Prepared for Dana Kowalski (fictional client) · October 22, 2026

Your SSDI Claim: The Consultative Exam, Winning Strategy & Appeals

Physical disability claim (lumbar spine condition with nerve involvement; peripheral neuropathy) · Allegheny County, PA

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Portfolio sample. Dana, her doctors, the exam provider and the law firms in this guide are fictional. It shows the format and depth of an Aristeia Innovations research guide. SSA rules and figures cited were current as of October 2026.

How to use this guide. I'm not a lawyer, and this isn't legal advice. It's a research-based summary of SSA's published rules and what experienced SSDI representatives recommend. A free consultation with a disability representative is the best single next step, ideally *before* your exam.

1 Executive Summary: The Consultative Exam

First: Who ordered your exam? Look at your appointment letter. If it came from SSA or Pennsylvania's Bureau of Disability Determination (BDD), it's a **Consultative Examination (CE)** and everything here applies. If it came from an insurance company (an employer long-term-disability policy), it's an **Independent Medical Exam (IME)**: the advice still applies, but the appeal rules differ (see Section 4).

What it is

When the BDD decides your existing medical records aren't enough to make a decision, it pays an outside provider to examine you. Your letter names **Keystone Medical Evaluations** (fictional), a contractor that schedules licensed physicians from its network.

- **The exam provider does not decide your claim.** It writes a report and sends it to the BDD, where a disability examiner and a medical consultant combine it with your treatment records and decide.
- **The examiner is not your treating doctor.** They won't treat you or prescribe, and you'll usually see them once.
- **Why the report matters.** Under SSA's rules for evaluating medical opinions (20 CFR 404.1520c), no source gets automatic extra weight, including your own doctors. SSA weighs each opinion mainly on **supportability** (is it backed by clinical findings?) and **consistency** (does it match the rest of the record?).

Your claim at a glance

Working in your favor	What could hurt you
MRI evidence of nerve-root compression, plus nerve-conduction testing	A short exam on a "good day"
Three years of consistent orthopedic and pain-management care	Records that say "stable" without detail
Age 52: SSA's rules give more weight to age from 50 on	No written opinion on file from your own doctors

What this means for you. Most CE examiners are competent, but exams are often short. The strength of your claim usually depends less on the visit itself and more on whether your long-term records clearly document your limitations.

2 What to Expect at Your Exam Appointment

Before the day

- **Confirm the appointment** using the number on your letter. If you truly can't attend, call ahead to reschedule. Under 20 CFR 404.1518, missing a CE without good cause can lead to a denial on that basis alone.
- **Transportation:** if you can't drive, tell the BDD examiner right away. Arriving with a family member is fine.
- **Accommodations:** if you can't sit for long, say so when you confirm, and ask whether you may stand or move during waits.

What to bring

Item	Why
Photo ID and your SSA claim number	Identity check comes first
Medication list with doses and side effects	Note drowsiness or fogginess that affects work
Names of your orthopedist, pain specialist and physical therapist	The examiner will ask about treatment history
Any cane, brace or device you use daily	Bring it only if you actually use it; consistency matters

The day, step by step

Stage	What happens
Arrival	ID check and intake form. Observation starts immediately: how you walk in, sit, and stand up.
Interview	Onset and progression of pain and numbness; treatments and their effects; work history; a typical day (sitting, standing, walking, lifting, chores, driving).
Physical exam	Range of motion, straight-leg raise, gait and balance, grip strength, reflexes, and sensation testing in hands and feet. X-rays are sometimes ordered.
Wrap-up	No decision is given. Examiners usually don't discuss findings.

After the exam. You or your representative can request a copy of the CE report from your SSA file. If it contains errors (for example, it says you walked without difficulty when you used your cane), your representative can submit a written rebuttal with records that contradict it.

3A Actions & Behaviors That Support an Approval

Know what SSA is measuring

Path	What you must show	How it fits Dana's facts
Listing 1.15 (spine disorders compromising a nerve root)	Imaging and exam findings of nerve-root compromise, plus a documented need for an assistive device or inability to use one or both arms for work	Imaging is strong; the device requirement is the open question
Listing 11.14 (peripheral neuropathy)	Severe limits in standing, balancing or using the hands, or marked physical and mental limits	Possible if balance and hand findings are well documented
Medical-vocational ("grid") rules	Even without meeting a listing: your limits rule out your past work and other work, considering age, education and skills	Often the strongest path: at 50+, a person limited to sedentary work without transferable skills is frequently found disabled

At the exam

- **Be honest and specific.** Use numbers: "I can sit about 20 minutes before I have to stand," "I dropped two coffee mugs this month because my hands went numb."
- **Describe your typical day and your worst days**, and how often each happens.
- **Give full effort on every test.** Pushing past real pain isn't required, but say when and why you stop.
- **Report medication effects**, including side effects such as drowsiness.
- **Mention help you get from others:** rides, someone doing laundry or carrying groceries.

