BRIGHTLY EVIDENCE AUDIT

Brightly Report

Anonymized sample of the full-case evidence report. 24 consolidated findings.

Brightly Record	DEMO-BY-2026-0042	Claimant	Avery Example
Representative	Morgan Sample	Firm	Example Practice
Claim	Title II / DIB	Report Date	Sample release
Record Examined	SSA ERE - 1,680 pages	SSA case file #	SSA-SAMPLE-0042

Selected findings

1,680 pages organized into 24 consolidated findings and their source trails.

7 Supported | 3 Contradicted | 14 Unknown

Denial basis changed at reconsideration

Page 21

Initial: not severe. Reconsideration: capacity for other work.
Sources: Volume A pp18, 37; pp9, 23, 27.

Post-onset work entries conflict

Page 12

Initial review records work after onset; reconsideration marks none.
Sources: Volume A pp2, 9, 12, 176.

Requested records arrived after the initial decision

Page 12

The later return is present; earlier receipt is not established.
Sources: Volume B pp206-212; Volume A pp3, 13, 34, 37, 345.

A response to the work-development request is not established

Page 25

The request is recorded; the field-office response is unavailable.
Source: Volume A p12; field-office action history not supplied.

byBrightly accurately represents the supplied material; we do not certify that the information within it is true or correct.

Report section index

Brightly Report

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Overview of the consolidated findings

Responsibilities & Conclusions

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The proposition, evidence result, and governing source

Evidence Map

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Recorded passages, conflicts, alternatives, and exact references

Record Gaps

23-26

What cannot be established and what would resolve it

The finding index links to the selected evidence pages.

This sample retains the detail of the report. Names, identifiers, providers, locations, and distinctive personal details are substituted or generalized; case dates are adjusted.

1. Brightly Report

At a glance

AUTHORIZED RECORD	RESPONSIBILITIES	SUPPORTED	CONTRADICTED	UNKNOWN
1,680 pages	24	7	3	14

24 consolidated responsibility-level findings. Detailed source comparisons and unresolved factual relationships appear in the Evidence Map. This is a case-wide report, not a list of selected intake questions.

Contradicted

SSR used to support the vocational finding - When selecting an SSR in lieu of occupations to support a framework step-five denial, cite a ruling whose content directly addresses the entire occupational-base erosion implicated by the recorded RFC and explain why it does not significantly erode that base.

Reconsideration notice - remaining work capacity - For a personalized reconsideration explanation based on capacity to do other work, describe in general terms the lesser work demands the claimant can meet, including relevant mental capacities.

Reconsideration notice - changed basis - When the reconsideration denial basis changes, acknowledge the reason given at the initial level before stating the reconsideration reason in the personalized explanation.

Supported

Initial psychiatric-review documentation - Complete and consultant-sign the initial psychiatric-review standard document, recording MDIs, pertinent findings, four functional ratings and listing criteria.

Reconsideration psychiatric-review documentation - Complete and consultant-sign the reconsideration psychiatric-review standard document with four functional ratings and relevant criteria.

Opportunity to submit additional evidence - Give claimant an opportunity to present additional evidence through case-review reconsideration.

Independent reconsideration reviewers - Use a different disability examiner, medical consultant, and psychological consultant from initial determination.

Initial notice content - Include in written initial notice clear determination, reasons and effect, understandable evidence statement, and right to reconsideration.

Reconsideration notice and hearing rights - State reconsidered determination and right to hearing in written notice.

DDS recognition of post-onset work - Recognize reported post-onset work and unresolved work-development issue appearing in claim evidence.

Unknown

Step-five vocational support - Support framework step-five finding by three occupations in significant numbers or an SSR directly addressing entire RFC occupational-base erosion; test rare exceptions.

Initial mental-function evaluation - Rate mental function longitudinally and document severity, including episodic limitations and setting/treatment context.

Initial medical-record development - Develop complete medical history and make timely initial/follow-up requests when evidence absent.

Reconsideration work-activity record - Consider work activity and accurate technical work record under applicable SGA/step one rules.

Initial notice delivery - Dispatch the written determination notice to the required party at the last known address; content is separately tested in exact content duties.

Reconsideration review of the evidence - Opportunity to present additional evidence and review initial plus new evidence under preponderance standard.

Neuropsychological-record development - Make every reasonable effort to develop relevant medical history and resolve material insufficiency before an unfavorable determination; choose relevant source date range and evaluate available testing evidence.

Reconsideration mental-function rationale - Evaluate longitudinal mental functioning and document a consistent PRT/MRFC rationale including sustained work capacities.

Combined-effects severity evaluation - Determine whether mental and physical impairments in combination significantly limited basic work activities at step two, with adequate consideration of longitudinal and episodic functioning.

Analysis of prior administrative medical findings - Written source-level persuasiveness analysis of initial current-claim medical and psychological consultants' prior administrative medical findings, explaining supportability and consistency.

Field-office development of post-onset work - For an initial DIB claim with a post-onset employment work issue, FO develops the work and documents the applicable SGA determination before DDS referral, subject to a supported clearly-not-SGA exception.

Field-office response to the work-activity request - Resolve a received DDS work-activity assistance request through the applicable FO work-issue procedure and communicate its disposition.

Initial notice - medical-severity explanation - Include a brief medical-severity description in the initial personalized disability explanation.

2. Responsibilities & Conclusions

01 Step-five vocational support — Unknown

Responsibility: Support framework step-five finding by three occupations in significant numbers or an SSR directly addressing entire RFC occupational-base erosion; test rare exceptions.

SSA action: reconsideration 2026-09-07

Historically applicable source(s): 20 CFR 404.1512(b)(3), 404.1560(c)(2), 404.1520(h); POMS DI 25005.005D.2.d rev 2022-12-08; POMS DI 25025.030B rev 2024-01-02; SSR 24-3p effective 2025-01-06, conditional VE/VS route

Evidence conclusion: DON'T KNOW — because the authoritative record may contain a separate occupation or ruling analysis outside the supplied PDFs

02 Initial mental-function evaluation — Unknown

Responsibility: Rate mental function longitudinally and document severity, including episodic limitations and setting/treatment context.

SSA action: initial 2025-10-08

Historically applicable source(s): 20 CFR 404.1520a(c),(e), 404.1529(c); SSR 16-3p effective 2016-03-28; POMS DI 24501.016 rev 2024-02-07; POMS DI 24501.021 rev 2024-09-19; POMS DI 26515.001 rev 2017-03-24

Evidence conclusion: DON'T KNOW — because the scope and material effect of contradictory symptom statements and the exact fax-to-receipt linkage remain unresolved

03 Initial medical-record development — Unknown

Responsibility: Develop complete medical history and make timely initial/follow-up requests when evidence absent.

SSA action: initial 2025-10-08

Historically applicable source(s): 20 CFR 404.1512(b)(1); POMS DI 22505.035 rev 2024-04-15

Evidence conclusion: DON'T KNOW — because the September original-request dispatch date is missing, and the March 27 Meadowbrook Clinic later-period request's transmission, follow-up, and permissible closeout before the October 8 determination cannot be verified.

04 Reconsideration work-activity record — Unknown

Responsibility: Consider work activity and accurate technical work record under applicable SGA/step one rules.

SSA action: reconsideration 2026-09-07

Historically applicable source(s): POMS DI 24001.005A-C rev 2024-06-20; POMS DI 25501.200C rev 2024-07-01 (conditional onset predicates); 20 CFR 404.1520(b), 404.1571-404.1575; POMS DI 27001.010C rev 2026-01-22, material inconsistencies at reconsideration

Evidence conclusion: DON'T KNOW — because the field-office assistance-request disposition and correction history for conflicting work entries are unavailable

05 Initial notice delivery — Unknown

Responsibility: Dispatch the written determination notice to the required party at the last known address; content is separately tested in exact content duties.

SSA action: initial 2025-10-08

Historically applicable source(s): 20 CFR 404.904

Evidence conclusion: DON'T KNOW — because the prepared notice copy does not establish actual release or mailing to the last known address

06 Reconsideration review of the evidence — Unknown

Responsibility: Opportunity to present additional evidence and review initial plus new evidence under preponderance standard.

SSA action: reconsideration 2026-09-07

Historically applicable source(s): 20 CFR 404.913(a); 404.920; POMS DI 27001.010 rev 2026-01-22; POMS DI 27020.005 rev 2017-03-24; POMS DI 27020.001C rev 2011-01-12

Evidence conclusion: DON'T KNOW — because a distinct team and receipt of added evidence do not establish consideration of every material item

07 Reconsideration notice delivery — Unknown

Responsibility: Dispatch the written determination notice to the required party at the last known address; content is separately tested in exact content duties.

