Human Services, 25 F.3d 284, 286 (6th Cir. 1994)
- Jordan v. Commissioner of Social Security, 548 F.3d 417, 423 (6th Cir. 2008)
- Ortiz-Rosado v. Commissioner of Social Security, 12 F. App'x 349, 352 (6th Cir. 2001)
- Killian v. Commissioner of Social Security, No. 2:20-CV-13345, 2022 WL 1498189, at *8 (E.D. Mich. Apr. 21, 2022)
- Hibbard v. Astrue, 537 F. Supp. 2d 867, 874 (E.D. Ky. 2008)