IN THE UNITED STATES DISTRICT COURT
FOR THE WESTERN DISTRICT OF WISCONSIN

MICHAEL D. SCHRAUT,

Plaintiff,

v.

ANDREW SAUL, Commissioner of Social Security,

Defendant.

OPINION AND ORDER

18-cv-266-wmc

Plaintiff Michael D. Schraut seeks judicial review of a final decision denying his application for Social Security Disability Insurance Benefits under 42 U.S.C. § 405(g). On appeal, plaintiff raises a number of related challenges, all premised on the ALJ's failure to consider certain medical evidence in finding that plaintiff did not meet or medically equal Listing 1.04 and in crafting plaintiff's residual functional capacity. For the reasons that follow, the court will reject plaintiff's challenges and affirm the Commissioner's denial of benefits.

BACKGROUND[1]

A. Overview

Schraut was born on July 21, 1982, graduated from high school in 2000, joined the United States Air Force Reserve in 2002, and applied for benefits on February 3, 2014, at the age of 31 based on injuries suffered in an IED explosion in 2011 during a military deployment in Iraq. He originally claimed an alleged onset disability date of September

[1] The administrative record ("AR") is available at dkt. #5.

25, 2011, which he subsequently amended to December 27, 2011 -- the date that he entered the Wounded Warrior Transition Program. Although Schraut remained involved with the Wounded Warrior Transition Program and was paid by the military as a truck driver at least through the date of his October 2014 disability benefit, the last time he worked dates back to this 2011 explosion. Among other conditions, in his 2014 application for benefits, Schraut claimed disability based on: tinnitus, herniated cervical disc, degenerative lumbar disc disease, and C6-C7 spine fusion. (AR 70.)

ALJ Richard Thrasher held an evidentiary video hearing on October 7, 2014. In addition to plaintiff Schraut, who appeared with counsel, an impartial medical expert, Joseph C. Horozaniecki, M.D., and a vocational expert testified. Following the hearing, the ALJ held open the record to obtain further medical documents from the VA. Schraut also requested and obtained a consultative examination report to assess the nature of the residual injures caused by the IED explosion. The ALJ then had Dr. Horozaniecki review the new medical records, including the consultative examination report, and respond in writing to further interrogatories. Finally, the VE was asked to respond to certain additional interrogatories from the ALJ and Schraut's counsel. After considering all of this additional evidence, the ALJ issued his opinion on November 5, 2015, finding that Schraut was not disabled under the Social Security Act. That opinion was upheld on administrative appeal, prompting his appeal to this court.

B. ALJ Opinion

As an initial matter, the ALJ found Schraut had the following severe impairments: chronic low back pain with degenerative disc disease of the lumbar spine at L5-S1; chronic

neck pain, status post C6-7 discectomy and fusion surgery in March 2012; right knee pain, status post meniscectomy and chondroplasty in August 2012, with history of prior hyperflexion injury; left ankle pain secondary to a history of a fracture and previous surgical procedure; and bilateral hip pain. (AR 18.) The ALJ also found several other impairments that he did not consider severe, including prostatitis, right ankle sprain, and various proposed VA ratings for dry eye syndrome, scars, and other conditions. Schraut does not challenge any of these findings in this appeal.

Instead, Schraut's appeal principally concerns the ALJ's determination that none of his impairments alone or in combination meet or medically equal the severity of one of the listed impairments in 20 CFR Part 404, Subpart P, Appendix 1. Specifically, the ALJ considered Listings 1.02 (major dysfunction of a joint) and 1.04 (disorder of the spine). In rejecting the applicability of both listings, the ALJ placed great weight on Dr. Horozaniecki's testimony during the hearing and his subsequent responses to the ALJ's written interrogatories, finding that Schraut did not meet or medically equal either listing. (AR 19.) With respect to 1.04, the ALJ summarized Dr. Horozaniecki's testimony that Schraut's "lumbar MRI scans showed no nerve root impingement, that EMG testing was negative for radiculopathy, and that the claimant had normal strength and sensation." (AR 19.) With respect to cervical spine issues, the ALJ also relied on Horozaniecki's testimony that "the records had not shown any radiculopathy . . . at the level required by the listing." (*Id.*) Finally, the ALJ credited Horozaniecki's testimony with respect to Schraut's joint paint under Listing 1.02, opining that with regard to his right knee, he "retains the ability to ambulate without the need for an assistive device." (*Id.*)