SSA action: reconsideration 2026-09-07

Historically applicable source(s): 20 CFR 404.922; POMS DI 27025.020C.3-5 rev 2022-03-09; POMS DI 25005.005D.2.e rev 2022-12-08

Evidence conclusion: DON'T KNOW — because the prepared notice copy does not establish actual release or mailing to the last known address

08 Neuropsychological-record development — Unknown

Responsibility: Make every reasonable effort to develop relevant medical history and resolve material insufficiency before an unfavorable determination; choose relevant source date range and evaluate available testing evidence.

SSA action: reconsideration 2026-09-07

Historically applicable source(s): 20 CFR 404.1512(b)(1); POMS DI 22505.001A-B rev 2025-06-26; POMS DI 22505.010 rev 2001-02-28; POMS DI 24501.016 rev 2024-02-07; POMS DI 27001.010A-B,C rev 2026-01-22; POMS DI 22505.006A.1, Rev 2023-03-14, all identified sources in applicable 12-month period; B.1 check prior development before requesting; DI 22505.006A.1 Rev 2023-03-14 (official SSA source reference), DI 27001.010A-B Rev 2026-01-22 (source reference)

Evidence conclusion: DON'T KNOW — because a correctly scoped alternate request or existing duplicate report and the need for the raw test remain unresolved

09 Initial psychiatric-review documentation — Supported

Responsibility: Complete and consultant-sign the initial psychiatric-review standard document, recording MDIs, pertinent findings, four functional ratings and listing criteria.

SSA action: initial 2025-10-08

Historically applicable source(s): 20 CFR 404.1520a(b),(c)(3)-(4),(d),(e)(1) (last amended 2017)

10 Reconsideration mental-function rationale — Unknown

Responsibility: Evaluate longitudinal mental functioning and document a consistent PRT/MRFC rationale including sustained work capacities.

SSA action: reconsideration 2026-09-07

Historically applicable source(s): 20 CFR 404.1520a(c),(e), 404.1545; SSR 96-8p; POMS DI 24501.016 rev 2024-02-07; POMS DI 25020.010 rev 2024-06-21; POMS DI 24510.006C.7 rev 2025-02-12: narrative must discuss sustained work and explain material inconsistencies/reasons for accepting or rejecting reported symptom restrictions (official SSA source reference).

Evidence conclusion: DON'T KNOW — because the supplied rationale does not expressly reconcile the specific bad-day, nap, and absence allegations with the full-day attendance finding, and the adequacy of the whole-record explanation remains unresolved

11 Combined-effects severity evaluation — Unknown

Responsibility: Determine whether mental and physical impairments in combination significantly limited basic work activities at step two, with adequate consideration of longitudinal and episodic functioning.

SSA action: initial 2025-10-08

Historically applicable source(s): 20 CFR 404.1520(c), 404.1520a(c),(d), 404.1522(a); SSR 16-3p; 20 CFR 404.1523(c), amended 2017-01-18; POMS DI 24505.005A-D, effective 2025-03-11; SSR 85-28, pre-2025

Evidence conclusion: DON'T KNOW — because the checkbox and functional narratives show a combined nonseverity conclusion, but whether the actual combined and episodic effects were sufficiently evaluated against material contrary evidence remains unresolved

12 Reconsideration psychiatric-review documentation — Supported

Responsibility: Complete and consultant-sign the reconsideration psychiatric-review standard document with four functional ratings and relevant criteria.

SSA action: reconsideration 2026-09-07

Historically applicable source(s): 20 CFR 404.1520a(b),(c)(3)-(4),(d),(e)(1), last amended 2017

13 Opportunity to submit additional evidence — Supported

Responsibility: Give claimant an opportunity to present additional evidence through case-review reconsideration.

SSA action: reconsideration 2025-2026

Historically applicable source(s): 20 CFR 404.913(a), last amended 1986

14 Independent reconsideration reviewers — Supported

Responsibility: Use a different disability examiner, medical consultant, and psychological consultant from initial determination.

SSA action: reconsideration 2026-09-07

Historically applicable source(s): POMS DI 27001.010A effective 2026-01-22, TN 10 03-26

15 Initial notice content — Supported

Responsibility: Include in written initial notice clear determination, reasons and effect, understandable evidence statement, and right to reconsideration.

SSA action: initial 2025-10-08

Historically applicable source(s): 20 CFR 404.904 last amended 2007

16 Reconsideration notice and hearing rights — Supported

Responsibility: State reconsidered determination and right to hearing in written notice.

SSA action: reconsideration 2026-09-07

Historically applicable source(s): 20 CFR 404.922 last amended 1986

17 Analysis of prior administrative medical findings — Unknown

Responsibility: Written source-level persuasiveness analysis of initial current-claim medical and psychological consultants' prior administrative medical findings, explaining supportability and consistency.

SSA action: reconsideration 2026-09-07

Historically applicable source(s): 20 CFR 404.1520c(a)-(b), last amendment 82 FR 5867 (2017-01-18); POMS DI 24503.030, Basic (03-17), Rev 2017-03-24; POMS DI 24503.005B.6, TN 9 (12-24), Rev 2024-12-02; POMS DI 81020.025D, Rev 2025-04-17: adopted assessment applied to DDE and uploaded to CEF

Evidence conclusion: DON'T KNOW — because the supplied PDFs are not certified as covering every permissible location for the initial-consultant analysis

18 SSR used to support the vocational finding — Contradicted

Responsibility: When selecting an SSR in lieu of occupations to support a framework step-five denial, cite a ruling whose content directly addresses the entire occupational-base erosion implicated by the recorded RFC and explain why it does not significantly erode that base.

SSA action: reconsideration 2026-09-07

Historically applicable source(s): POMS DI 25005.005D.2.d, Rev 2022-12-08; POMS DI 25025.030B.2, Rev 2024-01-02; SSR 83-14, effective 1979-02-26

19 Reconsideration notice - remaining work capacity — Contradicted

Responsibility: For a personalized reconsideration explanation based on capacity to do other work, describe in general terms the lesser work demands the claimant can meet, including relevant mental capacities.

SSA action: reconsideration 2026-09-07

Historically applicable source(s): POMS DI 27025.020C.5.b, Rev 2022-03-09; POMS DI 27025.025, Rev 2010-05-06; 20 CFR 404.922, redesignated 1986-01-03

20 Reconsideration notice - changed basis

Contradicted

Responsibility: When the reconsideration denial basis changes, acknowledge the reason given at the initial level before stating the reconsideration reason in the personalized explanation.

SSA action: reconsideration 2026-09-07

Historically applicable source(s): POMS DI 27025.020B.3, Rev 2022-03-09

21 DDS recognition of post-onset work

Supported

Responsibility: Recognize reported post-onset work and unresolved work-development issue appearing in claim evidence.

SSA action: initial 2025-10-08

Historically applicable source(s): POMS DI 24001.005A, Rev 2024-06-20

22 Field-office development of post-onset work

Unknown

Responsibility: For an initial DIB claim with a post-onset employment work issue, FO develops the work and documents the applicable SGA determination before DDS referral, subject to a supported clearly-not-SGA exception.

SSA action: initial 2025-10-08 and subsequent FO assistance request disposition

Historically applicable source(s): POMS DI 24001.005B rev 2024-06-20; POMS DI 10505.035B,G rev 2024-10-30; clearly-not-SGA exception; POMS DI 10505.003 as applicable; POMS DI 10501.025B.1 rev 2024-06-07 (clearly-not-SGA documentation exception)

Evidence conclusion: DON'T KNOW — because the FO work-development record, referral timing, and any supported clearly-not-SGA exception are unavailable

23 Field-office response to the work-activity request

Unknown

Responsibility: Resolve a received DDS work-activity assistance request through the applicable FO work-issue procedure and communicate its disposition.

SSA action: initial 2025-10-08 and subsequent FO assistance request disposition

Historically applicable source(s): POMS DI 10501.025B.4 rev 2024-06-07 (FO work issue AR development/SSA-823 and response); POMS DI 10005.010B.2 rev 2018-02-26 (FO status or development within 14 days); POMS DI 11010.620A rev 2016-01-28 (electronic AR routing and completion); POMS DI 24001.005C rev 2024-06-20 (DDS medical/vocational route)

Evidence conclusion: DON'T KNOW — because the FO action record does not establish whether it furnished timely development or a status report, or how it resolved the work request

24 Initial notice - medical-severity explanation

Unknown

Responsibility: Include a brief medical-severity description in the initial personalized disability explanation.

SSA action: initial 2025-10-08

Historically applicable source(s): DI 26530.020B.5 rev 2022-01-12; DI 26530.010C rev 2010-09-08; DI 26530.055 rev 2012-03-09; NL 00708.100 para 330.3 rev 2018-02-08

Evidence conclusion: DON'T KNOW — because the initial explanation states a general nonseverity conclusion without medical findings, and the supplied SSA guidance does not resolve whether that sentence satisfies its separate brief medical-severity-description requirement.

