

**SOCIAL SECURITY ADMINISTRATION
OFFICE OF DISABILITY ADJUDICATION AND REVIEW**

TRANSCRIPT

In the case of:

Lorna Schroeder

Claim for:

Period of Disability

Disability Insurance Benefits

Claimant

384-62-3816

Wage Earner

(Leave blank in SSI Claims, or if the name is the same as above.)

Social Security Number

Hearing Held at:

Escondido, North Carolina

(City, State)

March 25, 2015

(Month, Day, Year)

by:

Kennedi Rutherford

(Administrative Law Judge)

APPEARANCES:

Lorna Schroeder, Claimant
Camille Stoltenberg-Kunde, Attorney for Claimant
Clotilde Ward, MD, Medical Expert
Burley Kovacek, Vocational Expert

INDEX OF TRANSCRIPT

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(The following is a transcript of the hearing held before Kennedi Rutherford, Administrative Law Judge, Office of Disability Adjudication and Review, Social Security Administration, on March 25, 2015, at Escondido, North Carolina, in the case of Lorna Schroeder, Social Security number 384-62-3816. The claimant appeared in person and was represented by their attorney, Camille Stoltenberg-Kunde. Also present were Clotilde Ward, MD, Medical Expert, Burley Kovacek, Vocational Expert, and Lilly Kertzmann, Hearing Reporter.)

(The hearing commenced at 09:57 AM, on March 25, 2015.)

OPENING STATEMENT BY ADMINISTRATIVE LAW JUDGE:

ALJ: Good morning, ladies and gentlemen, this is Administrative Law Judge Kennedi Rutherford presiding over the proceedings today. As we begin, I'd like to note that we're currently at 11:30 hours in the morning on Thursday, March 18th, in accordance with standard US timekeeping. However, if we were to express this in regular English terms, it would be quarter past eleven o'clock in the morning on a Thursday, almost a week from now, which is actually Thursday, March 25th. The claimant, Lorna Schroeder, is present before me today, having appeared in person for these proceedings. Her Social Security number is listed as 384-62-3816. I'd like to acknowledge that she's accompanied by her attorney, Camille Stoltenberg-Kunde. As per the regulations and our agency's policies, Ms Schroeder is entitled to a live hearing today, where we will examine various aspects of her claim in detail. We have assembled an expert panel consisting of Dr Clotilde Ward, who I'm told has published several papers on the impact of chronic pain management strategies, as well as Mr Burley

Kovacek, our vocational expert. Ms Stoltenberg- Kunde, may I confirm that your client is prepared to proceed with the hearing as scheduled?

ATTY: Yes, my client is prepared.

ALJ: Okay, I just wanted to reconfirm that Ms Schroeder is indeed prepared to move forward with the hearing as planned. Yes, it seems like we're all set on that point, so let's proceed with caution here. As a matter of fact, I'd like to take this opportunity to remind everyone present that today's hearing is actually eligible to be conducted in an alternate format, namely through video conference, if preferred by the claimant. Yes, it's one of those options we have available, and my understanding is that it could potentially allow for a more flexible or convenient arrangement, perhaps even from the comfort of their own home or office, which might be beneficial to Ms Schroeder in this case. I'd like to clarify again that if there were any concerns or wishes on her part to switch to the video conference setting at this late stage, we could actually reset and restart the entire process. Yes, it's an option available to us under these circumstances. So, with all that said, Ms Schroeder, may I ask: do you have a preference for proceeding in person today or would you like to explore the possibility of switching to a video conference arrangement instead?

CLMT: I'm comfortable proceeding as planned, thank you.

ALJ: Very well then, it seems like we're all set and on

schedule, moving forward with today's hearing as planned, no changes to note here, everything is right back on track. I'd like to take a moment, if you will, to just reaffirm that the claimant, Ms Schroeder, has indeed expressed her preference for proceeding in person today, which we've noted and confirmed as such. Yes, it's all cleared up then, no need for any further adjustments or modifications at this juncture. Next, I'd like to bring to your attention that we have on file the resumes of both our vocational expert, Mr Burley Kovacek, and our medical expert, Dr Clotilde Ward. Both are highly qualified individuals with extensive experience in their respective fields, as you can see from their profiles, which we've included for review purposes only, no need to go through them in detail at this time. Finally, before I move on to the next step, may I ask Ms Stoltenberg-Kunde if there's anything else your office would like to request or obtain in preparation for today's hearing, perhaps some additional documentation or clarification of certain points? Are there any other materials or information you'd like to have at this point, before we proceed further?

ATTY: No, I believe our record is fully developed, Judge. We've reviewed all the relevant evidence and documentation, and nothing further is required at this time.

ALJ: Very well then, I'd like to confirm that Ms Stoltenberg-Kunde has indicated that her office believes the record is fully developed at this time, which we'll take into

consideration as we proceed. Next, I'd like to formally admit all exhibits listed from Exhibit 1A down through Exhibit 32E, with each being received and marked accordingly for future reference.

(Exhibits, previously identified, were received into evidence and made a part of the record.)

ALJ: Now, as I recall from reviewing this entire matter, it appears there might be a discrepancy within the record itself regarding certain documentation, namely Exhibit 27B and specifically paragraph three of that particular exhibit, which seems to have some inconsistencies with other statements provided earlier in this hearing. If my understanding is correct, then perhaps we may need to revisit this portion of the evidence and possibly even amend or revise it accordingly to ensure accuracy and clarity within the record as a whole. I believe Ms Stoltenberg-Kunde might be able to clarify this point further for me. Yes, that's right. And if that's correct, then naturally, we'll need to make some adjustments to reflect these changes accurately.

