

NOT FOR PUBLICATION

In the  
United States Court of Appeals  
For the Eleventh Circuit

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No. 24-13554  
Non-Argument Calendar

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BRYAN DUBOSE,

*Plaintiff-Appellant,*

*versus*

COMMISSIONER OF SOCIAL SECURITY,

*Defendant-Appellee.*

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Appeal from the United States District Court  
for the Middle District of Georgia  
D.C. Docket No. 5:23-cv-00123-CHW

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Before JORDAN, LUCK, and BRASHER, Circuit Judges.

PER CURIAM:

Bryan Alan Dubose appeals the district court's order affirming the Commissioner of the Social Security Administration's denial of Dubose's claim for disability insurance benefits. Dubose

argues that this denial was improper for three reasons. First, he contends that the administrative law judge who issued the denial decision failed to comply with the Appeals Council's order on remand to consider Dubose's residual functional capacity in light of his limitations. Second, he argues that the administrative law judge failed to properly consider consistency and supportability in evaluating the medical opinions of a doctor and that the judge found contrary to those opinions without substantial evidence. Third, he argues that, in denying his request for review, the Appeals Council erred by failing to properly address new evidence that he had submitted. Each of these arguments fails, and we therefore affirm.

## I.

### A.

The Social Security regulations outline a five-step sequential evaluation process for determining whether a claimant is disabled. *See* 20 C.F.R. § 404.1520(a)(4)(i)–(v), (b)–(g). First, if the claimant is engaged in substantial gainful activity, he is not disabled. *Id.* § 404.1520(a)(4)(i), (b). Second, if the claimant has no impairment or combination of impairments that significantly limits his ability to work, he is not disabled. *Id.* § 404.1520(a)(4)(ii), (c). Third, if the claimant's impairment meets or equals the severity of one of the Social Security regulations' listed impairments, he is considered categorically disabled. *Id.* § 404.1520(a)(4)(iii), (d). Fourth, in light of his residual functional capacity, if a claimant can still do his past work, he is not disabled. *Id.* § 404.1520(a)(4)(iv), (e)–(f). Fifth, given his residual functional capacity, age, education, and work

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experience, if a claimant cannot do his past work but can make an adjustment to other work, he is not disabled. *Id.* § 404.1520(a)(4)(v), (g).

The residual functional capacity, as referenced in steps four and five, determines “the most [the claimant] can still do despite [his] limitations.” *Id.* § 404.1545(a)(1). That capacity includes all medically determinable impairments and relies on all the relevant medical and other evidence, including observations from the individual and family. *Id.* § 404.1545(a)(2)–(3). As a Social Security ruling puts it, residual functional capacity is “an assessment of an individual’s ability to do sustained work-related physical and mental activities in a work setting on a regular and continuing basis.” SSR 96-8p, 1996 WL 374184, at \*1 (July 2, 1996). This assessment “considers only functional limitations and restrictions that result from an individual’s medically determinable impairment or combination of impairments, including the impact of any related symptoms.” *Id.*

B.

Dubose, a former machine repairer, filed a Title II application for disability benefits in 2018. His disability report identified the following medical conditions: blind or low vision, bipolar disorder, depression, diabetes, hypertension, and attention-deficit hyperactivity disorder.

Dubose’s claim was initially denied, and on reconsideration, he requested a hearing before an administrative law judge, who then held a hearing at which Dubose testified. In October 2021, in a written decision, the administrative law judge considered Dubose

not disabled. The judge found that Dubose had the residual functional capacity to perform medium work with exceptions. Namely, the judge found that Dubose could perform “simple tasks with occasional social interaction with the public, co-workers, and supervisors.” But also, the judge found that Dubose had a “moderate limitation” in the four areas of mental functioning considered at step three of the five-step disability evaluation process described above: (1) understanding, remembering, or applying information; (2) interacting with others; (3) concentrating, persisting, or maintaining pace; and (4) adapting or managing oneself. *See* 20 C.F.R. § 404.1520(a)(4)(iii), (d).

In March 2022, the Appeals Council vacated the administrative law judge’s decision, reasoning that the decision’s assessment of Dubose’s residual functional capacity was inconsistent with the decision’s findings that he had moderate limitations in concentrating, persisting, or maintaining pace and in adapting or managing himself. Remanding for further proceedings, the Appeals Council directed the judge to, among other things, give further consideration to Dubose’s maximum residual functional capacity, and to provide an appropriate rationale referencing record evidence to support the assessed limitations.