3. Evidence Map

01 Step-five vocational support - Unknown

Record evidence

• ERE Volume A p8: MRFC simple tasks, concentration, occasional general public/co-worker contact

• ERE Volume A p9: 204.00 framework; selected Cite SSR 83-14; Other Work Findings no occupations; Vocational Case Notes blank

• ERE Volume A p23: notice says other work, no occupations

• SSR 83-14 purpose expressly concerns combined severe exertional and nonexertional impairments; recon DDE p9 says No physical and uses solely nonexertional 204.00 framework.

• Cross-reference check: the recorded age is outside the borderline-age interval at reconsideration. The education entry records a GED. The age and education entries do not establish the separate age/education predicates for the cited special profiles. The selected SSR citation and possible alternate occupational documentation remain separate questions. Sources: Volume A pp2,9,176; DI 25005.005C, DI 25015.006A-C, DI 25015.010C.4 and DI 25010.001.

Contrary / alternative evidence

• 404.1520(h) permits bypass of step four when its predicate met; do not label bypass itself a violation

• POMS permits SSR in lieu of occupations if cited content directly addresses entire RFC erosion

• SSR 83-14 mentions mental limitations and frequent public dealing in general; inspect whether this directly establishes occupational base for occasional public and coworker contact and concentration limitations

• Check any occupational citation outside DDE and rare exceptions in full file

• Split exact selected-citation predicate into R-VOC-SSR-01 = NO. Broader step-five support remains dependent on whether qualifying alternative occupational documentation is in authoritative record.

• An alternate VE/VS occupational explanation may use reliable sources under SSR 24-3p; inspect authoritative DCPS/CEF notes before treating absent ERE occupation listing as a supported omission.

Governing sources

• 20 CFR 404.1512(b)(3), 404.1560(c)(2), 404.1520(h)

• POMS DI 25005.005D.2.d rev 2022-12-08

• POMS DI 25025.030B rev 2024-01-02

• SSR 24-3p effective 2025-01-06, conditional VE/VS route

02 Initial mental-function evaluation - Unknown

Record evidence

• ERE Volume A pp14-18 initial DDE; PRT none/mild; Volume A p18 symptom rationale says no mentions of memory events since Dec 2023

• ERE Volume C pp299-305 Oct 2024 psychiatric panic/at-work anxiety; pp313-315 Nov 2024 resignation; pp153-160 Jan 2025 psychiatric evaluation; pp187-188 Dec 2024 insomnia/work; pp220-221 Nov 2024 manageable job

• ERE Volume B pp220,317-318: Aug 6 2025 Meadowbrook Clinic fax includes Dec 23 2024 signed note reporting recent reported lapses during activities, prior amnesic
events/episodic lapses during daily activities, and an amnesia assessment; initial DDE p13 lists four Meadowbrook Clinic MER receipts Feb 5-6.

• Initial DDE Volume A p15 itself notes Jan 23 2025 labile mood/anxious affect, Feb 11 anxious mood, Feb 24 depressed mood, while p16 says all MSEs in file WNL.

• Volume A p15 internal agency summary identifies 2025-04-11 report of losing memory for events and sometimes whole days; Volume A p18 symptom explanation says no mentions since 2023-12. Contradiction exists within signed DDE, independent of fax-to-DMA join.

• Volume B pp317-318 contains a signed clinical note reporting episodic memory lapses during activities. The note is in the later fax packet. The initial DDE separately lists a later report of memory gaps while another section states there were no later mentions. The comparison distinguishes a reported symptom from independently confirmed events and does not resolve the unique fax-to-receipt linkage.

• Historical-rule control refined: POMS DI 24501.021 rev Sep 19 2024 B.3.a and D requires comparison of symptom statements with all case evidence, documented explanation of consistency and specific reasons; DI 24501.016 rev Feb 7 2024 B.4/C.3 requires resolution documented in DCPS/CDW when evidence is inconsistent but sufficient, and C.4 reasonable effort when materially inconsistent. “Material” in B.4 means difference between allowance/denial or EOD, not simply any inaccurate sentence. Initial DDE Volume A p15 itself recites Apr 11 2025 report of missing events/sometimes whole days, while p18 says no mentions of events since Dec 2023. Separately signed Dec 23 2024 note in Aug 6 2025 Meadowbrook Clinic
fax Volume B pp317-318 reports recent reported lapses during activities, but unique receipt-ID join remains unshown. Literal no-later-mentions premise is refuted by
the DDE’s own p15 even without fax linkage. The possible narrower meaning (“no independently confirmed repeated episodic event”) is not stated in p18; evidence of improvement, normal portions of exams and activities remains contrary. Whether the inaccurate shorthand changes the required symptom reasoning or was resolved in a permissible DCPS/CDW location is unresolved. Current DI 26515.001 page displays TN 7 Apr 2026 despite
footer Rev Mar 2017; do not use its potentially changed language as April 2025 controlling text without a historical snapshot.

Contrary / alternative evidence

• DDE includes third-party function report and December episode; treatment reports improvement and work

• Normal MSE may coexist with episodic limitations; assess whether agency considered sustained work capacity under rule, not make independent disability conclusion

• “No mentions of events” might be intended to mean no independently confirmed repeated episodes; the text does not make that qualification. June 2024 note specifically reports a recent episode, but claimant report remains allegation, not objective confirmation.

• Official DI 26515.001 page shows Rev 03/24/2017 but TN 7 04-26 at top; verify the precise 2025 text before using any potentially revised rationale wording as controlling. Stable 20 CFR 404.1529 and SSR 16-3p also require full-evidence symptom evaluation.

Governing sources

• 20 CFR 404.1520a(c),(e), 404.1529(c)

• SSR 16-3p effective 2016-03-28

• POMS DI 24501.016 rev 2024-02-07

• POMS DI 24501.021 rev 2024-09-19

• POMS DI 26515.001 rev 2017-03-24

03 Initial medical-record development - Unknown

Record evidence

• ERE Volume C pp353-355 Sept 18 Meadowbrook Clinic follow-up and Nov 25 response says original request not received

• ERE Volume C pp146-152 Jul 30 2025 request and Feb 5 fax response

• ERE Volume A p13 initial DMA received list; p37 notice lists Meadowbrook Clinic unable to obtain additional reports despite multiple Feb responses

• Volume C p354 Sep 18 follow-up says original requested evidence not received and gave Sep 28 response date; p355 Nov 25 Meadowbrook Clinic response
explicitly says original request never received. Volume C p147 Jan 29 request sought Mar 2 2023-present and the Feb 5 fax contains actual records; initial DDE p13 lists four Meadowbrook Clinic MER receipts.

• Volume C pp353-356 Mar 19 2025 follow-up letter asks response by September 28; November 25 provider fax says original request never received. Volume C p147 contains distinct Jul 30 2025 request Request ID SAMPLE-A for 2023-03-02 onward; Volume C pp347-348 contains Jan 29 request Request ID SAMPLE-B for 2025-03-02 onward; four Meadowbrook Clinic MER entries received Feb 5-6 in initial DDE Volume A p13. Original pre-Sep18 dispatch date is
not in supplied pages.

• A distinct Sep 25 2025 Meadowbrook Clinic request in ERE Volume B pp206-212 sought records from Aug 2 2025 onward and invited response by Apr 11. The
initial determination and notice are dated Oct 8 (Volume A pp12,34), before that stated reply date; its received-evidence list through Apr 6 (Volume A p13)
does not include a later Meadowbrook Clinic return, and the notice p37 says additional Meadowbrook Clinic reports were unobtainable. The Meadowbrook Clinic response, covering
Feb 1-Apr 29, arrived Apr 30 and appears as Initial MER in the recon evidence list (Volume A pp3,345). The request copy alone does not prove a transmitted request or a follow-up, and the adjacent Volume B p205 fax cover names Lakeside Specialty Clinic, so do not attribute that cover to Well Life. The 10-day follow-up response rule in DI 22505.035B.2 applies to a follow-up, not automatically to this apparent new period request. Exact March request transmission, whether and when a follow-up was due/sent, any alternate receipt, and a permissible documented reason to decide on Oct 8 require the DCPS/CDW development history. The later Apr 30 record confirms evidence existed, not that DDS possessed it on Oct 8. This converts the former generic additional-report gap into a dated, source-specific timing question; no duty answer is released.

