[DO NOT PUBLISH]

In the

United States Court of Appeals

For the Eleventh Circuit

No. 23-13018

Non-Argument Calendar

IRENE PEREZ,

Plaintiff-Appellant,

versus

COMMISSIONER OF SOCIAL SECURITY,

Defendant-Appellee.

Appeal from the United States District Court
for the Middle District of Florida
D.C. Docket No. 8:22-cv-00972-DNF

Before JILL PRYOR, BRANCH, AND ANDERSON, Circuit Judges.

PER CURIAM:

Irene Perez appeals the district court's order affirming the Commissioner of the Social Security Administration's ("SSA") decision to deny her application for supplemental security income ("SSI") benefits, pursuant to 42 U.S.C. § 1383(c)(3). She argues that the administrative law judge ("ALJ") substituted her opinion for that of a medical expert in determining that Perez had the residual functional capacity ("RFC") to perform light work, and that the district court erred in finding that there was substantial evidence in the record upon which to affirm the denial.

We review the decision of the ALJ as the Commissioner's final decision when the ALJ denies benefits and the Appeals Council denies review of the ALJ's decision. *Doughty v. Apfel*, 245 F.3d 1274, 1278 (11th Cir. 2001). We review Social Security cases to determine whether the Commissioner's decision was supported by substantial evidence and whether the correct legal standards were applied. *Winschel v. Comm'r of Soc. Sec.*, 631 F.3d 1176, 1178 (11th Cir. 2011). The Commissioner's factual findings must be supported by substantial evidence, meaning "more than a scintilla" and "such relevant evidence as a reasonable person would accept as adequate to support a conclusion." *Id.* (quotation marks omitted). Under this limited standard of review, we do not decide the facts anew, make credibility determinations, or re-weigh the evidence. *Id.* However, we review *de novo* the legal principles applied by the

Commissioner. *Raper v. Comm'r of Soc. Sec.*, 89 F.4th 1261, 1268 (11th Cir. 2024).

The Social Security regulations outline a five-step sequential evaluation process for determining whether a claimant is disabled. *See* 20 C.F.R. § 416.920(a)(4)(i)-(v), (b)-(g). First, if a claimant is engaged in substantial gainful activity, they are not disabled. 20 C.F.R. § 416.920(a)(4)(i), (b). Second, if the claimant has no impairment or combination of impairments that significantly limits their ability to work, they are not disabled. *Id.* § 416.920(a)(4)(ii), (c). Third, if the claimant's impairment meets or equals the severity of one of the Social Security regulations' listed impairments, they are considered categorically disabled. *Id.* § 416.920(a)(4)(iii), (d). Fourth, based on an RFC assessment, if a claimant can still do their past work, they are not disabled. *Id.* § 416.920(a)(4)(iv), (e)-(f). Fifth, in light of their RFC, age, education level, and work experience, if a claimant cannot do their past work but can make an adjustment to other work, they are not disabled. *Id.* § 416.920(a)(4)(v), (g).

The claimant's RFC is "the most [they] can still do despite [their] limitations." 20 C.F.R. § 416.945(a)(1). An RFC includes "all of [the claimant's] medically determinable impairments" and is assessed "based on all the relevant medical and other evidence." *Id.* § 416.945(a)(2)-(3). The ALJ can order an additional examination when the record does not contain sufficient information to support an RFC determination. *Id.* § 416.917; *Doughty*, 245 F.3d at 1280-81.

The task of determining a claimant's RFC rests with the ALJ. 20 C.F.R. § 416.946(c).

The Social Security regulations classify jobs as requiring sedentary, light, medium, heavy, or very heavy physical exertion. 20 C.F.R. § 416.967. As relevant here: "[s]edentary work involves lifting no more than 10 pounds at a time and occasionally lifting or carrying articles like docket files, ledgers, and small tools. Although a sedentary job is defined as one which involves sitting, a certain amount of walking and standing is often necessary in carrying out job duties. Jobs are sedentary if walking and standing are required occasionally and other sedentary criteria are met." *Id.* § 416.967(a). Additionally, "[l]ight work involves lifting no more than 20 pounds at a time with frequent lifting or carrying of objects weighing up to 10 pounds. Even though the weight lifted may be very little, a job is in this category when it requires a good deal of walking or standing, or when it involves sitting most of the time with some pushing and pulling of arm or leg controls. To be considered capable of performing a full or wide range of light work, [the claimant] must have the ability to do substantially all of these activities." *Id.* § 416.967(b).

For claims filed on or after March 27, 2017, the ALJ "will not defer or give any specific evidentiary weight, including controlling weight, to any medical opinion(s) or prior administrative medical findings(s), including those from [the claimant's] medical sources." *Id.* § 416.920c(a). The ALJ considers the medical opinions and prior administrative findings in the claimant's file using five factors: (1)

supportability, referring to the objective evidence and explanations provided by a source; (2) consistency with other evidence; (3) the source's relationship with the claimant, including the length, purpose, and extent of the treatment relationship, as well as the frequency of examinations; (4) the source's area of medical specialization, if any; and (5) "other factors that tend to support or contradict a medical opinion or prior administrative finding." *Id.* § 416.920c(c)(1)-(5). Supportability and consistency are the "most important" factors and the ALJ must explain how those factors were considered. *Id.* § 416.920c(b)(2). The ALJ can reject any medical opinion if the evidence supports a contrary finding but may not substitute her own opinion on medical issues for the opinions of medical experts. *See Sharfarz v. Bowen*, 825 F.2d 278, 280 (11th Cir. 1987); *Graham v. Bowen*, 786 F.2d 1113, 1115 (11th Cir. 1986).

Here, substantial evidence supported the ALJ's determination that Perez had the RFC to perform light work. In making her determination, the ALJ considered extensive treatment records suggesting that Perez had a higher RFC than that suggested by the administrative medical findings. Further, the ALJ appropriately considered those administrative medical findings as only "partially persuasive" because they were based on a consultative examination report that was neither supportable nor consistent with Perez's treatment records. The ALJ did not substitute her opinion for that of a medical expert by discounting that report and the portions of the administrative medical findings that relied on it.

AFFIRMED.