ATTY: Yes, Judge, I concur with your understanding regarding Exhibit 27B and paragraph three. It appears there's a discrepancy that needs to be addressed. Upon reviewing the evidence, it seems clear that we should revise paragraph three to accurately reflect Ms Schroeder's account of events as documented in Exhibit 23A. The amendment would involve replacing the original statement with the corrected language from Exhibit 23A, which provides a more consistent and accurate depiction of what

occurred.

ALJ: I understand that Ms Stoltzenberg-Kunde has agreed to revise paragraph three of Exhibit 27B to reflect the corrected language from Exhibit 23A, which provides a more accurate account of events. I'd like to confirm with you, Ms Schroeder, that you are aware that this amendment may have some implications for your case, even if the decision ultimately is in your favor. Are you aware, Ms Schroeder, that such an amendment could potentially impact any subsequent appeals or administrative proceedings, as it would reflect a change in the original statement?

CLMT: Yes, I understand that revising paragraph three could affect future proceedings.

ALJ: I understand that both Ms Schroeder and her attorney are aware of the potential implications for future proceedings as a result of this amendment. I'd like to direct the attention of Lilly Kertzmann, our hearing reporter, to make note of this revision in the record accordingly. We will now proceed with questioning and answering with Ms Schroeder.

(The claimant, LORNA SCHROEDER, having been first duly sworn, testified as follows:)

EXAMINATION OF CLAIMANT BY ADMINISTRATIVE LAW JUDGE:

Q Alright, now that we've established the oath, Ms Schroeder, can you please confirm your full name for the record?

A Lorna Finley Schroeder

Q Ms Schroeder, can you provide your current mailing

address for the record?

A 317 Baumbach Knolls Apt. 484, East Idellafurt, Alabama 11886

Q When were you last insured under Social Security, Ms Schroeder?

A I was last insured on December 31st, 2015.

Q What is your educational background, Ms Schroeder?

A I completed my secondary education at Lincoln High School, graduating with a standard high school diploma in May of 1982. Following high school, I went on to obtain an associate's degree in office management from local community college, completing the program in December 1990.

Q What was your last job, Ms Schroeder, and approximately when did you perform this work?

A My last job was as a pharmacy technician at Oakwood Pharmacy, where I worked from August of 2007 until my retirement on March 15th, 2013.

Q Can you describe your specific duties and responsibilities as a pharmacy technician at Oakwood Pharmacy?

A As a pharmacy technician at Oakwood Pharmacy, my primary responsibilities involved assisting licensed pharmacists with various tasks such as filling patient prescriptions, processing medication orders, and maintaining accurate records of patient information. I also restocked shelves, processed returns, and performed other administrative duties to ensure the smooth

operation of the pharmacy. Additionally, I was responsible for answering patient questions regarding their medications, providing general information on pharmacy policies, and handling customer inquiries in a professional manner.

Q Were you ever employed by or affiliated with the Social Security Administration, Ms Schroeder?

A No, I was never employed by or affiliated with the Social Security Administration.

Q Alright then, just to confirm, Ms Schroeder, you've stated that you've never been employed by or affiliated with the Social Security Administration in any capacity. Is that correct? You're absolutely right, no affiliation whatsoever. I appreciate your clarity on this point. Now, let's move forward and discuss the reasons behind your claim of disability. Can you please tell me why you believe you are disabled and unable to work as a result?

A Well, it's just that my Irritable Bowel Syndrome has been such a huge issue for me, and I've experienced these terrible episodes of abdominal pain, and the constant diarrhea, which is really embarrassing and uncomfortable. And on top of that, I also get this awful bloating, which makes it hard to fit into my clothes or even leave the house. It's just so debilitating and affects every aspect of my life, including my ability to work. If I had to go back to working as a pharmacy technician, like I used to, I don't think I could handle all the stress and pressure that

comes with it, especially dealing with customers and being on my feet all day. My symptoms are just too unpredictable, and I'm afraid of having an episode in front of people or, worse yet, at work. And even if I wasn't working directly with people, the physical demands of the job would still be a problem for me because of the constant need to run around and multitask. It's all just become too much for me, and I really don't think I can go back to that kind of job anymore.

Q I want to acknowledge and validate Ms Schroeder's experiences and feelings regarding her Irritable Bowel Syndrome. It takes a tremendous amount of courage to share such personal details about one's health struggles, especially when it comes to physical symptoms that can be so unpredictable and debilitating. I appreciate Ms Schroeder being open and honest with the court today. Ms Schroeder, just to clarify, you mentioned experiencing episodes of abdominal pain, diarrhea, bloating, and related symptoms that have a significant impact on your daily life and functioning? Is there anything else you would like to add or elaborate on regarding these experiences?

A Yes, like I said before, my Irritable Bowel Syndrome has been just such a huge issue for me, and it's not just the episodes of abdominal pain that are bad, but also the constant diarrhea, which is really embarrassing and uncomfortable, and sometimes even when I'm trying to eat or drink something, it'll trigger this sudden and intense cramping in my stomach. And on top of all that,

I get this awful bloating too, which makes me feel like I'm just going to burst at any moment, and it's just so hard to deal with because it affects everything I do, even just simple things like going for a walk or being around other people, you know? Sometimes the pain is so bad that I'll have to just stop what I'm doing and curl up on the couch for hours, unable to move or anything. And the worst part is, it's not just physical symptoms, it's also this constant anxiety and stress about when my next episode will be and how bad it'll be, which just makes everything even harder to deal with. Like, sometimes I'll be in the middle of a conversation or something, and suddenly I'll have to get up and run to the bathroom because I feel like I'm going to lose control, you know? It's just so unpredictable and debilitating, and it's really taken a toll on my mental health too, which is why I'm saying I think it's affected my ability to work.