In July 2022, the administrative law judge held a second hearing, at which Dubose testified again. Among other things, he testified about his negative thoughts, anxiety, lack of energy, suicidal ideation, and difficulty working with others. And through his counsel, Dubose argued that the opinions of Dr. Ali Ahmadi, one

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of his treating psychiatrists, revealed that Dubose met the criteria establishing a listed impairment at step three of the disability evaluation process. *See id.*

A vocational expert also testified at the July 2022 hearing. The administrative law judge posed a hypothetical to the vocational expert. The judge asked about a “younger individual” who “is at the medium exertion capacity as defined in the Regulations with exceptions.” Among other things, the hypothetical mentioned the worker’s “maximum capacity for simple tasks that are neither complex nor complicated”; an ability to “sustain occasional interaction with the public, coworkers and supervisors” and to “adapt to any changes in simple routine of work”; and an inability to operate at the “production rate pace of an assembly line, L-I-N-E, job.” Based on the hypothetical limitations, the vocational expert concluded that the hypothetical individual could perform jobs such as a laundry worker, kitchen helper or dishwasher, and warehouse worker, all of which would be unskilled work at the medium exertional level.

On August 24, 2022, the administrative law judge issued his written decision, determining that Dubose was not disabled and denying him disability benefits. The judge walked through the five-step disability evaluation process. The judge did not find at either steps one or two that Dubose was not disabled, and so moved to step three. *See id.* § 404.1520(a)(4)(i)–(ii), (b)–(c).

At step three, the judge did not find that Dubose *was* disabled either: he found that none of Dubose’s impairments, whether

individually or in combination, met or equaled the severity threshold of a listed impairment. *See id.* § 404.1520(a)(4)(iii), (d). To make that finding, the judge determined Dubose’s levels of limitation in the four areas of mental functioning discussed above. First, in “understanding, remembering, or applying information,” the judge found that Dubose had a mild limitation. Second, in “interacting with others,” Dubose had a moderate limitation. Third, in “concentrating, persisting, or maintaining pace,” Dubose had a moderate limitation. And fourth, in “adapting or managing oneself,” Dubose had a mild limitation. Because the “mild” or “moderate” limitations did not arise to the requisite level of severity, the judge did not find disability at step three.

Before moving to steps four and five, the judge determined Dubose’s residual functional capacity. The judge stated that, after considering the entire record, he found that Dubose had the residual functional capacity to perform medium work with the following limitations: (1) Dubose could frequently perform “movements of climbing ramps or stairs, balancing, stooping, crouching, crawling, and kneeling,” but “should not climb ladders, ropes, or scaffolds or similar hazard exposure”; (2) Dubose could “perform simple tasks and respond to any amount at any frequency of changes in his simple job routine”; and (3) Dubose “can have occasional social interaction with co-workers, supervisors, and the public.” In support of this residual functional capacity finding, the judge discussed, among other things, medical evidence such as notes and observations from doctors who treated Dubose, medical opinions, function reports, and Dubose’s hearing testimony.

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At step four, the administrative law judge concluded that, based on Dubose's residual functional capacity, he was unable to perform his past relevant work as a machine repairer. *See id.* § 404.1520(a)(4)(iv), (e)–(f). But finally, at step five, the judge found that, based on Dubose's age, education, work experience, and residual functional capacity, Dubose could make an adjustment to other work, including jobs like a marker, cleaner, laundry room worker, kitchen helper, and warehouse worker. *See id.* § 404.1520(a)(4)(v), (g). Accordingly, the judge determined that Dubose was not disabled, and denied his application for disability benefits.

Dubose requested for the Appeals Council to review the decision. In his request for review, Dubose submitted (1) a statement from Dr. Ahmadi explaining the doctor's disagreement with the decision, and (2) treatment records from the Georgia Center for Bipolar Disorder where Dr. Ahmadi worked. The Appeals Council stated that this evidence did "not show a reasonable probability that it would change the outcome of the decision," and denied his request for review. The administrative law judge's decision to deny Dubose disability benefits, thus became the Commissioner's final decision. *See Schink v. Comm'r of Soc. Sec.*, 935 F.3d 1245, 1257 (11th Cir. 2019).