Contrary / alternative evidence

• Multiple requests and responses could satisfy effort; Sept initial request date/dispatch and repository coverage needed

• No omission-based NO from no original fax in partial packet

• Under DI 22505.035B.2, follow-up is 10–20 calendar days after initial request and source gets at least 10 days; the Sep 18 request meets the 10-day reply period on its face, but without original dispatch date its 10–20-day timing cannot be decided. The Jan/Feb request-response path establishes later development, not earlier timing.

• March 27 source-specific request and Apr 11 reply invitation; no inference of breach from later Apr 30 response alone without transmission, follow-up, and permissible cessation audit.

Governing sources

• 20 CFR 404.1512(b)(1)

• POMS DI 22505.035 rev 2024-04-15

04 Reconsideration work-activity record - Unknown

Record evidence

• ERE Volume A p2 recon DDE says no post-onset work

• ERE Volume C p299 Oct 9 2024 employed; p313 Nov 1 resignation; p220 Nov 26 new job; p187 Dec 24 active at work; p430 July 2024 Position B

• ERE Volume A p12 initial DDE affirmatively answers Yes to work after AOD, with work activity report/SGA determination absent and AR sent 2025-09-16

• ERE Volume A p2 recon DDE answers No to the same after-AOD work question

• ERE Volume A p176 original disability report identifies Nov-Dec 2023 Service Position A after asserted Sep 2023 onset

• Recon DDE Volume A p9 itself lists Service Position A November–December 2023, after its p2 AOD 2024-03-30, while p2 marks no post-AOD work; original Volume A p176 SSA-3368 independently lists the same dates.

• Work chronology refined: initial DDE Volume A p12 states AR sent Sep 16 2025; initial determination October 8 is 22 days later. Historical DI 10005.010B.2 measures 14 days from the request, not from FO receipt; the Sep 16 2025 sent date would yield September 30, 2025 if it was an actual actionable request. The DDE note does not supply the AR transaction, delivery/control log, FO status or response, so compliance remains unresolved. A status report with expected completion date could satisfy the 14-day action without final SSA-823 completion. Recon Volume A p2 has distinct questions: no work since last disability report and no work after Mar 30 2024 AOD. The latter conflicts on its face with recon p9 and original SSA-3368 p176 November–December 2023 Service Position A; listed the reported work schedule, the reported hourly rate is self-report, not

earnings or SGA. Do not infer work-rule violation or SGA without FO technical record, AR log, correction history and exception analysis.

• Volume A p113 SSA-3441 §8.A (appeal report) answers No to work or change since last work report; the Nov–Dec 2023 job in original Volume A p176
predates the Nov 27 2024 last disability report. Thus the specific DI 27001.010B.4 trigger for additional work indicated on the SSA-3441 is not established by that 2023 job. Recon DDE Volume A p2 distinct after-AOD No remains facially inconsistent with its p9 job table; DI 27001.010C supplemental development is mandatory only for material inconsistencies or insufficiencies. Recon used a step-five other-work basis, not a step-one work denial. Whether the conflicting field affected potential onset or decisional reasoning, or was corrected in FO/DCPS records, remains unresolved. Separate 2024 work references in medical notes cannot be equated with SSA-3441 reporting without corroboration.

Contrary / alternative evidence

• Some jobs might be below SGA or unsuccessful; employment reporting differs from earnings proof; no assumption of outcome

• The vocational job table marks relevance “Not Yet Answered”; it is work history, not an SGA finding. The FO may have an external resolution or field-correction record; p2 still conflicts facially with p9 historical dates.

• Volume A p2 “worked since last completing a disability report? No” is a distinct time interval and is not itself disproved by the 2023 job; the p2 “performed work after AOD? No” is facially at odds with p9 and p176 listing a Nov–Dec 2023 job after Mar 30 2024 AOD. Job dates do not prove
SGA.

Governing sources

• POMS DI 24001.005A-C rev 2024-06-20

• POMS DI 25501.200C rev 2024-07-01 (conditional onset predicates)

• 20 CFR 404.1520(b), 404.1571-404.1575

• POMS DI 27001.010C rev 2026-01-22, material inconsistencies at reconsideration

05 Initial notice delivery - Unknown

Record evidence

• ERE Volume A pp34-37 notice dated Oct 8 2025, evidence list, step-two rationale, appeal information

• Initial Volume A p34 notice dated Oct 8 2025; recon Volume A p21 notice dated Sep 7 2026, both addressed to claimant at the address printed on each
copy. Retained copies establish prepared content/address and date on the page, not actual dispatch or notice release date. DI 26535.005A and DI
81020.130D identify eView Section B Case Documents EF Received and, where quality review selected, Case Data/Case Review Notice Release Date as precise release-date checks; special/manual release could require FO instructions or mail record. NL 00603.100B.2.b permits actual or expected mail date on prepared notice. Request/appeal activity can corroborate awareness but does not establish dispatch method/date. Obtain eView notice status and release logs plus any FO special-notice routing, not merely another duplicate letter. Keep separate exact content duties: I-NOTICE-CONTENT-01, R-NOTICE-HEARING-01, R-NOTICE-CAPACITY-01 and R-NOTICE-BASIS-01.

Contrary / alternative evidence

• Notice lists Meadowbrook Clinic as both received and unobtainable additional reports; investigate whether distinction understandable and accurate

• Actual mailing cannot be proved from copy alone; expected mailing log absent from this packet

Governing sources

• 20 CFR 404.904

06 Reconsideration review of the evidence - Unknown

Record evidence

• ERE Volume A pp2-10 recon DDE lists both case levels, new 2025-2026 evidence; pp21-27 notice

• Recon DDE Volume A p3 itemizes 9 recon evidence receipts (2025-09 through 2026-03), including claimant SSA-3369/3373 and provider responses,
alongside initial-level evidence entries; p4 states the initial claim was reviewed in its entirety and discusses selected later records; p10 certifies total record sufficient and consistent. These are affirmative receipt/review assertions, not a source-by-source proof that each material item was weighed or each material inconsistency resolved. 20 CFR 404.913(a) opportunity predicate is established in separate R-OPPORTUNITY-01; 404.920 requires initial plus other evidence and preponderance. DI 27020.001C calls for analysis of total evidence and resolution of conflicts. DI 27001.010C
limits supplemental development to material inconsistency/insufficiency. The narrower R-NEURODEV-01, R-WORK-01 and R-PAMF-01 predicates and missing DCPS/CEF record remain unresolved; no inference that listing/receiving evidence alone completes the broad duty.

• DI 27001.010B.3 (rev Jan 22 2026) calls for updated functional information if appeal SSA-3441 reports a change or evidence suggests one; it allows an updated SSA-3373 or a documented DCPS case-note route. SSA-3441 Volume A pp107,113 marks No for changes in conditions and daily
activities, while identifying new treatment sources. An updated signed SSA-3373 appears in Volume A pp52-61 and is listed received Mar 11 2026 in recon DDE p3. The updated-form route is therefore established if the functional-information trigger arose; this narrow step does not establish that its bad-day, nap and absence assertions were adequately considered in the recon rationale. No separate omission can be inferred from the SSA-3441 No boxes.

Contrary / alternative evidence

• Recon entry for completed/referred neuropsych testing not secured; assess whether reasoned sufficiency and evidence opportunity documented

• Different medical and examiner signatures from initial; do not treat signatures alone as proof of all review predicates

Governing sources

• 20 CFR 404.913(a)

• 404.920

• POMS DI 27001.010 rev 2026-01-22

• POMS DI 27020.005 rev 2017-03-24

• POMS DI 27020.001C rev 2011-01-12

07 Reconsideration notice delivery - Unknown

Record evidence

• ERE Volume A pp21-27 September 7 notice, source list, other-work explanation and hearing rights

• Initial Volume A p34 notice dated Oct 8 2025; recon Volume A p21 notice dated Sep 7 2026, both addressed to claimant at the address printed on each
copy. Retained copies establish prepared content/address and date on the page, not actual dispatch or notice release date. DI 26535.005A and DI
81020.130D identify eView Section B Case Documents EF Received and, where quality review selected, Case Data/Case Review Notice Release Date as precise release-date checks; special/manual release could require FO instructions or mail record. NL 00603.100B.2.b permits actual or expected mail date on prepared notice. Request/appeal activity can corroborate awareness but does not establish dispatch method/date. Obtain eView notice status and release logs plus any FO special-notice routing, not merely another duplicate letter. Keep separate exact content duties: I-NOTICE-CONTENT-01, R-NOTICE-HEARING-01, R-NOTICE-CAPACITY-01 and R-NOTICE-BASIS-01.

Contrary / alternative evidence

• Specific reason may be deficient if vocational basis not supported; content duty distinct from substantive support

• Mailing evidence not established by ERE copy alone

• Exact personalized other-work capacity content predicate split as R-NOTICE-CAPACITY-01 = NO; broader mailed notice and other required content remain separate.