ALJ: I understand that Ms Schroeder is experiencing severe and debilitating symptoms related to her Irritable Bowel Syndrome, including abdominal pain, diarrhea, bloating, cramping, anxiety, and stress. These symptoms have a significant impact on her daily life, making it difficult for her to perform even simple tasks, and causing her to feel anxious about when the next episode will occur. I also understand that she has been experiencing these symptoms for an extended period of time, which has taken a toll on her mental health as well. Based on my understanding of Ms Schroeder's condition and its impact on her daily life, it appears

that she may be eligible for Social Security Disability benefits. However, to further support this claim, I need the medical records from her primary care physician, Dr. Smith, which detail her diagnosis and treatment plan for her Irritable Bowel Syndrome. Attorney, can you please provide me with those records so we can review them together?

ATTY: The medical records from Dr. Smith are already part of the claimant's file, and we've submitted them as evidence to support her disability claim.

ALJ: I've reviewed the medical records from Dr. Smith, and it appears that Ms Schroeder has been under his care for her Irritable Bowel Syndrome since February 2018. He's documented her symptoms, including abdominal pain, diarrhea, bloating, and cramping, as well as her treatment plan, which includes medication and lifestyle changes. However, I do have a few questions regarding some of the symptoms you've described, Ms Schroeder. You mentioned experiencing sudden and intense cramping in your stomach when trying to eat or drink something. Can you elaborate on what that's like for you? How often does this happen, and how severe are these cramps?

BY ADMINISTRATIVE LAW JUDGE:

A Those cramps are like nothing else, it's like my stomach is being squeezed and cut at the same time, they're so intense and sharp, and they can happen any time I eat or drink something, even if it's just a sip of water.

Q I understand that the cramping you experience is extremely painful and can happen at any time when eating or drinking. Ms Schroeder, I'd like to ask, have you ever sought medical attention specifically for these severe cramps, such as visiting a gastroenterologist or a emergency room?

A Yes, I've been to the emergency room several times for those cramps.

Q Ms Schroeder, based on your testimony and medical records, it appears that these severe cramps are a frequent occurrence for you, causing significant distress and impacting your daily life. Can you estimate how often these episodes occur in an average week or month?

A To be honest, it feels like I'm experiencing severe cramping at least 2-3 times a week, but sometimes it's more frequent, maybe even daily during flare-ups. It's hard to keep track because every day is different for me.

Q You estimate experiencing severe cramping at least 2-3 times a week, sometimes more frequently during flare-ups.

A Yes, that's right. To be honest, some months were even worse than others. I remember one particular month where I experienced severe cramping almost every day for weeks on end. The pain was so intense that I would double over and wouldn't be able to move or do anything else but curl up in a ball until it passed.

Q You've described a pattern of severe cramping occurring frequently throughout the month, often daily during flare-ups,

with one particularly intense episode lasting weeks.

A I remember one specific episode where I was unable to eat or drink anything for three days straight because even the thought of putting food in my mouth would trigger these intense cramps. I lost weight rapidly during this time and had to be fed intravenously just to keep me hydrated. It was so bad that I couldn't leave my bed, and even simple tasks like rolling over became excruciatingly painful. My family had to take care of me around the clock because I couldn't do anything for myself.

Q It sounds like this episode was a severe flare-up that significantly impacted your daily functioning and required extensive care from your family.

A Yes, I've lost the ability to go on walks outside and enjoy nature, which was something I loved doing before my symptoms became so severe.

Q You've lost ability to engage in outdoor activities due to your symptoms.

A I've also lost the ability to drive a car because the cramping and diarrhea are so unpredictable and debilitating that I'm afraid of having an episode while behind the wheel.

Q Ms Schroeder, doesn't this loss [INAUDIBLE] ability to drive relate to the note from Dr. Smith on July 10th, 2020, where he documented your inability to maintain a regular work schedule due to unpredictable bowel movements and severe abdominal pain?

A Yes, that's correct.

Q You were taking Zylotin for your IBS symptoms from January to March 2020, correct?

A Yes, I was prescribed Zylotin by Dr. Smith to help manage my IBS symptoms from January 2020 until March 2020, but unfortunately, it didn't seem to provide much relief for me.

Q What about Aloe Vera capsules? Dr. Smith also prescribed them for you around the same time as the Zylotin, correct?

A Yes, Dr. Smith also prescribed me Aloe Vera capsules as a complementary treatment to help soothe my digestive issues and manage my IBS symptoms.

Q According to Dr. Smith's records, he prescribed you Zylotin from January to March 2020 and Aloe Vera capsules around the same time. However, I noticed that you mentioned earlier taking Zylotin until March 2020, but then later said it was stopped in May 2020. Can you clarify when exactly you finished taking Zylotin?

A I stopped taking Zylotin in February 2020.

ATTY: Ms Schroeder mentioned earlier taking Zylotin until March 2020, but later stated it was stopped in May 2020. To clarify, she actually stopped taking Zylotin in February 2020 as previously noted in Dr. Smith's records.

ALJ: I appreciate the clarification from both Ms Schroeder and her attorney regarding the discontinuation of Zylotin. To confirm, Ms Schroeder stopped taking Zylotin in February 2020, as noted in Dr. Smith's records. Can you elaborate on why you decided

to stop taking Zylotin despite it being prescribed for a relatively short period, from January to March 2020?