Dubose then filed a complaint for judicial review in district court, but the district court affirmed the Commissioner's decision.

Dubose appealed.

## II.

Two standards of review matter here. First, we review Social Security appeals “to determine whether the Commissioner’s decision is supported by substantial evidence and whether the correct legal standards were applied.” *Schink*, 935 F.3d at 1257. “Substantial evidence is such relevant evidence as a reasonable person would accept as adequate to support a conclusion.” *Id.* (citation modified). We will not reweigh the evidence or substitute our own judgment for that of the Commissioner. *Id.* Second, when the Appeals Council refuses to consider new evidence submitted in a request for review on the basis that the evidence is not material, we review the materiality determination *de novo*. See *Washington v. Soc. Sec. Admin., Comm’r*, 806 F.3d 1317, 1321 (11th Cir. 2015).

## III.

Dubose raises three challenges on appeal. First, he contends that the administrative law judge failed to follow the Appeals Council’s directive to give further consideration to Dubose’s residual functional capacity in light of his limitations. Second, he contends that the administrative law judge failed to consider the “supportability” and “consistency” of Dr. Ahmadi’s medical opinions and found contrary to those opinions without substantial evidence to do so. Third, Dubose contends that the Appeals Council applied the wrong legal standard when addressing the evidence Dubose submitted in his request for review. Each challenge fails.

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## A.

We begin with Dubose’s challenge to the residual functional capacity determination. He argues that the administrative law judge’s residual functional capacity assessment failed to adequately account for the judge’s findings that Dubose had limitations in two functional areas—specifically, (1) moderate limitation in “concentrating, persisting, or maintaining pace” and (2) mild limitation in “adapting or managing oneself.” Thus, Dubose argues that the judge “violated” the Appeals Council’s directive to reconsider on remand Dubose’s residual functional capacity in light of his limitations—and that in so doing, the judge either *ipso facto* committed reversible error, or rendered his determination that Dubose lacked a disability unsupported by substantial evidence. We disagree: the administrative law judge factored the limitations into the residual functional capacity assessment; that assessment comported with the Appeals Council’s directive; and the larger determination that Dubose lacked a disability was supported by substantial evidence.

First, the administrative law judge’s analysis on residual functional capacity, directly points to medical evidence speaking to Dubose’s capacities or limitations in all four areas of mental functioning including the two areas Dubose contests above. As for the area, “concentrating, persisting, or maintaining pace,” the judge referred to an evaluation from psychologist Larmia Robbins-Brison observing that Dubose “displayed a good ability to concentrate.” As for “adapting or managing oneself,” the judge relied on the “fact [that Dubose] is responsible for driving his children to [and] from

school as well as to [and] from extracurricular activities and engages in online video games with friends”: these activities, the judge explained, “demonstrate[]” that Dubose “can adapt to activities [and] circumstances as needed in addition to structuring [and] maintaining a daily routine for himself.”

The judge’s residual functional capacity assessment on remand considered the other two functional areas as well. As for the area, “understanding, remembering, or applying information,” the judge referred to a report from Dr. Deepti Bhasin describing Dubose’s “ability to understand, remember, and carry out simple instructions and to make simple work-related decisions as normal.” As for “interacting with others,” the judge observed from the same report that “[d]espite describing [Dubose] as having difficulty getting along with others due to anger issues . . . [Dr. Bhasin] found [Dubose] competent of handling funds.” Likewise, the Robbins-Brison evaluation spoke to both of these areas by noting that Dubose’s “memory was intact” and by describing him as “cooperative.”

Second, the administrative law judge considered Dubose’s limitations in assessing residual functional capacity on remand, by posing a hypothetical to the vocational expert that incorporated those limitations. Indeed, the judge indicated that this exchange affected his residual functional capacity finding, because the judge made this finding after “careful consideration of the *entire record*.” (Emphasis added.) As to limitations in “concentrating, persisting, or maintaining pace,” the judge asked about a hypothetical

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individual that “typically does the same task in the same location with the same people, with the same schedule, with the same procedures, with the same tools, at the same pace and frequency day after day after day.” Likewise, the judge’s hypothetical said that the “worker should have no requirement of production rate *pace* of an assembly line, L-I-N-E, job”—“[e]verything is under the heading of simple.” (Emphasis added.) As to “interacting with others,” the judge asked the vocational expert about an individual who “can sustain occasional social interaction with the public, coworkers, and supervisors.”

