

January 1, 2025

Office of Hearings Operations  
2201 Coronation Blvd  
Second Floor, Suite 200  
Charlotte, NC 28227

**RE:** Kim Hellen  
**SSN:** XXX-XX-0000

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REQUEST FOR AN ON-THE-RECORD DECISION

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I. PROCEDURAL BACKGROUND

I represent Kim Hellen (Claimant) in her application for Title II Social Security Disability Insurance. She alleges an onset date of June 18, 2024. Her date last insured is December 31, 2026. Her claim was denied at initial and reconsideration. A hearing has not been scheduled in this case. Please accept this as a formal request for an on-the-record decision. The Claimant suffers from severe impairments and is unable to sustain gainful employment as further described below.

II. VOCATIONAL FRAMEWORK

Ms. Hellen is a forty-three-year-old female (younger individual). Her past five-year work history includes work as a case manager worker, program manager, office manager, and medical billing specialist. (2E/3) This work was expected to be performed at the light level of exertion and at the unskilled to semiskilled level of performance.

III. THEORY OF DISABILITY

The issue is whether the Claimant is disabled under the Social Security Act. The evidence discussed below shows the Claimant is not able to perform substantial gainful activity on a regular and continuous basis due to severe medically determinable impairments.

IV. SEQUENTIAL EVALUATION

**Step One:** Ms. Hellen has not engaged in substantial gainful activity since the alleged onset date of June 18, 2024. All earnings after this date is reflective of long-term disability benefits.

**Step Two:** The Claimant suffers from the following severe and medically determinable impairments that considered singly and in combination would impose more than a minimal limitation on the Claimant's ability to perform basic work activities:

- **Congestive Heart Failure with Edema:** (3F/1-35), 8F/5-14), (13F/1-13), (14F/1-9, 28), (15F/2), (18F/1-13)
- **Depressive Bipolar Disorder, PTSD:** (2F/10), (7F/1-4), (14F/61-78), (22F/1-24)
- **Asthma and Airway Disease:** (2F/2, 6-7, 12, 18, 23), (3F/9, 33), (5F/5), (9F/8), (13F/1), (14F/1), (16F/6-9), (17F/1-7), (19F/23)
- **Abdominal pain, Fibromyalgia, Lower Extremity Pain:** (11F/5-8), (14F/1, 6, 57), (19F/1,17, 39, 43,44), (21F/2-6)
- **Mobid Obesity** (3F/9, 33), (5F/5)

**Step Three:** The Claimant respectfully requests that all applicable listings be considered.

**Step Four:** The Claimant cannot perform any past relevant work. The discussion at Step Five, below, will demonstrate Claimant is limited to less than sedentary work with significant exertional and non-exertional limitations, and simple routine tasks.

**Step 5:** Ms. Hellen is unable to perform other jobs generally available in the national or regional economies. Her residual functional capacity is reduced to less than sedentary work and she is unable to maintain employment on a regular and sustained basis due to her significant physical and psychiatric impairments. Specifically, Ms. Hellen is unable to: perform the prolonged sitting, standing and walking required of sedentary work on a regular and sustained basis; Perform stooping, kneeling, bending or crawling; Sustain an 8-hour work period without taking multiple and prolonged rest breaks; Sustain a regular work week without frequent absences; perform work tasks on a sustained basis without mental health decompensation; Understand, remember and carry out simple instructions ; Respond appropriately to supervision, co-workers and usual work situations; and Deal with changes in a routine work setting.

## V. OBJECTIVE ANALYSIS

Ms. Hellen is limited by her chronic leg pain, chronic diastolic heart failure, shortness of breath, severe limitations in mobility due to lower leg edema and super morbid obesity to the point she is unable to maintain or sustain functional work capacity at the sedentary level. In addition, Ms. Hellen has symptoms of bipolar disorder with major depression and post-traumatic stress disorder, a result of childhood sexual abuse that further inhibits her work functioning. Ultimately, the record as further described below supports she is unable to perform the standing, walking, schedule, concentration, pace, and stress management required of even unskilled sedentary occupations.

Ms. Hellen is severely obese at 5'3" tall and **398 pounds**. Her **BMI is listed in the high 60's** and she reaches the low 70's at various times in the medical records. She is reported with a very painful hip area and pain in the upper and lower legs. Ms. Hellen reports being unable to walk unassisted due to severe obesity and uncontrolled pain. She states she has difficulty breathing and must sit in a reclined position due to lymphedema issues. (7E/1-12) (3F 5-35) She has had

several attempts at diuretics without success in lowering the fluid retention in her lower extremities and abdomen.

From a cardiac standpoint, Ms. Hellen is noted to be symptomatic with lower extremity edema and anasarca, a **generalized swelling of the whole body**. She has chronic diastolic heart failure with a preserved ejection fraction in a setting of severe super morbid obesity. She has been **prescribed oxygen use at various times** for as needed usage. On June 27, 2024, Ms. Hellen was noted to use oxygen due to difficulty breathing; with walking she used **3 liters of O2 and when non-ambulatory she used 2 liters**. (14F/44) She also is noted to have sleep apnea (5F/1-5) and severe obesity with alveolar hypoventilation (14F/1-21) She has severe discomfort and pain with ambulation. (14F/57) With regard to her activities of daily living she requires a bath chair and she states she requires assistance for toileting. (14F/45)

Ms. Hellen has reported to the regional emergency department with shortness of breath at rest which was described as a “Mosaic pattern of pulmonary parenchymal density suggesting small airways disease” with evidence of cardiomegaly. (19F/25, 33) A clinical analysis of Ms. Hellen’s physical condition and overall functional capacity was described in a physician notation as

*“I believe she is completely disabled. This is multifactorial and I reached this conclusion based on her post-traumatic stress disorder, super morbid obesity, diastolic congestive heart failure, obstructive sleep apnea. I do not believe that she can seek gainful employment.” (18F7)*

Physical therapy notations have described Ms. Hellen as being unable to put on socks and shoes, and she has limited duration for standing to prepare meals, clean or attend to shopping. It was noted she continued with considerable edema affecting all functional mobility. (21F/4-6) Ms. Hellen is also reported with major depression with poor mood and sadness and suicidal ideation. (22F/2) She treats her mental health concerns with medication management and licensed therapy sessions. During these sessions, she is reported as having markedly diminished interest or pleasure in almost all activities on most days or nearly every day. Ms. Hellen also has feelings of worthlessness and recurrent thoughts of death and recurrent suicidal ideation. (22F/2-24) The therapist notes indicate Ms. Hellen has **diminished ability to think, concentrate, has poor memory and is indecisive**. In addition to her major depressive disorder, Ms. Hellen is treating for post-traumatic stress disorder in relation to the combined effects of her physical condition and history of sexual abuse as a child.

## VI. CONCLUSION

The evidence establishes Ms. Hellen suffers from severe physical and mental impairments that preclude her from engaging in any substantial gainful activity even at the sedentary and unskilled levels. Her medical records and treating providers consistently document limitations arising from congestive heart failure, super morbid obesity, lymphedema, fibromyalgia, major depressive disorder, PTSD, and associated conditions. Despite attempts at treatment, her functional capacity is severely restricted, rendering her unable to perform even sedentary work on a regular and

sustained basis. Given her inability to meet the demands of her past work or any other work available in the national economy, a finding of disability under the Social Security Act is warranted.

Respectfully Submitted,

Representative