BY ADMINISTRATIVE LAW JUDGE:

A It didn't seem to be effective for me.

Q I've taken note that Ms Schroeder stopped taking Zylotin due to its ineffectiveness for her symptoms. However, I'd like to bring up another aspect of her claim. According to the records provided by Dr. Smith, Ms Schroeder did have a significant improvement in her symptoms when she started taking Linocin in April 2020. This new information raises questions about the effectiveness of her current treatment plan and whether it's sufficient to manage her IBS symptoms.

A I was hoping Linocin would work better than Zylotin, but unfortunately, it didn't last long and I started experiencing the same symptoms again.

Q I've taken note that Ms Schroeder experienced a temporary improvement with Linocin, but unfortunately, her symptoms returned. I'd also like to bring up another aspect of her claim that hasn't been mentioned previously - the development of vocal cord granuloma in June 2020. According to Dr. Smith's records, this condition is likely related to chronic throat clearing due to her IBS symptoms.

CLMT: The granuloma on my vocal cords is another complication of my IBS symptoms.

BY ADMINISTRATIVE LAW JUDGE:

A Ms Schroeder, it appears that the vocal cord granuloma is another consequence of your IBS symptoms. Were you ever treated for this condition, or have you been managing its symptoms through other means?

Q I've been seeing a throat specialist for it.

A Understood, I'll make a note of that.

Q It's a separate issue from my IBS symptoms.

A I'd like to revisit Ms Schroeder's experience with unpredictable bowel movements and severe abdominal pain, which she mentioned earlier was affecting her ability to maintain a regular work schedule. Can you confirm that these symptoms continue to impact your daily life?

Q Yes, these symptoms continue to affect my daily life and make everyday activities a struggle. Even simple tasks like grocery shopping or cooking meals become daunting challenges because I'm constantly worried about when and where the next severe cramp will strike. It's hard to plan anything ahead of time because I never know how I'll feel from one hour to the next, let alone from day to day.

A I acknowledge that Ms Schroeder's unpredictable bowel movements and severe abdominal pain continue to significantly impact her daily life.

Q It's like living with a ticking time bomb, never knowing when I'll get hit with a severe cramp that leaves me crippled for hours.

A I understand it's an unpredictable condition, but did you ever experience any complete relief from symptoms at any point?

Q No.

A No complete relief from symptoms.

Q [INAUDIBLE]

A I want to make it clear that you're stating that there's been no complete relief from symptoms at any point. You've said this before, and I just want to reiterate that for my records. So, to confirm, there has been no instance where your symptoms have completely gone away without any triggers or anything. Is that correct?

Q That's correct. There has been no instance where my symptoms completely went away on their own.

A Acknowledged. Did you experience any significant worsening of symptoms after starting to work from home?

Q Yes.

A Noted that symptoms worsened after starting work from home.

Q I found it more challenging to manage my stress levels while working from home, which seemed to exacerbate my IBS symptoms.

A Yes, it's common for individuals with IBS to experience worsening symptoms when they're under increased stress or pressure, such as working from home without a clear separation between work and personal life. And you found that managing your

stress levels became more difficult while working from home, which in turn seemed to exacerbate your IBS symptoms. Did you try any specific strategies to cope with the added stress of working from home on your IBS symptoms?

Q I tried journaling and deep breathing exercises to help manage my stress.

ALJ: Acknowledged that you tried journaling and deep breathing exercises to manage stress.

ATTY: I acknowledge that Ms Schroeder's IBS symptoms continue to significantly impact her daily life and that she has tried various stress management techniques such as journaling and deep breathing exercises.

ALJ: Noted and acknowledged.

EXAMINATION OF MEDICAL EXPERT BY ATTORNEY:

Q What about her last flare-up in February 2022, where she required hospitalization for dehydration and electrolyte imbalances?

A I required hospitalization for dehydration and electrolyte imbalances due to severe diarrhea and vomiting.

Q And didn't that hospitalization confirm Dr. Lee's note stating she was experiencing a significant decrease in her baseline electrolyte levels during this time?

A Yes, my hospitalization in February 2022 confirmed that I was experiencing a significant decrease in my baseline electrolyte levels due to severe diarrhea and vomiting caused by my IBS

symptoms. It also showed just how unstable my condition can be when left unmanaged. My healthcare team even had to administer IV fluids and electrolytes to stabilize me, which really highlighted the severity of my situation.

Q The hospitalization records indicate that her electrolyte levels remained low even after treatment with IV fluids and electrolytes, suggesting a persistent imbalance that could have long-term effects on her health.

A The hospitalization showed a persistent electrolyte imbalance that could have long-term effects on my health.

Q And doesn't that persistent electrolyte imbalance, as evidenced by the lab results, significantly impact her ability to maintain a regular work schedule?

A Yes, the persistent electrolyte imbalance affects my energy levels and leaves me feeling fatigued, making it difficult for me to maintain a regular work schedule.

Q Isn't it true that your persistent electrolyte imbalance and resultant fatigue render you unable to perform even basic job duties?

A Yes.

Q Then can you confirm that Dr. Smith's expert testimony stating you're disabled due to IBS is consistent with these facts?

A Yes.

Q Doesn't Dr. Smith's testimony directly link your IBS-induced electrolyte imbalance and resultant fatigue to rendering

you unable to maintain any substantial gainful activity?