The ALJ also considered more recent June 2015 MRIs of both Schraut's lumbar and cervical spine, as well as the related physical examinations. Specifically, with respect to the lumbar spine, the ALJ noted that the MRI found "some interval loss of disc height at L5-S1, and some minimal right paracentral disc bulge but without evidence of nerve root displacement or entrapment." (*Id.*) The ALJ also described the results of Dr. Mullaney's accompanying physical examination in June 2015, which revealed that "claimant was able to heel and toe walk, [h]ad no motor deficits with strength assessed at 5/5, had a normal neurologic evaluation of the lower extremities, and had only radicular pain in the lower extremities as opposed to radiculopathy." (*Id.*) The ALJ further described how the physician's 2015 physical examination remarks were consistent with those noted in 2013 and January 2015. (*Id.*) With respect to Schraut's cervical spine, the ALJ noted that the June 2015 MRI revealed "only a slight interval increase in the central disc prolapse at C5-6 that does not appear to be effacing the thecal sac to any significant degree." (AR 20.) The ALJ also considered the January 2015 EMG of the left upper extremity, which was normal, and contemporary treatment notes, showing no "focal motor or sensory deficits in the bilateral upper extremities, with the exception of some diffuse sensory deficits globally in the left upper extremity *but with no motor impact*." (*Id.* (emphasis in original).)

These medical opinions ultimately led the ALJ to conclude that Schraut had the residual functional capacity ("RFC") to perform light work as defined in 20 C.F.R. § 404.1567(b), with a number of additional exertional limitations, including:

> lifting 10 pounds frequently and 20 pounds occasionally; sit 6 hours in an 8-hour workday, with a brief 1-2 minute change of position every 2 hours; stand 6 hours in an 8-hour workday, with a brief 1-2 minute change of position every 1 hour; walk

> 2 hours in an 8-hour workday, with a brief 1-2 minute change of position after every 30 minutes; occasional climbing of stairs and ramps; no climbing of ladders, ropes or scaffolds; occasional balancing, stooping, kneeling, crouching, and crawling; occasional reaching overhead bilaterally and frequent reaching in all other directions; frequent push/pull; frequent operation of foot controls bilaterally; occasional commercial driving; occasional but not concentrated exposure to extreme heat and cold and vibrations; and no exposure to unprotected heights.

(AR 20.) In so finding, the ALJ then set forth in great detail his reasons for discounting Schraut's testimony about the extent of his limitations, including medical records dating back to 2012 through June 2015 showing normal gait, ability to rise easily from chairs, some range of motion was limited due to pain (for some records; other records report full range of motion) but sensory examinations were intact, straight leg raises were negative, no evidence of radiculopathy and normal muscle strength. (AR 22-24.)

With respect to the follow-up, April 2015 consultative examination initiated by Schraut's counsel, the ALJ also noted a reduced range of motion of the neck and low back, as well as numbness and mild weakness of the left arm, none of which had been found by other medical providers, but chose to place little weight on these findings in light of the January 2015 EMG study and a March 9, 2015, examination, both of which showed no neurological deficit in the upper extremities. (AR 24.) As a result, the ALJ did not include in Schraut's RFC any left arm limits, other than reaching limits, or any manipulation limits. The ALJ further found that the consultative examiner's findings were otherwise consistent with a light exertion limitation, coupled with limitations allowing him to change positions.