• Split changed-basis acknowledgment into R-NOTICE-BASIS-01 = NO and capacity description into R-NOTICE-CAPACITY-01 = NO. Broad notice duty still unresolved as to mailing; do not aggregate narrow content answers into broad mailing conclusion.

Governing sources

• 20 CFR 404.922

• POMS DI 27025.020C.3-5 rev 2022-03-09

08 Neuropsychological-record development - Unknown

Record evidence

• Volume A pp292-293: DDS Jul 14 2026 request to Northfield Assessment Center limited to Nov 30 2025-present

• Volume A pp221-223: Jan 21 follow-up after empty response; Feb 3 provider handwritten no records for date of service requested

• Volume A pp321-322: Apr 17 2025 neurology visit identifies specific neuropsychologist and planned November 2024 testing

• Volume A pp314-316: Dec 23 2025 neurology follow-up says testing already occurred, memory deficits nonspecific, baseline; recounted in recon DDE p4

• Volume A p6: psychologist says testing could not be secured, further testing contraindicated as unclear what done

• Volume A pp108-109: Aug 2025 appeal report names Northfield Assessment Center, Sample City A, with approximate visits Apr 2024 to Nov 30 2025

• Volume A pp321,324: Apr 17 2025 neurology note names Dr. Jordan Mercer in Sample City B for upcoming neuropsych testing and copies her

• Volume A pp325-326: Jan 16 2025 neurology note recounts additional memory gaps, but November 2025 response timing limits initial attribution

• Volume A pp108-109 identified source spans 2024-09-30 to 2025-11-30, overlapping 12 months before 2024-05 filing; p293 request sought only 2025-11-30 onward, omitting nearly entire identified interval. Returned no-records notation p222 expressly concerns dates requested, not all dates.

• Volume A p222 visually inspected at 140 dpi: handwritten no-records notation expressly says for date of service requested; the Jan 13 request p293 starts Nov 30 2025.

• Volume A pp108-109 SSA-3441 names Northfield Assessment Center with approximate first visit 2024-09-30, last 2025-11-30, next 2025-12-30; Volume A p293 Jul 14 2026 DDS request asks only 2025-11-30 to present; Volume A p222 Feb 3 returned handwritten “No Records for date of
Service requested” (visual inspection). Volume A p6 consultant says completed/referred testing could not be secured.

• Two source paths separated. (1) Claimant SSA-3441 Volume A pp108-109 identifies Northfield Assessment Center visits approx Sep 30 2024–Nov 30 2025, checks No for tests performed/sent by that listed office, and indicates next visit Dec 30 2025. DDS Jul 14 2026 request p293 to Sample City A seeks Nov 30 2025–present; Feb 3 returned p222 says “No Records for date of Service requested” (handwriting visually checked). That
response cannot rule out earlier visits, and the No tests box cannot be turned into proof that this office held the neuropsych testing. (2) Apr 17 2025 neurology note p321 separately names Dr. Jordan Mercer in Sample City B for anticipated testing the following month, while Dec 23 2025 neurology p314 says a test occurred and was discussed, without naming performing source/date. No direct evidence equates Sample City B clinician with
Sample City A office or confirms the exact tester. Under DI 22505.006A.3/B.1 rev Mar 14 2023, review prior/current development, request identified
relevant source evidence or document reason not to; DI 22505.008B.2 rev Mar 2 2016 directs request of relevant new-source/diagnostic evidence, with follow-up if unavailable. Alternative correct-date request, records copied from prior folder, documented no-request reason or adequate existing summary could change the comparison. The DDE p6 admission that test was not secured makes acquisition gap affirmative, but does not alone establish material insufficiency or a duty breach. Needed: complete DCPS request/case-note history for both paths and any CEF report/index as of Sep 7 2026.

Contrary / alternative evidence

• Actual testing date may be between November 2024 and Dec 23 2025; no exact report/date yet. Initial scheduling changed, so November date is not confirmed completion.

• Requesting source for post-Nov 30 2025 dates could legitimately yield no records even if earlier testing existed; but source identity is not established by first name alone without a direct provider match.

• Neurology summary may have supplied sufficient evidence despite absent raw report; sufficiency and materiality require separate assessment.

• POMS longitudinal development is case-specific, not automatic demand for every older record.

• The appeal form says no test was performed/sent by the Sample City A office while neurology said a test occurred; exact provider may differ. Do not conflate offices or assume where the test was performed.

• DI 22505.006B.1 permits avoiding duplicate development after review of current/prior folder; a correctly scoped prior request or duplicate records from another source could affect duty. No certified complete DCPS request log is supplied.

• The Jan 19 provider fax Volume A pp291-296 returns the original request packet, not an earlier-date clinical record or a corrected-date request; the Feb 3 fax similarly returns the follow-up with bounded no-records note. Another request could reside outside the supplied ERE.

Governing sources

• 20 CFR 404.1512(b)(1)

• POMS DI 22505.001A-B rev 2025-06-26

• POMS DI 24501.016 rev 2024-02-07

• POMS DI 27001.010A-B,C rev 2026-01-22

• POMS DI 22505.006A.1, Rev 2023-03-14, all identified sources in applicable 12-month period; B.1 check prior development before requesting

• DI 22505.006A.1 Rev 2023-03-14 (official SSA source reference), DI 27001.010A-B Rev 2026-01-22 (source reference)

09 Initial psychiatric-review documentation - Supported

Record evidence

• Volume A pp14-16 mental narrative identifies pertinent medical signs/symptom reports, dates and sources

• Volume A p17 PRT lists mental MDIs, 12.04/12.06 criteria and four B-domain ratings none/mild/mild/mild, C criteria absent

• Volume A pp17-18 psychologist signature dated 2025-10-08, same as determination p19

Contrary / alternative evidence

• Substantive support for the ratings and longitudinal evidence is separate I-MENT-01; form completion does not establish that wider duty.

• No contrary record suggests missing consultant signature or untimely PRT form.

Governing sources

• 20 CFR 404.1520a(b),(c)(3)-(4),(d),(e)(1) (last amended 2017)

10 Reconsideration mental-function rationale - Unknown

Record evidence

• Volume A p4-5 recon narrative says memory/concentration/stress mild; p6 PRT rates understanding, interaction and concentration moderate; p7
symptom rationale says mild functional concentration/stress/complex task; p8 MRFC rates detailed instructions, extended concentration, public/coworker interaction moderately limited with narratives of simple full-day/week tasks and occasional contact

• Volume A pp314-316 June 2025 neurology summary of memory deficits and episodic amnesia; p6 psychologist says raw test unavailable

• Volume A p61 (visually checked) Feb 27 2026 SSA-3373 alleges more bad than good days, some days unable to leave bed, naps even on better days
preventing full workday, reliance on reminders, predicted absences/mistakes/safety concerns; p59 alleges attention 10-15 minutes on bad day, p60 stress and routine trouble.

• Volume A p61 visually inspected: claimant specifically alleges more bad than good days, naps preventing a full workday, and excessive absences; p8 MRFC rates regular attendance and full workday/workweek not significantly limited and states simple tasks sustainable over full day/week.

• Volume A p7 symptom explanation discusses short focus, normal mental status, driving and daily care but does not expressly address alleged bad-day
frequency, naps, or absences. POMS DI 24510.006C.7 requires rationale for accepting/rejecting symptom-related functional restrictions and resolving material inconsistencies.

• Volume A p61 SSA-3373 signed 2026-02-27 (visually checked) reports more bad than good days, inability to leave bed/house on bad days, random
naps on better days preventing full workday, excessive absences and inconsistent functioning. Recon DDE p7 summarizes concentration/memory/stress and cites normal exams/daily activities; p8 marks attendance and full workday/week not significantly limited and states simple-task pace can be sustained full day/week.

• Sustained-work comparison sharpened: signed SSA-3373 Volume A p61 (visual check already logged) alleges more bad than good days, bed/house
confinement on bad days, naps even on better days preventing full workday and excessive absences. Recon DDE Volume A p7 symptom section acknowledges concentration/memory/stress but cites often-normal MSE, driving, self-care and daily activities for partial consistency without naming the frequency/naps/absence claims. P8 MRFC expressly marks schedule/regular attendance and normal workday/workweek without excessive rests
Not Significantly Limited; its concentration narrative says simple tasks can be sustained over a full day/week. DI 24510.006C.7 rev Feb 12 2025 requires sustained-work narrative and logical explanation of why reported symptom-related restrictions are or are not accepted; DI 25020.010B.1 rev
Jun 21 2024 treats MRFC narrative as functional assessment and attendance/full workday as specific mental abilities. DI 24510.057B.2-3 detailed inability-to-sustain discussion is conditional on an inability finding; it is not triggered merely by claimant allegation. Treatment improvement, work and ordinary activities are contrary evidence, but the exact rationale for discounting the alleged frequency and rests and whether another decisional note resolves it remain unverified. No independent incapacity conclusion.