A [INAUDIBLE]

Q You see, Ms Schroeder, as we've discussed at length throughout these proceedings, it's crystal clear that your IBS-induced electrolyte imbalance and resultant fatigue are the direct causes of your inability to maintain any substantial gainful activity. This is precisely what Dr. Smith's expert testimony has established time and time again, isn't it? And if I may reiterate, this debilitating condition, as confirmed by the medical records from your February 2022 hospitalization, leaves you unable to perform even the most basic job duties, correct?

A Yes.

Q Doesn't Dr. Smith's testimony confirm that your IBS renders you unable to work for at least two years?

A Yes.

Q And Dr. Smith's testimony confirms that her electrolyte imbalance is irreversible?

A Yes.

Q The irreversible electrolyte imbalance confirmed by Dr. Smith's testimony is critical to this trial, isn't it, Ms Schroeder? And doesn't that irreversibility, combined with your inability to work for at least two years, constitute a clear disability finding under the regulations?

A Yes.

Q Does the irreversibility of her electrolyte imbalance,

confirmed by Dr. Smith's testimony and supported by medical records from February 2022, not constitute a critical finding that precludes any possibility of vocational rehabilitation?

A Yes.

Q Given Dr. Smith's testimony and medical records confirming irreversible electrolyte imbalance, isn't it clear that vocational rehabilitation is not a viable option for Ms. Schroeder?

A Yes.

Q Is it not established that Ms Schroeder's irreversible electrolyte imbalance makes her unable to work for at least two years?

A Yes.

ATTY: Ms Schroeder's disability is clear, and I am done presenting my case.

ALJ: Thank you, Attorney. I'd like to clarify a few points regarding vocational rehabilitation. You stated that Dr. Smith's testimony and medical records confirm irreversible electrolyte imbalance, making it not a viable option for Ms. Schroeder. However, can we discuss the possibility of accommodations or modifications in the workplace that might alleviate some of her symptoms?

ATTY: We've explored accommodations and modifications with Dr. Smith, but unfortunately, they would not alleviate her electrolyte imbalance or render her capable of working.

ALJ: You stated that Dr. Smith's testimony and medical records confirm irreversible electrolyte imbalance making Ms. Schroeder unable to work for at least two years. Can you clarify what specific job duties she would be incapable of performing?

ATTY: All substantial gainful activity.

ALJ: So, all SGAs are beyond her capabilities.

ATTY: Yes.

ALJ: Did Ms Schroeder's electrolyte imbalance cause her to experience dizziness or lightheadedness?

ATTY: [INAUDIBLE]

BY ADMINISTRATIVE LAW JUDGE:

Q Based on the medical evidence and testimony presented, it appears that Ms Schroeder's IBS- induced electrolyte imbalance renders her unable to engage in any substantial gainful activity due to debilitating symptoms such as fatigue, dizziness, and lightheadedness. I'd like to thank you, Attorney, for presenting a thorough and well-organized case on behalf of your client.

A Yes, it caused me to experience dizziness and lightheadedness.

Q Acknowledged. Did [INAUDIBLE] Schroeder's symptoms persist despite treatment?

A [INAUDIBLE]

Q Was she unable to work due to these persistent symptoms?

A Yes.

Q Are her symptoms permanent?

A Yes.

Q Does she meet the requirements for disability under the Social Security Act?

A [INAUDIBLE]

Q Case dismissed. Eligibility for disability benefits granted.

A Thank you.

Q Your application for disability benefits has been approved.

A Thank you.

Q Benefits will be mailed within two weeks.

A Okay.

Q Will Ms Schroeder require ongoing medical treatment for her electrolyte imbalance?

A [INAUDIBLE]

Q What type [INAUDIBLE] treatment will she require?

A Fluid management and electrolyte replacement therapy.

Q Acknowledged. Will she require ongoing monitoring of her electrolyte levels?

A Yes.

ALJ: Thank you, Ms Schroeder, for being so forthcoming and cooperative throughout this process. I'd like to take a moment to appreciate the expertise provided by Dr. Clotilde Ward, who has an impressive background in gastroenterology, with over 20 years of experience and numerous publications on topics related to

electrolyte imbalances and fluid management. For those interested in learning more about Dr. Ward's qualifications, his resume is available upon request, and I'm sure it would be a valuable resource for anyone seeking information on this topic. Now, Counsel, do you have any objections to the medical expert or the conclusions drawn from Dr. Ward's testimony?

ATTY: No objections.

(The medical expert, CLOTILDE WARD, MD, having been first duly sworn, testified as follows:)

EXAMINATION OF MEDICAL EXPERT BY ADMINISTRATIVE LAW JUDGE:

Q For the record, Dr. Clotilde Ward.

A [INAUDIBLE]

Q Can you summarize your medical education, training, and professional experience as a gastroenterologist?

A Well, I guess I should start by saying that I received my medical degree from a very prestigious university, one that's highly regarded for its academic excellence and research opportunities. I then went on to complete my residency training in internal medicine, which provided me with a solid foundation in the management of various gastrointestinal disorders. After completing my residency, I pursued additional specialized training in gastroenterology through a fellowship program, during which time I gained extensive experience in endoscopic procedures, including colonoscopies and upper endoscopy. My fellowships also gave me the opportunity to work alongside some of the most

renowned experts in the field, and I was fortunate enough to participate in numerous clinical trials and research studies that have since been published in reputable medical journals. As for my professional experience, I've been working as a gastroenterologist for over 20 years now, during which time I've had the privilege of caring for thousands of patients with various gastrointestinal disorders, including those with electrolyte imbalances and fluid management issues. My expertise has also led to me being invited to speak at numerous medical conferences and symposia on topics related to my area of specialty.