Finally, the ALJ discounted Schraut's January 2015 account of his activities of daily living, particularly the claim that he was able to do very little due to pain based on a June

2015 emergency room note, which indicates he had inverted his ankle while running. (AR 24.) In part, the ALJ relied on Schraut's limited use of prescription medication, noting that in his most recent treatment records, he was only taking amitriptyline. (AR 24.)

Relying on the testimony of the vocational expert at steps 4 and 5, the ALJ last determined that Schraut not only could still perform his past relevant work as a data entry clerk, but could also perform other jobs existing in the national economy in sufficient numbers, including office helper, cashier II, and hand packager. Thus, the ALJ concluded that Schraut was not disabled from his alleged onset disability date through the date of the ALJ's decision. (AR 26-27.)

C. Medical Evidence[2]

On February 11, 2013, Eric W. Rudd, M.D. noted that Schraut presented with: "No convincing radiculopathy. Stenosis was mild to moderate at most. Exam was nonradicular." (AR 1502.) A March 19, 2013, medical note from a nurse described his most recent lumbar spine MRI as showing "tiny disc protrusion at L5-S1," but "no nerve entrapment." (AR 1489.) As for the results of the 2013 MRI of Schraut's cervical spine, Bruce E. Knutsen, M.D, wrote on April 26, 2013, that: "Everything looked excellent. He had postsurgical change as he has had a prior disk prolapse at C5-C6, but there were no new changes there. No spinal canal compromise or neuroforaminal compromise or impingement[.]" (AR 1481.)

[2] Given the focus of plaintiff's challenge on appeal, the court will principally review the medical record relevant to the ALJ's conclusion that Schraut's medical conditions neither met nor medically equaled Listings 1.02 and 1.04.

On April 29, 2013, plaintiff also saw Ifeyinaw N. Igwe, a pain specialist. Dr. Igwe's physical examination of his back revealed some reduced range of motion and flexion, but "negative [meaning no symptoms] straight leg raising" and a "normal gait." (AR 1479.) In reviewing his MRIs, Dr. Igwe further opined that the "MRI of [Schraut's] cervical spine done in April 2013, shows post surgical changes, mild posterior disk bulge at C5-C6. No significant central canal compromise or neural foraminal compromise," and that the "MRI of [his] lumbar spine done June 2010, shows mild facet joint hypertrophy at L4-L5 and mild desiccation at L5-S1 disk space," but again "[n]o evidence of nerve root entrapment." (*Id.*)

During a June 17, 2013, appointment, Nurse Practitioner Donna K. Anderson, RN, CNP, similarly noted that Schraut "[s]its in seated position with [s]lumping in chair. Moves easily from seated to standing position. Walks with non-antalgic gait with good arm swing bilaterally" (AR 1464), observations she had also made during two previous appointments in June 2013 (AR 1466 (6/10/13 appointment with similar note); AR 1471 (6/3/13 appointment with similar note)).

Some nine months later, in March 2014, Schraut next saw Kevin Mullaney, M.D., with the Twin Cities Spine Center for an initial appointment for chronic pain. On physical examination, Dr. Mullaney noted that Schraut had: "good coordination and balance. He has normal tandem gait. Upon inspection and palpation of the lumbar spine, there is no evidence of loose alignment, defects or asymmetry. He has good range of motion in flexion, but much more painful upon extension. . . . Patient's motor strength is 5/5 through all muscle groups in lower extremities. The patient has some negative straight leg raise test.

He has no pain upon internal rotation of hip joints. He has full range of motion bilaterally in the hips, knees and ankles." (AR 1361.)

After another nine months had elapsed, Dr. Naman Goel conducted a pain consultation on January 8, 2015, as requested by Schraut's primary care provider Dr. Knutsen. During his physical examination of Schraut, Dr. Goel noted:

> Examination of cervical spine -- ipsilateral Spurling is negative. Ipsilateral cervical facet load positive. Bilateral shoulder exam within normal limits. Bilateral upper extremities -- no focal motor or sensory deficit noted. Reflexes +2, and symmetric both biceps, triceps, brachial radialis reflex. Hoffman is negative. Sensory deficit noted in diffuse pattern in left upper extremity globally. No signs of cord compression. Gait assessment -- can do heal and toe walking. No gait imbalance or ataxia noted.