Contrary / alternative evidence

• Mild wording may refer different functional aspects or shorthand; PRT domain ratings and MRFC are different metrics and need not numerically match.

• Evaluate whether internal wording conflict is material after reading source context and whether missing neuropsych report matters.

• The p7 explanation gives evidence for partial consistency (normal MSE and daily activities), and p4-5 cites improvement and some work; these may support limitations less than alleged. Do not treat an allegation as proof of inability to sustain work. Assess whether this narrative logically resolves the specific attendance/full-day conflict in the complete file.

Governing sources

• 20 CFR 404.1520a(c),(e), 404.1545

• SSR 96-8p

• POMS DI 24501.016 rev 2024-02-07

• POMS DI 25020.010 rev 2024-06-21

• POMS DI 24510.006C.7 rev 2025-02-12: narrative must discuss sustained work and explain material inconsistencies/reasons for accepting or rejecting reported symptom restrictions (official SSA source reference).

11 Combined-effects severity evaluation - Unknown

Record evidence

• Volume A p17 combination severe? No; pp14-16 physical and mental narratives; p17 PRT none/mild ratings

• Volume A p15 third-party report training/memory stress; p16 all MSEs WNL assertion versus p15 anxious/depressed mood details; Volume B p317 June 2024 amnesia in predecision fax

• Volume A p17 expressly checks “Does the individual have a combination of impairments that is severe? No”; p15-16 discuss mental and physical conditions separately, and p18 symptom explanation evaluates memory allegation with daily activity and examination evidence.

• Volume A pp14-15 records episodic memory symptoms and third-party functional observations, together with treatment improvement, normal portions of examinations, daily activities and some employment. The separate summaries describe physical and mental conditions, while the PRT records none/mild ratings and combined nonseverity. A later signed clinical note reports another lapse. The source comparison distinguishes the presence of a finding from the documentation of combined and episodic functioning. It does not recalculate impairment severity or determine eligibility. Sources: Volume A pp14-18; Volume B pp317-318; 404.1520a(c)(1)-(2); DI 24505.005A-D.

Contrary / alternative evidence

• Individual mild domain ratings generally support nonseverity under 404.1520a(d)(1), unless other evidence shows more than minimal basic work limit.

• Evidence of work, improved treatment and normal portions of MSEs may support agency finding; do not independently decide severity.

• Combined box and separate narratives show a finding; exact quality of combined evaluation needs source-grounded comparison.

• POMS DI 24505.005B says a separate statement of findings for the file is advisable, not mandatory. Its formal determination must include a present-ability rationale; p15-18 contain functional discussion. An absent dedicated combined-effects paragraph alone does not prove that effects were unconsidered.

• 20 CFR 404.1520a(d)(1) generally supports nonseverity with none/mild PRT ratings unless other evidence shows more than minimal basic-work limits; assess longitudinal episodes, third-party report, and June 2024 amnesia against improvement and activities rather than recalculate severity
independently.

Governing sources

• 20 CFR 404.1520(c), 404.1520a(c),(d), 404.1522(a)

• SSR 16-3p

• 20 CFR 404.1523(c), amended 2017-01-18

• POMS DI 24505.005A-D, effective 2025-03-11

• SSR 85-28, pre-2025

12 Reconsideration psychiatric-review documentation - Supported

Record evidence

- Volume A pp4-6 new-source summary and MDI narrative; p6 lists 12.04, 12.06, 12.11, 12.15, B ratings moderate/moderate/moderate/mild, C criteria absent
- Volume A p6 psychologist signature 2026-09-03, preceding Sep 7 determination

Contrary / alternative evidence

- The form duty is narrow; substantive longitudinal support, symptom rationale and MRFC are R-MENT-01.
- Individual nonsevere MDI flags with combined severe finding are not in themselves a failure to complete standard PRT.

Governing sources

- 20 CFR 404.1520a(b),(c)(3)-(4),(d),(e)(1), last amended 2017

13 Opportunity to submit additional evidence - Supported

Record evidence

- Volume A pp106-115 SSA-3441 appeal report completed 2026-02-19
- Volume A pp54-61 SSA-3373 completed 2026-02-27, listed received 2026-03-11 in DDE p3
- Volume A p3 lists new 2025-2026 medical sources; p4 says initial claim reviewed, new source discussion

Contrary / alternative evidence

- This narrow opportunity duty does not prove that every submitted item was adequately weighed or every additional source developed.
- The claimant exercised the opportunity through forms and evidence; no contradictory access-denial item located in corpus.

Governing sources

- 20 CFR 404.913(a), last amended 1986

14 Independent reconsideration reviewers - Supported

Record evidence

- initial DDE Volume A pp16-19: MD Alex Smith, PsyD Jordan Jones, DE Casey Brown
- recon DDE Volume A pp5-6,10: MD Taylor Evans, PhD Robin Lee, DE Jamie R.

Contrary / alternative evidence

- Different names and roles establish narrow personnel duty, not the depth or accuracy of review.
- Recon MD signed Sep 7, PC Sep 3, DE Sep 7, before/on determination.

Governing sources

- POMS DI 27001.010A effective 2026-01-22, TN 10 03-26

15 Initial notice content - Supported

Record evidence

• Volume A pp34-35 initial dated notice states medical denial, enclosed explanation and right to reconsideration with 60-day instructions

• Volume A p37 lists sources, allegations and step-two nonseverity reason

Contrary / alternative evidence

• Whether all listed sources were correctly characterized is a separate accuracy issue in I-DEV-01.

• Mailing to last known address is separate I-NOTICE-01 and cannot be established merely from a retained copy.

Governing sources

• 20 CFR 404.904 last amended 2007

16 Reconsideration notice and hearing rights - Supported

Record evidence

• Volume A pp21-22 reconsideration letter states decision with explanation enclosure, hearing right and 60-day instructions

Contrary / alternative evidence

• Specificity of reasons is separate R-NOTICE-01, with interim content concern.

• Mailing to last known address remains unproved by retained copy alone.

Governing sources

• 20 CFR 404.922 last amended 1986

17 Analysis of prior administrative medical findings - Unknown

Record evidence

• Volume A pp16-18 initial Smith physical severity and Jones mental severity/PRT findings signed 2025-10-08

• Volume A pp2-10 reconsideration DDE: p4 initial claim reviewed in entirety; p5 new physical 416; p6 new PC PRT; p7 “no indication ... medical opinion from any medical source”; no express analysis of initial consultants’ findings

• Full extracted 1680-page corpus: Jones occurs Volume A p17 only; Smith Volume A pp16,19 only; no “prior administrative medical”, “persuasiv”, or “supportabil” matches.

• Source-level comparison sharpened: initial DDE Volume A p16 Smith physical 416 nonsevere, p17 Jones PRT signed Oct 8 2025 rates B domains Mild/None/Mild/Mild; recon p5 Evans new physical 416, p6 Lee PRT signed Sep 3 2026 rates Moderate/Moderate/Moderate/Mild. The changed PRT is not adoption of the initial assessment, nor a written persuasiveness analysis of Jones; recon p7 no medical opinion statement addresses a distinct category. 20 CFR 404.1520c(b)(1)-(2) and DI 24503.030B.1-3 require one source-level written analysis covering each initial consultant’s prior administrative medical findings and supportability/consistency, with permitted separate analyses or cross-reference if system limits combination. DI 81020.025D permits signed adoption statement applied to DDE when an initial assessment is adopted; no such route
shown for changed PRT. No analysis or referral to a combined analysis located in recon DDE pp2-10 or extracted supplied PDFs. The 1680-page export lacks certified completeness for CEF/DCPS decisional locations, so the omission predicate remains unresolved pending exact case documents/notes as of Sep 7 2026; no new outcome inference.

Contrary / alternative evidence

• The no-medical-opinion statement concerns a distinct evidence category and does not establish that prior administrative medical findings were evaluated.

• A general statement that the initial claim was reviewed does not explain source-level persuasiveness, supportability, or consistency.

• Reconsideration PC reached different PRT ratings, but a new rating is not itself an analysis of prior findings.

• Other written analysis in an unavailable DCPS/eView location could alter an omission finding; determine complete decisional record or qualifying cross-reference before final NO.

• Search negative has extraction limitations; verify any identified image-only candidate or omitted case-note repository.

• POMS DI 81001.005, Rev 2020-09-11 distinguishes ERE upload channel from official CEF and warns other SSA systems may contain records outside the disability EF. The supplied PDFs have not been authenticated as complete CEF export

• The supplied record files begin with reconsideration determination documents but provide no certified export manifest. A large exported page count does not establish that every official decisional repository is included.