Outside the exam, where most cases are won

- **Keep every appointment**, including physical therapy. Consistent treatment is evidence.
- **Ask your doctors for a Medical Source Statement** (a physical RFC form) rating how long you can sit, stand and walk, how much you can lift, and expected absences, with the findings that support each rating.
- **Keep a symptom journal** of pain levels, numbness episodes, falls and missed obligations.
- **Complete SSA forms consistently**, including the Function Report (SSA-3373), and ask someone who sees you often to complete a Third-Party Function Report (SSA-3380).

3B Actions & Behaviors That Lead to Denials

The #1 rule: Examiners and SSA look for **consistency** between what you say at the exam, your forms, your treatment notes and what they observe. Most avoidable denials come from exaggerating or minimizing.

Behavior to avoid	Why it hurts / what to do instead
Exaggerating symptoms	A note of inconsistent effort can undermine credibility for the whole claim (SSR 16-3p).
Minimizing ("I manage")	The report will reflect mild limits. Describe what you do, how often, and at what cost.
Contradicting your forms	If your Function Report says you can't drive, don't drive yourself to the exam alone.
Missing the CE	Grounds for denial under 20 CFR 404.1518. Reschedule in advance and keep a record.
Not following treatment	SSA can deny for failure to follow prescribed treatment without good reason (SSR 18-3p).
Working above SGA	Earning over $1,690/month (2026, non-blind) generally ends an SSDI claim. Report all work.
Missing an appeal deadline	Usually means starting over and possibly losing back pay.
Contradictory social media	Photos of heavy yard work or long hikes can be cited at hearings.

One-line summary: Tell the truth, in detail, with examples and frequency. Keep treatment consistent. Get your own doctors' specific, supported opinions in writing.

4 If You're Denied: Appeal Process & Timeline

Many initial claims are denied, and many are later approved on appeal. Each appeal must be filed within **60 days** of receiving the notice; SSA assumes you received it 5 days after the date on the letter. Appeals can be filed online at ssa.gov.

Stage	Deadline / form	What happens
0. Initial decision	–	The BDD reviews your records and the CE report.
1. Reconsideration	60 days · SSA-561	A different examiner reviews the file. Add new evidence, especially Medical Source Statements.
2. ALJ hearing	60 days · HA-501	Usually the best opportunity. An Administrative Law Judge hears your testimony; a vocational expert testifies about jobs. Submit evidence at least 5 business days before (20 CFR 404.935).
3. Appeals Council	60 days · HA-520	Reviews the judge's decision for errors; may send the case back.
4. Federal court	60 days	A civil action in U.S. District Court. Requires an attorney.

Realistic picture

Wait times vary by office and change often; SSA publishes current averages at ssa.gov. If a hearing is needed, the full process commonly takes well over a year. If approved, back pay generally runs from your established onset date, minus a 5-month waiting period. Medicare begins 24 months after SSDI entitlement starts.

If a denial letter arrives

- ☐ **Day 1:** write the 60-day deadline on your calendar and call your representative.
- ☐ **Within 2 weeks:** file the appeal and request your claim file, including the CE report.
- ☐ **During reconsideration:** submit your doctors' statements, updated records and your symptom journal.
- ☐ **Before a hearing:** prepare testimony with your representative and file all evidence on time.

> **If a private insurer ordered your exam:** Most employer LTD plans fall under ERISA. You typically get 180 days for an internal appeal, and it's usually your only chance to add evidence. Talk to an LTD/ERISA attorney before filing.

5 Choosing a Representative

Disability representatives work on contingency: no fee unless you win. When a fee agreement is used and approved by SSA, the fee is **25% of past-due benefits, capped at $9,200** for favorable decisions issued on or after November 30, 2024. Ask whether out-of-pocket costs (such as record fees) are billed separately.

Comparison chart (fictional firms, for illustration)

Firm	Distance	Focus & experience	Reviews	Fees
Allegheny Disability Law (fictional)	~5 mi	SSDI/SSI only; 20+ years	4.8 (110)	Free consult; standard SSA fee; no upfront costs
Three Rivers Benefits Counsel (fictional)	~9 mi	SSDI plus LTD/ERISA	4.6 (64)	Free consult; SSA fee; records costs billed
Monongahela Advocates (fictional)	~12 mi	Non-attorney representatives; hearing focus	4.7 (38)	Free consult; standard SSA fee

Questions to ask in a free consultation

- How many SSDI hearings have you handled before our local hearing office?
- Who will actually work on my case and attend the hearing?
- Will you request Medical Source Statements from my doctors?
- Are any costs billed in addition to the 25% fee?

Sources

Social Security Administration: Fee Agreements (ssa.gov/representation); 2026 COLA Fact Sheet (ssa.gov/cola); Code of Federal Regulations 20 CFR 404.1518, 404.1520c and 404.935; Social Security Rulings 16-3p and 18-3p; SSA Listing of Impairments 1.15 and 11.14. Accessed October 2026.