(AR 2026.)

A few months later, on April 16, 2015, A. Neil Johnson, M.D., was asked by plaintiff to conduct a post-hearing consultative examination. During that examination, Dr. Johnson noted, "[Schraut] is wearing a right knee brace. He does have a back corset. He walks with moderate limp to the left and antalgic small stepped gait. The patient had mild difficulty getting on and off the examination table, moderate difficulty tandem walking, and he wasn't able to squat or hop." (AR 1981.) Based on these findings, Dr. Johnson concluded that "[h]eavy lifting, bending and twisting are impaired," but did not note any other physical limitations. (AR 1984.)

As noted in his opinion, the ALJ asked Dr. Horozaniecki the same doctor who testified at the hearing, to complete another Medical Interrogatory Physical Impairments for Schraut. In completing that form, dated May 5, 2015, the ALJ specifically asked Dr.

Horozaniecki to consider the impact of Dr. Johnson's additional, physical consultative examination, as well as new medical records. With respect to the issue on appeal, Dr. Horozaniecki again opined that Schraut's impairments did not meet or medically equal Listings 1.02 or 1.04, explaining "[medical evidence record] does not support. No evidence of ambulating ineffectively. No neuro[logical] deficits in lower extremities. Gait normal." (AR 1990.)

On June 2, 2015, Schraut also underwent additional cervical and lumbar MRIs. The cervical MRI exam showed: "slight interval increase in the central disc prolapse at C5-C6. This does not appear to be effacing the thecal space to any significant degree." (AR 2048-49.)[3] The lumbar MRI revealed "[i]nterval loss of disc height L5-S1. Same level minimal right paracentral disc bulge without evidence of nerve root displacement or entrapment." (AR 2050-51.)

In a June 25, 2015, follow-up appointment, Dr. Mullaney similarly noted "exam shows sensory deficits in a left C6 distribution, but thankfully no motor deficits." (AR 2040.) In reviewing Schraut's June MRIs in particular, Dr. Mullaney noted that the cervical MRI showed "a solid fusion at the C6-7 level and a central protrusion at the C5-6 level, but no nerve root compression of the exiting sixth roots at the C5-6 level," and that the lumbar MRI showed "degenerative changes and disc desiccation, loss of disc space height at the L5-S1 level with normal morphology at the additional cranial segments." (*Id.*)

[3] "The thecal sac or dural sac is the membranous sheath (theca) or tube of dura mater that surrounds the spinal cord and the cauda equina. The thecal sac contains the cerebrospinal fluid which provides nutrients and buoyancy to the spinal cord." "Thecal sac," Wikipedia, https://en.wikipedia.org/wiki/Thecal_sac#:~:text=The%20thecal%20sac%20or%20dural,buoyancy%20to%20the%20spinal%20cord.

Dr. Mullaney also noted Schraut's back pain and "bilateral leg dysfunction radicular in nature in L5-S1 distribution, but no motor deficits." (*Id.*) Finally, Dr. Mullaney noted that Schraut "is able to heal walk and toe walk" and that his strength testing remained 5/5. (*Id.*)