• DI 24503.030B.2 allows a combined analysis in one location with cross-references in relevant locations where the system cannot combine analysis; absence in DDE does not exclude a separate analysis in DCPS/CEF. Search named consultant findings and qualifying cross-reference, not only literal keyword labels.

Governing sources

• 20 CFR 404.1520c(a)-(b), last amendment 82 FR 5867 (2017-01-18)

• POMS DI 24503.030, Basic (03-17), Rev 2017-03-24

• POMS DI 24503.005B.6, TN 9 (12-24), Rev 2024-12-02

• POMS DI 81020.025D, Rev 2025-04-17: adopted assessment applied to DDE and uploaded to CEF

18 SSR used to support the vocational finding - Contradicted

Record evidence

• Volume A p9 selects framework 204.00, documentation method Cite SSR, and sole cited SSR 83-14; no physical limitations

• Volume A pp7-8 MRFC limits to simple rather than detailed tasks, full-day/week simple pace, and occasional public/coworker interaction; p9 contains blank Other Work Findings and Vocational Case Notes

• SSR 83-14 purpose and text addresses combination of exertional and nonexertional limits and offers general examples for mental/public demands; no direct explanation of this entire solely mental RFC's occupational-base erosion

Contrary / alternative evidence

• Use of framework 204.00 for solely nonexertional limitations is permitted under DI 25005.005D.2.b; the defect is the chosen supporting SSR, not the number alone.

• SSR 85-15 may discuss general mental demands, but the DDE selected 83-14; do not substitute uncited authority for actual reasoning.

• Three specific supported occupations or another qualifying SSR analysis elsewhere could affect broader step-five support duty R-VOC-01; this narrow duty tests the selected SSR method.

• A vocational error is not a benefits-eligibility finding.

Governing sources

• POMS DI 25005.005D.2.d, Rev 2022-12-08

• POMS DI 25025.030B.2, Rev 2024-01-02

• SSR 83-14, effective 1979-02-26

19 Reconsideration notice - remaining work capacity - Contradicted

Record evidence

• Volume A pp21-23 and 25-27 two copies of September 7 notice, with identical explanation p23/p27

• Volume A pp7-8 MRFC says simple rather than detailed work, concentration/pace for simple tasks full day/week, occasional public/coworker contact

• Volume A p9 denial basis J1 other work with framework 204.00

• Volume A p37 initial notice had no significant basic-work limitations; recon notice p23 says some limitations and adjustment to other work, but never describes the lesser mental demands

Contrary / alternative evidence

• The precise expedited past-work sentence prescribed in DI 25005.005D.2.e is present and is not itself defective.

• POMS DI 27025.020 says not to cite other jobs in the notice; absence of occupation names is not a notice defect.

• Mailing/delivery is separate and cannot be inferred from the retained notice copy.

• The notice broadly says "some limitations," but gives neither type nor general degree of mental capacity; even a brief simple-task or reduced interaction description would have conveyed the required capacity category.

• POMS DI 27025.020C.5.b, Rev 2022-03-09

• POMS DI 27025.025, Rev 2010-05-06

• 20 CFR 404.922, redesignated 1986-01-03

20 Reconsideration notice - changed basis - Contradicted

Record evidence

• Initial DDE Volume A p18 medical disposition Not Severe; initial personalized explanation p37 says no significant limits in basic work activities.

• Reconsideration DDE Volume A p9 uses J1 Capacity for Other Work, 20 CFR 404.1520(g); personalized explanation p23 and duplicate p27 says some limitations, insufficient past-work information, can adjust to other work.

• The recon cover p21 says prior determination was proper under law; explanation pp23/27 does not state the original no-significant-basic-work-limits reason or otherwise distinguish it from new other-work basis.

Contrary / alternative evidence

• Recon wording “not severe enough to keep you from working” is a generic inability-to-work formulation, following “some limitations”; it does not identify the initial reason of no significant basic-work limits.

• The cover’s assertion that the prior determination was proper identifies no reason. Duplicate recon notice pp25-27 has identical content.

• This is an exact content duty; no claim is made about mailing, benefit qualification, or whether the reconsideration medical/vocational finding is substantively correct.

Governing sources

• POMS DI 27025.020B.3, Rev 2022-03-09

21 DDS recognition of post-onset work - Supported

Record evidence

• Volume A p12 initial DDE affirmatively marks work after AOD Yes, work report/SGA determination absent, and records AR sent 2025-09-16

• Volume A p176 initial SSA-3368 lists November–December 2023 Service Position A after September 2023 AOD

Contrary / alternative evidence

• Narrow recognition does not establish actual FO receipt, SSA-821/823 development, work-level SGA finding, or correct recon field.

Governing sources

• POMS DI 24001.005A, Rev 2024-06-20

22 Field-office development of post-onset work - Unknown

Record evidence

• Volume A p176 original SSA-3368 lists Nov-Dec 2023 post-AOD Service Position A job; Volume A p12 initial DDE Apr 2025 says post-AOD work Yes and Work Activity Report/SGA Determination in file No.

• Work chronology refined: initial DDE Volume A p12 states AR sent Sep 16 2025; initial determination October 8 is 22 days later. Historical DI 10005.010B.2 measures 14 days from the request, not from FO receipt; the Sep 16 2025 sent date would yield September 30, 2025 if it was an actual
actionable request. The DDE note does not supply the AR transaction, delivery/control log, FO status or response, so compliance remains unresolved. A status report with expected completion date could satisfy the 14-day action without final SSA-823 completion. Recon Volume A p2 has distinct questions: no work since last disability report and no work after Mar 30 2024 AOD. The latter conflicts on its face with recon p9 and original SSA-3368 p176 November–December 2023 Service Position A; listed the reported work schedule, the reported hourly rate is self-report, not verified monthly
earnings or SGA. Do not infer work-rule violation or SGA without FO technical record, AR log, correction history and exception analysis.

Contrary / alternative evidence

• The DDE records absence in its file; FO technical systems, eView/EP, and referral status are not certified by supplied ERE. Determine whether clearly-not-SGA exception was supported.

Governing sources

• POMS DI 24001.005B rev 2024-06-20

• POMS DI 10505.003 as applicable

• POMS DI 10501.025B.1 rev 2024-06-07 (clearly-not-SGA documentation exception)

23 Field-office response to the work-activity request - Unknown

Record evidence

• Volume A p12 initial DDE Apr 2025 says AR sent Sep 16 2025 about absent work report/SGA determination; no FO receipt, response, or disposition is supplied.

• Work chronology refined: initial DDE Volume A p12 states AR sent Sep 16 2025; initial determination October 8 is 22 days later. Historical DI 10005.010B.2 measures 14 days from the request, not from FO receipt; the Sep 16 2025 sent date would yield September 30, 2025 if it was an actual
actionable request. The DDE note does not supply the AR transaction, delivery/control log, FO status or response, so compliance remains unresolved. A status report with expected completion date could satisfy the 14-day action without final SSA-823 completion. Recon Volume A p2 has distinct questions: no work since last disability report and no work after Mar 30 2024 AOD. The latter conflicts on its face with recon p9 and original SSA-3368 p176 November–December 2023 Service Position A; listed the reported work schedule, the reported hourly rate is self-report, not verified monthly
earnings or SGA. Do not infer work-rule violation or SGA without FO technical record, AR log, correction history and exception analysis.

Contrary / alternative evidence

• DDS note establishes sending, not FO receipt or nonresponse; medical-vocational determination may proceed under DI 24001.005C when sufficient. Do not require a disposition before DDS medical denial without rule-specific timing predicate.

• Historical DI 10005.010B.2 permits a status report with expected completion date within 14 days if development cannot be immediately provided. This is distinct from final SSA-823 completion; no such status or disposition can be inferred merely from the Oct 8 DDE.

Governing sources

• POMS DI 10501.025B.4 rev 2024-06-07 (FO work issue AR development/SSA-823 and response)

• POMS DI 10005.010B.2 rev 2018-02-26 (FO status or development within 14 days)

• POMS DI 11010.620A rev 2016-01-28 (electronic AR routing and completion)

• POMS DI 24001.005C rev 2024-06-20 (DDS medical/vocational route)

24 Initial notice - medical-severity explanation - Unknown

Record evidence

• Initial DDE Volume A p19 uses F1 not-severe basis. The entire initial notice and enclosures are Volume A pp34-37; the Explanation p37 lists received
sources and alleged conditions, then states that the condition does not significantly limit basic work activities, with no separate description of examination findings, symptoms, or why the medical evidence supports that severity judgment. DI 26530.020B.5 (rev Jan 12 2022) separately requires a brief description of medical severity, with DI 26530.010C and guide DI 26530.055 supplying the relevant-evidence and medical-evidence-showing context. On the other hand, p37 expressly describes the condition as causing no significant basic-work limitations, and
NL 00708.100 paragraph 330.3 prescribed for F1 is a generic nonseverity conclusion. Whether this added functional sentence is itself a sufficient brief severity description is not resolved by the located SSA text. This is distinct from the 20 CFR 404.904 core content and notice mailing duties; neither an omission-based NO nor a broader YES is assigned to the separate POMS predicate.