Q Dr. Ward, are you familiar with the specific gastrointestinal condition and electrolyte imbalance affecting Ms Schroeder?

A Yes.

Q Did you review Ms Schroeder's medical records?

A Yes, I reviewed her medical records.

Q Anything that suggests vocational rehabilitation is a viable option?

A Well, as I reviewed her medical records, I did notice that she had been experiencing persistent gastrointestinal symptoms despite various treatments and interventions, which suggests to me that vocational rehabilitation might not be a viable option at this time. Although, I do recall seeing some notes from her primary care physician indicating that they were considering referring her to a rehabilitation specialist for

further evaluation. However, upon closer inspection, I noticed that those notes were actually from several years ago and don't seem to reflect the current state of her condition. And, if I may add, while it's true that she has been receiving ongoing medical treatment, I did see some inconsistencies in her medication regimen and laboratory results, which leads me to believe that her electrolyte imbalance is likely permanent and not something that can be easily managed through vocational rehabilitation. But, I suppose one could argue that vocational rehabilitation might still be a possibility if... uh, if she were able to somehow magically overcome these persistent symptoms and electrolyte imbalances. Yes, that's it.

Q That's sufficient, Dr. Ward.

A Yes, well, I guess what I'm trying to say is that vocational rehabilitation just doesn't seem like a feasible option for Ms Schroeder at this point, given her persistent symptoms and electrolyte imbalance. And, I mean, even if we were to try to put her through some kind of vocational rehabilitation program, it's not like it would necessarily address the underlying issue of her gastrointestinal condition. I mean, unless... unless they somehow figure out a way to, you know, reverse-engineer her entire digestive system or something. But, I digress. What I'm trying to say is that she really needs to focus on managing her electrolyte levels and getting her gut health under control before we can even think about putting her into some kind of vocational program. And,

you know, one thing that might be helpful would be if they could get her onto a more consistent diet, maybe something with fewer... uh, trigger foods, I suppose. Yes, that's it. A consistent diet with fewer trigger foods. But, hey, that's just my two cents.

Q Thank you, Dr. Ward.

ATTY: Dr. Ward's testimony and medical records confirm that Ms Schroeder's electrolyte imbalance renders her incapable of performing even sedentary work. Her persistent gastrointestinal symptoms and inconsistent medication regimen further support this conclusion. Vocational rehabilitation is not a viable option at this time, as it would require addressing the underlying issue of her gastrointestinal condition, which has proven resistant to treatment thus far.

ALJ: Claimant's disability has been established.

ATTY: I'm Camille Stoltenberg- Kunde, representing Ms Schroeder.

ME: I acknowledge that Ms Schroeder's electrolyte imbalance renders her incapable of performing even sedentary work.

ATTY: Then why did Dr. Ward mention inconsistencies in her medication regimen?

ME: The inconsistencies in her medication regimen were not significant enough to alter my overall conclusion.

ATTY: But didn't Dr. Ward also say that vocational rehabilitation is not a viable option due to her persistent symptoms and electrolyte imbalance? If so, doesn't it follow that

any inconsistency in her medication regimen could potentially impact the effectiveness of her treatment plan and, by extension, her ability to participate in vocational rehabilitation?

ME: Yes.

ATTY: Doesn't that imply her condition may not be as permanent as initially stated?

ME: I must admit that the inconsistencies in her medication regimen could potentially impact the effectiveness of her treatment plan, which may indicate a need for ongoing medical evaluation and adjustments rather than a permanent condition.

ATTY: So, Dr. Ward, it seems that your initial conclusion of permanent disability may not be entirely accurate. Isn't it true that the inconsistencies in Ms Schroeder's medication regimen could indicate a need for ongoing medical evaluation and adjustments, rather than a fixed condition? But didn't you also say that vocational rehabilitation is still not feasible due to her persistent symptoms? How can we reconcile these two seemingly contradictory statements, Doctor? And isn't it your professional duty as an expert witness to provide a clear and definitive conclusion, rather than leaving the court with conflicting information?

ME: I must clarify my previous statements. While her persistent symptoms may render vocational rehabilitation challenging, ongoing medical evaluation and adjustments could potentially improve her condition, thus making it premature to

conclude permanent disability.

ATTY: So, Dr. Ward, it seems that your previous testimony was somewhat... muddled. Allow me to clarify: You're saying that vocational rehabilitation is still not feasible due to her persistent symptoms, but at the same time, ongoing medical evaluation and adjustments could potentially improve her condition, which would make it premature to conclude permanent disability? But what about the fact that she's been unable to work for an extended period of time, despite undergoing various treatment plans? Doesn't that suggest some level of permanency to her condition? And isn't it true that you, as a medical expert, have a duty to consider all relevant factors when rendering an opinion on disability?

ME: Yes, her prolonged absence from work and lack of improvement despite various treatment plans do suggest a level of permanency to her condition.

ATTY: So, Dr. Ward, it seems that we've finally gotten to the crux of the matter. You're saying that, despite her prolonged absence from work and lack of improvement despite various treatment plans, there's still a glimmer of hope that ongoing medical evaluation and adjustments could potentially improve her condition? But isn't it true that this is simply delaying the inevitable, and that we're essentially just kicking the can down the road here? I mean, how many times do you need to reiterate that she's been unable to work for an extended period of time

before we can acknowledge that maybe, just maybe, her condition is more permanent than you'd like to admit? And what about the fact that she's already undergone multiple treatment plans without any significant improvement? Doesn't that suggest a level of futility in pursuing further medical evaluation and adjustments? Are you essentially saying that we should just keep throwing money at this problem without ever expecting to see any real results?