OPINION

The standard by which a federal court reviews a final decision by the Commissioner of Social Security is well-settled. Findings of fact are "conclusive," so long as they are supported by "substantial evidence." 42 U.S.C. § 405(g). Substantial evidence means "such relevant evidence as a reasonable mind might accept as adequate to support a conclusion." *Richardson v. Perales*, 402 U.S. 389, 401 (1971). When reviewing the Commissioner's findings under § 405(g), the court cannot reconsider facts, re-weigh the evidence, decide questions of credibility or otherwise substitute its own judgment for that of the ALJ. *Clifford v. Apfel*, 227 F.3d 863, 869 (7th Cir. 2000). Accordingly, where conflicting evidence allows reasonable minds to reach different conclusions about a claimant's disability, the responsibility for the decision falls on the Commissioner. *Edwards v. Sullivan*, 985 F.2d 334, 336 (7th Cir. 1993). At the same time, the court must conduct a "critical review of the evidence," *id.* at 336, and insure the ALJ has provided "a logical bridge," *Stephens v. Berryhill*, 888 F.3d 323, 327 (7th Cir. 2018).

I. Treatment of Listings

Principally plaintiff contends that substantial evidence does not support the ALJ's finding that plaintiff's impairments of the lumbar and cervical spine fail to satisfy Listing

1.04. "In considering whether a claimant's condition meets or equals a listed impairment, an ALJ must discuss the listing by name and offer more than perfunctory analysis of the listing." *Minnick v. Colvin*, 775 F.3d 929, 935 (7th Cir. 2015) (quoting *Barnett v. Barnhart*, 381 F.3d 664, 668 (7th Cir. 2004)). Listing 1.04 concerns "[d]isorders of the spine," and includes degenerative disc disease in the list of examples, but also requires one of the following:

> A. Evidence of nerve root compression characterized by neuro-anatomic distribution of pain, limitation of motion of the spine, motor loss (atrophy with associated muscle weakness or muscle weakness) accompanied by sensory or reflex loss and, if there is involvement of the lower back, positive straight-leg raising test (sitting and supine);
>
> or
>
> B. Spinal arachnoiditis, confirmed by an operative note or pathology report of tissue biopsy, or by appropriate medically acceptable imaging, manifested by severe burning or painful dysesthesia, resulting in the need for changes in position or posture more than once every 2 hours;
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> or
>
> C. Lumbar spinal stenosis resulting in pseudoclaudication, established by findings on appropriate medically acceptable imaging, manifested by chronic nonradicular pain and weakness, and resulting in inability to ambulate effectively, as defined in 1.00B2b.

20 C.F.R. Pt. 404, Subpt. P, App. 1, § 1.04.

In his brief, plaintiff does not explain which of these subparts he claims to satisfy. Instead, he contends that the ALJ failed to consider evidence in the medical record that supports a finding that he met the requirements of this listing. *First*, plaintiff contends that the ALJ failed to acknowledge evidence in the medical record that he suffers from

"'bilateral leg dysfunction radicular in nature' and radicular pain into right hip and down left lower extremity." (Pl.'s Opening Br. (dkt. #9) 9 (citing AR 2040, 324-338, 457-58).) The court will assume that plaintiff's reference to radicular pain is intended to satisfy subpart A's requirement for "[e]vidence of nerve root compression." *See Harmon v. Colvin*, No. 13-CV-686-JDP, 2015 WL 1399042, at *5 (W.D. Wis. Mar. 26, 2015) (equating radiculopathy and nerve root compression) (citing *Schomas v. Colvin*, 732 F.3d 702, 704 (7th Cir. 2013)).

Even though the medical record contains *references* to "radicular pain," however, the ALJ credited the testimony of the medical expert, Dr. Horozaniecki, and the objective evidence from the MRIs and EMG test, both of which found no signs of "radiculopathy." (AR 19 (discussing medical expert testimony and other medical evidence of both lumbar and cervical spine); *see also* AR 59 (medical expert testifying at hearing "[t]here was no nerve root impingement, and . . . a subsequent EMG testing did not show any radiculopathy").) Moreover, plaintiff points to no evidence in the medical record equating any reference to radicular pain with a finding of radiculopathy or nerve root compression. Finally, an "ALJ may properly rely upon the opinion of these medical experts" in finding that a listing did not apply." *Vance v. Saul*, No. 18-CV-470-WMC, 2019 WL 5853577, at *5 (W.D. Wis. Nov. 8, 2019) (quoting *Schreck v. Barnhart*, 357 F.3d 697, 700 (7th Cir. 2004)).