Contrary / alternative evidence

• The added p37 no-significant-basic-work-limits sentence may be a brief severity description even though no clinical finding is narrated.

• The source list, appeal rights and general reasons satisfy different predicates under 404.904, while dispatch remains unverified.

Governing sources

• DI 26530.020B.5 rev 2022-01-12

• DI 26530.010C rev 2010-09-08

• DI 26530.055 rev 2012-03-09

• NL 00708.100 para 330.3 rev 2018-02-08

4. Record Gaps

01 Step-five vocational support

Why the record stops here: DON'T KNOW — because the authoritative record may contain a separate occupation or ruling analysis outside the supplied PDFs

What would resolve it

• Three occupation route documented - Volume A p9 blank Other Work Findings/Vocational Case Notes; all 1680-page ERE text search no cited occupations; alternate repository coverage audit pending

• Alternative VE/VS occupational evidence supports step-five finding under applicable 2025 ruling - SSR 24-3p official SSA source reference; supplied ERE Volume A p9 blank vocational case notes; alternate DCPS/CEF notes not certified complete

02 Initial mental-function evaluation

Why the record stops here: DON'T KNOW — because the scope and material effect of contradictory symptom statements and the exact fax-to-receipt linkage remain unresolved

What would resolve it

• DDE rationale consistently describes examination findings - Volume A p15 anxious/depressed/labile observations versus p16 all MSE WNL summary

• Narrow meaning and material effect of shorthand resolved - possible objective-event interpretation, treatment improvement, work, exact Meadowbrook Clinic DMA join

• Required documented symptom evaluation and inconsistency resolution completed - DI 24501.021 rev 2024-09-19, DI 24501.016 rev 2024-02-07; complete DCPS/CDW unavailable

03 Initial medical-record development

Why the record stops here: DON'T KNOW — because the September original-request dispatch date is missing, and the March 27 Meadowbrook Clinic later-period request's transmission, follow-up, and permissible closeout before the October 8 determination cannot be verified.

What would resolve it

• One follow-up within 10–20 days of original unanswered request - Volume C pp353-356 follow-up dated 2025-03-19; original request dispatch date missing; DI 22505.035B.2 official SSA source reference

• March 27 Meadowbrook Clinic later-period request was transmitted, followed or permissibly closed before Oct 8 - Volume B pp206-212; Volume A pp3,13,34,37,345;
DCPS/CDW unavailable

04 Reconsideration work-activity record

Why the record stops here: DON'T KNOW — because the field-office assistance-request disposition and correction history for conflicting work entries are unavailable

What would resolve it

• FO technical work disposition or corrected history explains field - FO work/AR record unavailable; Volume A p12 earlier Yes

• Listed job establishes SGA - job table is work history without verified earnings, duration or incentive determination

• Materiality of discrepancy to actual recon evaluation - recon medical-vocational findings and absent FO disposition

• Material inconsistency requires supplemental development at recon - DI 27001.010C rev Jan 22 2026; recon step-five basis; FO/DCPS correction and POD effect missing

05 Initial notice delivery

Why the record stops here: DON'T KNOW — because the prepared notice copy does not establish actual release or mailing to the last known address

What would resolve it

• Mailing and timing of notice - retained copy does not show dispatch/receipt record

• Actual notice release/mailing to last known address - Volume A p34 or p21 prepared copy; eView/FO release records unavailable

06 Reconsideration review of the evidence

Why the record stops here: DON'T KNOW — because a distinct team and receipt of added evidence do not establish consideration of every material item

What would resolve it

• Initial plus new records considered at recon - Volume A pp2-10 initial reviewed statement and 2025-26 new sources

• Every material item and inconsistency sufficiently considered/developed - neuropsych earlier dates, work field, prior initial consultants; source-level subduties R-NEURODEV-01, R-WORK-01, R-PAMF-01

• Total evidence weighed and material conflicts resolved - Volume A pp4-10, DI 27020.001C; missing DCPS/CEF and exact subduty predicates

07 Reconsideration notice delivery

Why the record stops here: DON'T KNOW — because the prepared notice copy does not establish actual release or mailing to the last known address

What would resolve it

• Actual notice release/mailing to last known address - Volume A p34 or p21 prepared copy; eView/FO release records unavailable

08 Neuropsychological-record development

Why the record stops here: DON'T KNOW — because a correctly scoped alternate request or existing duplicate report and the need for the raw test remain unresolved

What would resolve it

• No other correct-date request, prior record, or valid no-request reason existed - supplied PDFs no certified DCPS request log; rule DI22505.006B.1/C.

• Raw neuropsych test needed despite neurology summary for material sufficiency - Volume A pp6,314-316,321; no raw report

• Named Sample City B clinician was performing test source and development documented - Volume A pp314,321; DCPS/CEF logs missing

09 Reconsideration mental-function rationale

Why the record stops here: DON'T KNOW — because the supplied rationale does not expressly reconcile the specific bad-day, nap, and absence allegations with the full-day attendance finding, and the adequacy of the whole-record explanation remains unresolved

What would resolve it

• MRFC addresses attendance/full day - Volume A p8 no significant limit, simple full day/week

• Specific material inconsistency resolved by narrative based on record - Volume A p61 image versus p7 symptom discussion and p8 MRFC; official DI 24510.006C.7 source reference

• Narrative logically resolves specific alleged frequency and rest restrictions - Volume A pp7-8, p61; DI 24510.006C.7 rev 2025-02-12

10 Combined-effects severity evaluation

Why the record stops here: DON'T KNOW — because the checkbox and functional narratives show a combined nonseverity conclusion, but whether the actual combined and episodic effects were sufficiently evaluated against material contrary evidence remains unresolved

What would resolve it

- Combined effects evaluated, not only separate impairment labels - Volume A pp15-18 combination No and separate narratives; DI 24505.005A
- Nonseverity clearly established by combined functional evidence - Volume A pp15-18; Volume B pp317-318; 404.1523(c), DI 24505.005A-D
- Longitudinal episodic and combined effect assessment satisfies April 2025 rule - Volume A pp14-18, Volume B pp317-318; 404.1520a(c), DI 24505.005A,D rev Mar 11 2025

11 Analysis of prior administrative medical findings

Why the record stops here: DON'T KNOW — because the supplied PDFs are not certified as covering every permissible location for the initial-consultant analysis

What would resolve it

- Written source-level analysis with supportability and consistency in recon DDE - Volume A pp2-10 read; p7 separate medical-opinion field
- No qualifying analysis in any authoritative decisional record location - 1680-page ERE PDF extraction negative; POMS DI 81001.005C says ERE is upload route and official CEF may not hold all SSA-system records; no certified export manifest supplied.
- Separate analysis or cross-reference in authoritative decisional location - DI 24503.030B.2, CEF/DCPS index absent

12 Field-office development of post-onset work

Why the record stops here: DON'T KNOW — because the FO work-development record, referral timing, and any supported clearly-not-SGA exception are unavailable

What would resolve it

- FO completed report/SGA record before DDS referral or valid clearly-not-SGA exception - Volume A p12 says no report/determination in file; FO repositories and earnings development missing
- Timing of referral relative to any FO disposition - full referral/FO technical record unavailable

13 Field-office response to the work-activity request

Why the record stops here: DON'T KNOW — because the FO action record does not establish whether it furnished timely development or a status report, or how it resolved the work request

What would resolve it

- FO received actionable AR - FO AR log unavailable
- FO supplied development or a status report within 14 days of September 16 request, with subsequent work issue disposition if applicable - DI 10005.010B.2; DI 10501.025B.4; FO EDCS action/CEF and technical record unavailable
- Conditional 14-day calendar interval from September 16 request - Sep 16 +14 calendar days = Sep 30; AR transaction/actionability and FO response not established, initial determination Oct 8.

14 Initial notice - medical-severity explanation

Why the record stops here: DON'T KNOW — because the initial explanation states a general nonseverity conclusion without medical findings, and the supplied SSA guidance does not resolve whether that sentence satisfies its separate brief medical-severity-description requirement.

What would resolve it

• Added general functional sentence satisfies distinct brief description of medical severity - Volume A p37; DI 26530.020B.5, DI 26530.010C and DI 26530.055