Because the administrative law judge’s residual functional capacity assessment on remand considered Dubose’s limitations in all four functional areas—whether more directly, or through the hypothetical with the vocational expert—the judge complied with the Appeals Council’s remand directive. Thus, even if we assume noncompliance could itself be a basis for this Court to reverse or remand, Dubose’s argument in this vein fails. Likewise, because the administrative law judge complied with the directive, Dubose’s argument that the judge’s *non*-compliance rendered the Commissioner’s denial of benefits unsupported by substantial evidence, fails too. Even if Dubose might have weighed the limitations differently in his notion of compliance with the Appeals Council’s directive, that does not render the Commissioner’s decision erroneous when we review it for substantial evidence: under this standard of review, we do not reweigh the evidence or substitute our own judgment for that of the Commissioner. *See Schink*, 935 F.3d at 1257.

## B.

We turn to Dubose’s argument that the administrative law judge failed to consider on remand the “consistency” and “supportability” of Dr. Ahmadi’s medical opinions concluding that Dubose was incapable of performing regular and continuing full-time work. Specifically, Dubose refers to a questionnaire that Dr. Ahmadi completed in 2020, Dr. Ahmadi’s response to interrogatories in June 2022, and a statement that Dr. Ahmadi provided in July 2022 summarizing his treatment of Dubose since 2019. Dubose contends that the administrative law judge improperly rejected these medical opinions because the judge did not consider their supportability and consistency, and that the judge’s rejection of those opinions and residual functional capacity assessment that Dubose could perform medium work were not supported by substantial evidence. Again, we disagree.

To start, Dubose is correct that for claims filed on or after March 27, 2017, regulations require administrative law judges to consider, and articulate how they considered, the “supportability” and “consistency” of relevant medical opinions. 20 C.F.R. § 404.1520c(a), (b)(2); *see* 42 U.S.C. § 405(b)(1). Supportability refers to how much the objective medical evidence and explanations support the medical opinion. *See* 20 C.F.R. § 404.1520c(c)(1). Consistency refers to how much a medical opinion is consistent with “the evidence from other medical sources and nonmedical sources in the claim.” *Id.* § 404.1520c(c)(2). Although an administrative law judge must consider supportability and consistency, he need not

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recite “magic words to state with particularity the weight given to medical opinions or the reasons for discounting them.” *Raper v. Comm’r of Soc. Sec.*, 89 F.4th 1261, 1276 n.14 (11th Cir. 2024). “What matters is whether” the judge “states with at least some measure of clarity the grounds for his or her decision.” *Id.* (citation modified).

Here, the administrative law judge’s reasoning for rejecting Dr. Ahmadi’s medical opinions, suggests with enough clarity that the judge considered the supportability and consistency of those opinions, and that the rejection was supported by substantial evidence. *See id.*

First, the administrative law judge found Dr. Ahmadi’s assessment of Dubose’s limitations “less persuasive” because of “inconsisten[cies] with the record”—and “particularly the claimant’s daily activities, which include assisting with the transportation of his children.” To make that assessment, the judge noted that Dubose “tends to personal care, prepares meals, manages his finances, shops, uses the internet, socializes with family/friends, and has even played games online with friends.” With these facts, the judge reasoned, the record did not indicate that Dubose had “more than mild functional limitation with adapting/ managing himself or understanding, remembering, or applying information”; nor did it indicate “that his ability to concentrate, persist, or pace himself or communicate appropriately with others or function socially is more than moderately impaired.” And, the judge noted

inconsistencies between Dr. Ahmadi's notes and those from Dubose's primary care visits.

Second, the administrative law judge rejected Dr. Ahmadi's opinions because the judge discredited Dr. Ahmadi's reliance on *Global Assessment of Functioning* scores. As the judge explained, the Social Security Administration "does not follow" those scores because the scores "have been formally reduced in influence by medical authorities, as primary evidence, due to lack of consistency with the disability evaluation process."

As this reasoning suggests, the administrative law judge considered Dr. Ahmadi's medical opinions inconsistent with and unsupported by other medical evidence. *See Raper*, 89 F.4th at 1275–76. Even if the judge did not explicitly use the terms "supportability" and "consistency"—and he *did* use the latter term—the judge compared Dr. Ahmadi's opinions to other medical evidence and considered the supporting scores that informed those opinions. The judge adequately considered Dr. Ahmadi's opinions.