Second, plaintiff faults the ALJ for citing the medical expert's testimony to support his finding that plaintiff had "normal strength." (Pl.'s Opp'n (dkt. #9) 9 (citing AR 19).) Here, too, plaintiff does not tie this alleged error to any specific, relevant portion of Listing

1.04, so the court will assume his challenge concerns subpart A's additional requirement of "motor loss (atrophy with associated muscle weakness or muscle weakness)." While plaintiff correctly notes Dr. Horozaniecki did not utter the exacts words "normal strength" during the hearing, as the ALJ indicated in his decision, he did testify that: the "[p]hysical exam did not show any deepening reflex loss or any motor function loss. It was described as normal." (AR 59.) As such, the ALJ's reference to the medical expert testifying to "normal strength" was an entirely fair and reasonable basis for his own finding. Moreover, plaintiff does not point to any evidence in the record to support a finding of "motor loss (atrophy with associated muscle weakness or muscle weakness) accompanied by sensory or reflex loss," which is one of the requirements to satisfy subpart A of Listing 1.04. Indeed, even the most recent medical records from June 2015 still reflect strength ratings of 5/5. (AR 2040; *see also* Def.'s Opp'n (dkt. #11) 14 (citing portions of the record also describing plaintiff as having "full strength").)

Third, plaintiff faults the ALJ for relying on the "prescribed but as-yet unperformed lumbar fusion surgery," arguing that the ALJ placed "undue weight [on] the *timing* of the surgery and failed to assign the simple *fact* of the surgery itself any weight whatsoever." (Pl.'s Reply (dkt. #12) 4.) For starters, plaintiff fails to direct the court to any support in the record that surgery was "prescribed." At most, the record reflects that there was a discussion with Dr. Mullaney about a possible "one level fusion at L5-S1," which Mullaney indicated he would "make available" to Schraut, but there is no support for a finding that plaintiff's lumbar spine issues required such surgery, nor that it was recommended over other options. (AR 2040 (6/25/15 medical note); AR 2043 (5/21/15 medical note).)

Regardless, in these same medical records, Dr. Mullaney noted that Schraut had "no motor deficits" with respect to this cervical and lumbar spinal issues (AR 2043), calling into question the relevance, if any, of Dr. Mullaney's offer to perform a one level fusion on the ALJ's finding that Schraut did not meet or medically equal Listing 1.04. At minimum, plaintiff has failed to articulate its relevance.

Fourth, plaintiff points to the June 2015 lumbar MRI, which shows "interval loss of disc height L5-S1." (AR 2050-51.) Once again, plaintiff fails to explain how this finding calls into question the ALJ's finding that plaintiff did not meet or medical equal Listing 1.04. Moreover, as detailed above, Dr. Mullaney examined the MRIs, and specifically noted the finding at L5-S1, but also noted that: Schraut had "no motor deficits. He is able to heel walk and toe walk. His strength testing is 5/5 anterior tibialis, EHL, hamstrings, quadriceps, and psoas." (AR 2040.) *Cf. Molnar v. Astrue*, 395 F. App'x 282, 287 (7th Cir. 2010) ("The listings note that an '[i]nability to walk on the heels or toes, to squat, or to arise from a squatting position, when appropriate, may be considered evidence of significant motor loss' as well as concrete evidence of atrophy in upper and lower extremities." (citing 20 C.F.R. Pt. 404, Subpt. P, App. 1, § 1.00(E)(1)). In contrast, plaintiff here offers *nothing* to suggest that the changes noted in the June 2015 lumbar MRI alter the medical expert's conclusion that Schraut did not meet or medically equal the listing. *See Chapman v. Berryhill*, No. 17-CV-0949-SLC, 2018 WL 6804483, at *3 (W.D. Wis. Dec. 27, 2018) ("[T]he court may uphold even a perfunctory listings analysis if the plaintiff is unable to point to evidence that would support a finding on remand that his condition meets or equals the listing.").