ME: While I understand your point that ongoing medical evaluation and adjustments may not lead to significant improvement, it's essential to consider Ms Schroeder's individual case and the nuances involved. A thorough assessment of her condition and potential future improvements is necessary before concluding permanent disability.

ATTY: I'll reserve my final remarks for closing arguments. I'm done questioning Dr. Ward.

BY ADMINISTRATIVE LAW JUDGE:

Q It appears that Dr. Ward's testimony has been somewhat inconsistent regarding Ms Schroeder's condition and the feasibility of vocational rehabilitation. I'd like to review some of the evidence presented in this case, particularly the medical records and treatment plans implemented by her primary care physician. Can you explain, Dr. Ward, how these records support or contradict your previous statements about her electrolyte imbalance and gastrointestinal symptoms?

A Upon reviewing Ms Schroeder's medical records, I noticed

that her primary care physician has been monitoring her electrolyte levels and adjusting her medication regimen accordingly. However, despite these efforts, her gastrointestinal symptoms persist, suggesting a complex interplay between her electrolyte imbalance and other underlying factors. The treatment plans implemented by her primary care physician do indicate a commitment to managing her condition, but I would caution that the lack of significant improvement over time does suggest some level of permanency to her condition.

Q It appears that Ms Schroeder's medication regimen has been adjusted multiple times to address her electrolyte imbalance, with little to no improvement in her gastrointestinal symptoms. Can you tell me, Dr. Ward, how this lack of progress impacts your previous conclusion about the feasibility of vocational rehabilitation?

A This lack of progress suggests vocational rehabilitation is unlikely to be feasible at this time.

Q I'd like to examine Exhibit B, which appears to be a comprehensive report on Ms Schroeder's condition after multiple rounds of treatment. Doctor, can you tell me how this report relates to your previous testimony about the potential for vocational rehabilitation?

A The report indicates persistent gastrointestinal symptoms despite multiple treatments, suggesting a high likelihood of permanent disability.

Q Noting that the report confirms persistent gastrointestinal symptoms despite multiple treatments, I'd like to schedule a recess to review all evidence presented thus far. This will allow me to make an informed decision regarding Ms Schroeder's disability claim.

A I understand, thank you for clarifying.

ATTY: Your Honor, I'd like to clarify that Dr. Ward's testimony has indeed shifted towards acknowledging the potential permanency of Ms Schroeder's condition, particularly given the lack of progress despite multiple treatments and adjustments to her medication regimen. I believe this shift in testimony undermines his initial conclusion about the feasibility of vocational rehabilitation, which he now seems to acknowledge is unlikely due to her persistent gastrointestinal symptoms.

(The vocational expert, BURLEY KOVACEK, having been first duly sworn, testified as follows:)

EXAMINATION OF VOCATIONAL EXPERT BY ADMINISTRATIVE LAW JUDGE:

Q What vocational opportunities would be available to Ms Schroeder assuming she can perform sedentary work?

A Well, as a vocational expert, I've had the pleasure of reviewing various job descriptions and requirements, and I must say that pharmacists play a vital role in our healthcare system, ensuring that medication is dispensed correctly and safely to patients. Now, regarding their physical demands, it's essential to note that while they may not be lifting heavy boxes or equipment

all day, which would classify as heavy or very heavy work, they do need to stand for extended periods, move around the pharmacy, and occasionally lift small containers or supplies, which would still qualify as medium-level exertion. Now, in terms of SVP, I would rate pharmacist jobs a 7 or 8 on the scale, as they require a high level of education, training, and expertise to accurately interpret prescriptions, advise patients, and manage inventory, among other responsibilities. However, it's worth noting that some pharmacists may choose to work in retail settings where their tasks might be more routine and less demanding, but overall, the role is quite skilled and requires a strong foundation in chemistry, biology, and pharmacology. Now, considering Ms Schroeder's potential for sedentary work, I would say that pharmacist positions, while not entirely suitable due to the medium-level physical demands, could potentially be adapted or modified to accommodate her needs, perhaps with some accommodations such as frequent breaks or a more ergonomic workspace.

Q Vocational Expert Burley Kovacek, I'd like to clarify that while pharmacist jobs require medium-level physical demands due to standing and occasional lifting, you mentioned they could potentially be adapted or modified for claimant Ms Schroeder. Can you provide more details on what specific accommodations might be made? Additionally, would it be reasonable to assume she could perform the essential duties of a pharmacist in a retail setting,

such as Profile 1: 'Pharmacist - Retail' at XYZ Pharmacy, which involves tasks like assisting customers, processing prescriptions, and maintaining inventory? Could you elaborate on why this particular role might not be suitable for Ms Schroeder given her sedentary work potential?

A No, I don't believe it's reasonable to assume she could perform essential duties of a pharmacist, even with accommodations.

Q You indicated that even with accommodations, Ms Schroeder could not perform the essential duties of a pharmacist. Can you clarify this by referring to Profile 2: 'Pharmacist - Retail' at ABC Pharmacy, which involves tasks like answering customer inquiries, processing prescriptions, and maintaining inventory, but in a smaller retail setting with lower volume and less complex interactions? Would it be consistent for Ms Schroeder to perform the essential duties of this particular role?

A Yes

Q It appears that our vocational expert has clarified his previous testimony, indicating that even with accommodations, Ms Schroeder could perform some of the essential duties of a pharmacist, specifically those related to Profile 2 at ABC Pharmacy. However, this is still not entirely clear regarding her ability to perform tasks like answering customer inquiries or maintaining inventory in such a smaller retail setting. I'd like to inquire if her gastrointestinal symptoms from earlier are

causing any particular problem with her ability to perform these tasks.

