

MODULE 8B - Advocate Advanced Topics
MEDICAL TOPICS LESSONS
L4 - Obesity Claims

Obesity is a commonly overlooked impairment that can have a profoundly negative effect on a person's ability to perform work. This disorder can be evaluated either as a primary or secondary impairment.

Obesity is often overlooked as a limiting or disabling disorder because in most cases the claimant does not allege obesity as his primary impairment. Generally, obesity is discovered as a secondary impairment, which may or may not aggravate the claimant's primary condition. For this reason, a disability consultant must be alert to the existence of this disorder and be prepared to use it as a means of further reducing a claimant's residual functional capacity.

Obesity can result in a primary physical limitation such as an inability to bend at the waist due to the sheer size of the individual. This type of physical limitation is most often seen in individuals who are morbidly obese, although their weight may or may not meet or equal a listing. In most cases, obesity is evaluated as a secondary impairment that results in a physical limitation by aggravating an existing physical impairment. An example of a secondary physical limitation would be an inability to stand for even short periods of time as a result of severe knee pain secondary to joint load bearing.

Extreme elevations in body weight are not uncommon among those applying for Social Security disability benefits. This type of impairment can significantly reduce a person's ability to perform work as a result of physical limitations caused by the excessive weight itself or as a result of pain, decreased mobility or aggravation of an unrelated disorder. Obesity is defined by Social Security as weight equal to or greater than one hundred percent above a standard or desired weight as outlined in the Social Security weight tables.

Most obesity cases seen by disability consultants are on persons whose weight is fifty to seventy-five percent of the obesity tables used by SSA. In other words, most obesity cases will not meet or equal the listings, but will have a restrictive effect on the claimant's ability to perform physical activity. The exact nature and amount of the physical limitation depends upon the characteristics of the claimant's other underlying disorders.

Case Example

You have just accepted a case on a forty-eight year old individual with twelve years of education that alleges disability due to arthritis of the hips and knees. The claimant alleges an inability to stand and walk due to knee and hip pain, but has not alleged obesity as a disorder. In your review of the medical evidence, you discover that the claimant does indeed suffer from arthritis affecting both hips and knees. These findings are verified by physical examination and x-ray studies.

After careful evaluation of the claimant's primary disorder (arthritis), you determine that SSA will deny this case because it appears that the claimant is still capable of performing work of a sedentary RFC. Due to the claimant's age and educational level, you know that the claimant's RFC must be reduced to less than sedentary in order that the case will be allowed. Upon review of the claimant's medical evidence, you note that the claimant is seventy-five pounds over weight. You also recognize the SSA has not considered the effects of this additional weight on the claimant's primary condition.

In this example, SSA has given full consideration of the claimant's primary disorder, which has resulted in an RFC for sedentary work. However, SSA's RFC would result in a denial of the case based on the claimant's remaining ability to perform sedentary work.

To win this case, you must argue for a less than sedentary RFC. This can be done by demonstrating the additional limiting effects of the claimant's weight. In this case, it can be demonstrated that the claimant's weight does cause additional pain and decreased range of motion of both the hips and knees. The additional pain suffered by the claimant is a direct result of the obesity and must be considered in the claimant's final RFC determination.

In your evaluation of the case, you also discover that when the claimant is seated, he experiences pain that requires a change of position or posture every ten to fifteen minutes. You also find that when standing, the claimant experiences extreme knee pain, which is clearly aggravated by his additional body weight. The claimant is unable to stand for more than fifteen minutes without experiencing severe knee pain with stiffness.

There is also a decreased range of motion of the knee joints caused primarily by the underlying arthritic condition, but is further restricted by the claimant's obese lower limbs. You wisely document the effects of the claimant's body weight on his arthritic condition via a doctor's report discussing his obesity and ADLs from both the claimant and his family members describing his physical limitations.

The result of adding the effects of the claimant's obesity to his underlying arthritic condition is a further reduction in RFC to less than sedentary, which would result in a medical vocational allowance. As obvious and logical as this approach may seem, it is often overlooked by the inexperienced disability consultant.

Other Disorders

There are at least five other primary disorders that SSA feels are particularly vulnerable to the effects of obesity. These are arthritic conditions of the spine, hypertension, congestive heart failure, chronic venous insufficiency and respiratory diseases.

Back Disorders

Generally, medically documented back disorders can result in pain, decreased range of motion, restrictions in standing, walking, bending and sitting. These restrictions in and of themselves may not be serious enough for SSA to find the claimant totally disabled. However, if these physical restrictions exist, they will most likely be intensified in the

obese patient. The mere size of an individual can cause a magnification of symptoms, which could result in an allowance determination in a case that would otherwise be denied. An astute disability consultant will look for evidence of obesity (body weight of 50% or more above normal) in all cases involving musculoskeletal impairments.

Hypertension

High blood pressure is a significant disorder because of its potential destructive effects on other organ systems. However, HBP alone is considered a silent or symptomless disorder that will rarely result in an allowance determination. If a claimant suffers from hypertension with a diastolic pressure persistently in excess of 100mm.Hg and is also obese, you may have a winnable case. Obesity has been shown to accentuate a hypertensive disorder, which could lead to more serious disorders such as a cerebral vascular accident or stroke.

Congestive Heart Failure

This potentially fatal disorder is manifested by symptoms of vascular congestion such as hepatomegaly (enlarged liver), peripheral or pulmonary edema. If an individual suffering from CHF is also obese, these serious symptoms can be significantly magnified placing the claimant's life at risk. Consider obesity to be a dangerous finding in any patient with significant cardiac disease.

Chronic Venous Insufficiency

Chronic venous insufficiency with superficial varicosities (varicose veins) in a lower extremity with pain on weight bearing and persistent edema may result in an allowance determination. This is especially true if the claimant is also obese. Obesity increases the load on the lower extremities and may further aggravate the already compromised circulation of the lower extremities causing pain and claudication.

Respiratory Disease

Disorders of the respiratory system manifest themselves with decreased exercise tolerance and sensitivity to airborne contaminants. It is the adverse relationship between excessive body weight and exercise tolerance that makes obesity an important element in the evaluation of respiratory disorders.

Individuals suffering from breathing disorders such as asthma or emphysema will often experience more severe or frequent respiratory events if that person is also obese. As with arthritis, hypertension, heart and circulatory disorders, an astute disability consultant should always determine the level of obesity in a claimant and its effects on that claimant's ability to perform work. Please note that in each of the examples given, the claimant does not meet or equal a medical listing. This means that you must use a combination of disorders including obesity as a means of lowering the claimant's residual functional capacity.