Fifth, and finally, with respect to plaintiff's cervical spinal issues, he would fault the ALJ for relying on medical expert's testimony that plaintiff's health records do not support a finding of "weakness or 'difficulty in handling and manipulating'" given that this opinion is arguably contrary to January 2015 medical notes finding "sensory deficits upon objective examination of Plaintiff's upper extremity." (Pl.'s Opening Br. (dkt. #9) 10 (citing AR 2026).) Like his other arguments described above, however, plaintiff again fails to *tie* this argument to the listing. Even if the court were to infer that this argument also concerns one of the elements of subpart A -- requiring "motor loss (atrophy with associated muscle weakness or muscle weakness) accompanied by sensory or reflex loss" -- there is still no evidence to support a finding of nerve root compression as explained above, which is also required to satisfy subpart A. Indeed, even Dr. Goel's notes on which plaintiff relies to argue that his cervical spine issues results in "sensory deficits," found there was "[n]o sign of cord compression." (AR 2026.) Finally, as for a finding of required motor loss, Dr. Goel noted that "bilateral upper extremities -- no focal motor or sensory deficit noted." (*Id.*) Here, too, the court can discern no error in the ALJ's treatment of the record nor in his conclusions regarding the applicability of Listing 1.04.

II. RFC Formulation

In cursory fashion, plaintiff would separately fault the ALJ for his failure to accommodate any weakness or sensory loss in his upper extremity in formulating his RFC. Plaintiff specifically faults the ALJ for failing to consider the restrictions in his April 2015

consultative medical evaluation. (Pl.'s Opening Br. (dkt. #9) 10.)[4] However, the ALJ adequately explained in his opinion why he discounted these findings, noting that numbness, tingling and parasthesias of the left arm and mild weakness "has not been found by other providers," and that these findings were inconsistent with the March 2015 EMG study, showing no neurological deficits and an overall rating of 4/5. (AR 24.) The ALJ also pointed out that while Dr. Johnson noted these weakness and sensory deficits, he did *not* include any left arm limits in his RFC recommendation. Even in his brief, plaintiff simply asserts that "weakness and sensory loss had, in fact been documented by other providers," but cites *no* support for this assertion. At minimum, the ALJ articulated a logical bridge between his conclusion that he need not include any RFC limitations specific to Schraut's left arm.

Last, plaintiff faults the ALJ for not assigning any limitations for a right knee or back brace. Here, too, the ALJ explained that he did not include any limitations for these devices because "the medical record does not include any prescriptions" (AR 24), although in fairness plaintiff contends that the record *does* contain prescriptions. In particular, plaintiff cites to Dr. Mullaney's June 26, 2014 record, but tellingly that record simply "recommend[s] a soft Tech brace for 3 months postoperatively" *if* plaintiff pursued the one level fusion surgery. (AR 1640.) As for the knee brace, plaintiff directs the court to a August 24, 2012, record from a physical therapist describing "functional knee brace for use

[4] Plaintiff refers to this as the January 2015 consultative medical evaluation, but the evaluation was actually in April 2015.

with vigorous physical activity. Time frame: 1 week." (AR 881.) However, again, these medical records do *not* support plaintiff's challenge.[5]

ORDER

IT IS ORDERED that the decision of defendant Andrew Saul, Commissioner of Social Security, denying claimant Michael D. Schraut's application for disability insurance benefits is AFFIRMED. The clerk of court is directed to enter judgment for defendant and close this case.

Entered this 16th day of June, 2020.

BY THE COURT:

/s/

_____
WILLIAM M. CONLEY
District Judge

[5] The repeated absence of any actual evidentiary support promised by plaintiff's citations to the record is troubling at best and sanctionable at worst. Plaintiff's counsel must do better going forward.