A Yes, her symptoms would make those tasks difficult.

ALJ: It appears that Ms Schroeder's gastrointestinal symptoms would indeed make tasks such as answering customer inquiries and maintaining inventory difficult for her to perform in a smaller retail pharmacy setting like ABC Pharmacy, despite potential accommodations. I'd now like to inquire if the claimant's Counsel has any questions before we conclude this vocational examination.

ATTY: Yes

EXAMINATION OF VOCATIONAL EXPERT BY ATTORNEY:

Q Doctor Ward, I'd like to follow up on the vocational expert's testimony regarding Ms Schroeder's ability to perform tasks in a retail pharmacy setting. Specifically, he mentioned that her gastrointestinal symptoms would make answering customer inquiries and maintaining inventory difficult. Can you elaborate on how her other condition, specifically her electrolyte imbalance, might impact her employability in such roles, considering the need for frequent breaks and potential medication regimen?

A Her electrolyte imbalance would also impact her ability to perform tasks in a retail pharmacy setting, as it may require frequent breaks and adjustments to medication regimens, which could limit her availability for work and increase absenteeism.

Q That's helpful, Vocational Expert Burley Kovacek. Building on that point, I'd also like to know how Ms Schroeder's persistent gastrointestinal symptoms and electrolyte imbalance might interact with her potential need for accommodations in a retail pharmacy setting, such as frequent breaks or ergonomic adjustments, to impact her overall employability in this type of role.

A Given her persistent gastrointestinal symptoms and electrolyte imbalance, it's likely that even with accommodations such as frequent breaks or ergonomic adjustments, Ms Schroeder would still face significant challenges in performing the essential duties of a retail pharmacist. The frequency and unpredictability of her symptoms could lead to inconsistent work attendance and productivity, making it difficult for her to meet the demands of the job, particularly in roles requiring high levels of interaction with customers and coworkers.

ALJ: Thank you, Vocational Expert Burley Kovacek, for your comprehensive and detailed testimony regarding Ms Schroeder's employability in retail pharmacy settings. I'd like to thank the entire panel of experts and witnesses who have contributed to this hearing. As we conclude, it appears that the evidence presented suggests a high likelihood of permanent disability due to Ms Schroeder's persistent gastrointestinal symptoms and electrolyte imbalance. The vocational expert's testimony has shed light on the potential difficulties she may face in performing essential duties

in retail pharmacy settings, even with accommodations. With that said, I'd like to open the floor for any final remarks from the claimant before we proceed with our decision.

CLMT: Your Honor, esteemed members of this panel, I would like to take a moment to express my deepest gratitude for the thorough examination and testimony provided by our expert witnesses today. It's clear that they have poured their hearts and souls into understanding the complexities of my conditions, and I am deeply grateful for their dedication. As we stand here today, it is imperative that we acknowledge the very real challenges that I face on a daily basis. My persistent gastrointestinal symptoms and electrolyte imbalance are more than just mere obstacles - they are the unyielding forces that shape my every waking moment. They dictate my availability, my energy levels, and my ability to interact with others. And yet, despite these insurmountable hurdles, I have persevered, I have adapted, and I have continued to push forward with unwavering determination. But let us not be fooled - this is not a story of triumph; it's a testament to the unrelenting struggles that many individuals like me face every single day. We are not defined by our resilience alone; we are defined by the systemic barriers, the lack of understanding, and the societal stigmas that prevent us from truly living up to our potential. I implore you, honorable members of this panel, to remember that disability is not just a medical condition - it's a lived experience. It's a daily battle to navigate the world with

dignity, to find meaning in a system that often seems designed to marginalize and exclude. And so, as we conclude this hearing today, I ask you to hold onto the stories of those like me who have been silenced, marginalized, or forgotten. Hold onto the memories of those who have struggled, who have suffered, and who have fought against the tide of societal indifference. Because it is only by acknowledging our shared humanity, our struggles, and our triumphs that we can begin to dismantle the systems that perpetuate inequality and oppression. Let us stand together in solidarity, with the understanding that disability is not just a medical condition - it's a call to action, a beacon of hope, and a testament to the unbreakable human spirit.

ALJ: Thank you, Ms Schroeder, for your powerful testimony. I'd like to thank all of our expert witnesses and panel members for their dedication and expertise. This hearing is adjourned.

VE: Thank you, Ms Schroeder, for a powerful and thought-provoking testimony.

ME: Thank you for clarifying that point, Attorney Stoltenberg- Kunde. The pharmacist job requires constant interaction with customers and coworkers, which could exacerbate her gastrointestinal symptoms and electrolyte imbalance. Even with accommodations, she would likely face significant challenges in meeting the demands of the job due to inconsistent work attendance and productivity.

CLMT: Thank you for your time and understanding.

ATTY: Thank you, members of this panel, for a thorough examination of Ms Schroeder's case. I appreciate your dedication to understanding her complex conditions and their impact on her employability. We will continue to advocate for individuals like Ms Schroeder who face significant challenges in finding suitable employment due to persistent health issues.

(The hearing closed at 11:13 AM, on March 25, 2015.)

C E R T I F I C A T I O N

I have read the foregoing and hereby certify that it is a true and complete transcription of the testimony recorded at the hearing in the case of Lorna Schroeder, held before Administrative Law Judge Kennedi Rutherford.

Abigale Kub, Transcriber
Runolfsson, Bartell and Anderson

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