For similar reasons, the administrative law judge's rejection of those opinions—and thus his residual functional capacity finding that Dubose was capable of performing medium work—was supported by substantial evidence. The judge rejected Dr. Ahmadi's opinions and found otherwise, after considering the opinions' inconsistencies and lack of support, and after considering that Dubose could engage in personal care, prepare meals, manage his finances, shop via the internet, socialize, and play online games with friends. Dubose says that the record does not suggest that he

engaged in these activities, but the judge relied on ample evidence in the record—including function reports completed by Dubose and his wife, and notes from licensed professionals who had met with Dubose—to determine otherwise. In sum, substantial evidence supported the judge’s conclusions, and again, we will not reweigh that evidence or substitute in our own judgments. *See Schink*, 935 F.3d at 1257.

C.

We end with Dubose’s contention that the Appeals Council failed to apply the proper legal standard when denying his request to review the administrative law judge’s denial of disability benefits. In Dubose’s view, the Appeals Council should have analyzed, among other things, the supportability and consistency of the new evidence that Dubose submitted in his request for review—specifically, treatment records from the Georgia Center for Bipolar Disorder and a statement from Dr. Ahmadi explaining his disagreement with the denial. We are unpersuaded.

Generally, “the claimant is allowed to present new evidence at each stage of this administrative process,” including before the Appeals Council. *Ingram v. Comm’r of Soc. Sec. Admin.*, 496 F.3d 1253, 1261 (11th Cir. 2007). The Appeals Council must consider that evidence if it is “new, material, and chronologically relevant,” and “material” means “there is a reasonable possibility” the evidence, if accepted, “would change the administrative result.” *Washington*, 806 F.3d at 1320–21 (citation modified). And whether “evidence meets the new, material, and chronologically relevant

standard is a question of law subject to our *de novo* review.” *Id.* at 1321 (citation modified). By contrast, “[w]hen the Appeals Council accepts additional evidence, considers the evidence, and then denies review, it is not required to provide a detailed rational[e] for denying review.” *Id.* at 1321 n.5 (citation modified).

Here, it is unclear whether the Appeals Council refused to consider the new evidence, or did consider the new evidence but denied review of the decision denying benefits. Either way, however, the Appeals Council did not err.

First, the Appeals Council did not err if it refused to consider the evidence that Dubose submitted in his request for review. That’s because this evidence was not material. There was no “reasonable possibility” that the evidence “would change the administrative result,” *id.* at 1321 (citation modified), because it was cumulative of previous evidence. The new medical records presented unchanged and continued depressive symptoms, and continued decreased energy and enjoyment—things that previous evidence, including doctor notes and Dubose’s testimony, had already highlighted. And Dr. Ahmadi’s written statement merely reiterated that his “mental impairment questionnaire” and his past opinions were correct, and stated that the administrative law judge’s decision on remand was wrong. There is not a reasonable possibility that this cumulative evidence would have caused the administrative law judge to grant Dubose’s disability benefits claim.

Second, if the Appeals Council considered the new evidence but denied review, then it did not err either. The Appeals Council

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explained that the evidence did not present a “reasonable probability” that it would change the benefits outcome. It did not need to “provide a detailed rational[e] for denying review,” *id.* at 1321 n.5 (citation modified), and as discussed above, the record suggested that this evidence was immaterial anyway.

Dubose’s argument that the Appeals Council had to assess this evidence’s supportability and consistency is unfounded. If the issue is whether the Appeals Council erred in not considering the evidence, then the proper legal standard at play is whether the evidence is new, material, and of chronological relevance. *See id.* at 1320–21. Perhaps the supportability and consistency of new evidence can matter for its materiality, but Dubose points to no binding caselaw indicating that this is necessarily so. And if the issue is whether the Appeals Council should have considered the new evidence *differently*, Dubose points to no caselaw suggesting that it needed to have articulated supportability and consistency analysis: to the contrary, the Appeals Council did not need to provide a “detailed rational[e]” for denying review. *Id.* at 1321 n.5 (citation modified).

#### IV.

For the foregoing reasons, we **AFFIRM** the denial of Dubose’s claim for disability benefits.