UNITED STATES DISTRICT COURT
FOR THE EASTERN DISTRICT OF VIRGINIA
Alexandria Division

KRISTINE EMILY CHAPMAN,
Plaintiff,

v.

MUTUAL OF OMAHA INSURANCE CO.,
Defendant.

No. 1:25-cv-01413-MSN-LRV

ORDER

This matter comes before the Court on the Parties' cross-motions for summary judgment. *See* ECF 14 (Defendant's motion), 16 (Plaintiff's motion). Both parties have filed responses and replies thereto. Having reviewed the motions and subsequent briefing, and for good cause appearing, the Court will **GRANT** Defendant's motion and **DENY** Plaintiff's motion.

I. BACKGROUND

A. Longterm Disability Claim

Plaintiff worked as an Organizing Manager for Everytown for Gun Safety Action Fund, Inc. ("Everytown"). WF-CHAPMAN-000126. The "cognitive/mental demands typically expected for this occupation are: directing, controlling, or planning activities of others[;] influencing people in their opinions, attitudes, and judgments[;] performing a variety of duties[;] dealing with people[;] frequent understanding and memory[;] and occasional concentration and attention." WF-CHAPMAN-000246. "The physical demand characteristics of this occupation generally fall within the light exertion level, which is defined as exerting up to 20 lbs. of force occasionally, and/or up to 10lbs. frequently, and/or a negligible amount of force constantly to lift, carry, push, pull, or otherwise move objects." *Id.* The "material duties of this occupation primarily involve"

"[l]ead[ing] and arrang[ing] details of student and community volunteer services program in organizations engaged in public, social, and welfare activities," and "[m]eet[ing] with administrators and staff to determine organization needs for various volunteer services and plans for volunteer recruitment." *Id.* Through her employment with Everytown, Plaintiff obtained long-term disability ("LTD") coverage through Mutual of Omaha Group Policy No. GMTD-0BNMX (the "Policy"). WF-CHAPMAN-000017.

On June 22, 2022, Plaintiff was "[d]iagnosed with [a] moderate-severe non-hospitalized case of COVID." WF-CHAPMAN-000256. Following her COVID diagnosis, Plaintiff "reported multiple symptoms," including "fatigue and cognitive impairment." WF-CHAPMAN-000088. On September 6, 2022, Plaintiff stopped working "due to symptoms related to Long COVID." *Id.* Plaintiff began receiving short-term disability in August 2022. WF-CHAPMAN-000112.

On June 26, 2023, Defendant approved Plaintiff's claim for LTD benefits. WF-CHAPMAN-008692. On February 23, 2024, Defendant terminated Plaintiff's LTD benefits, WF-CHAPMAN-007284, concluding that "the available documentation does not support restrictions and/or limitations that would preclude you from performing your full-time occupational demands," WF-CHAPMAN-7290, such that Plaintiff was not disabled as defined by the Policy. On August 9, 2024, Plaintiff, through counsel, appealed that termination, contesting Defendant's "determination that [Plaintiff] is not disabled under the terms of the plan." WF-CHAPMAN-007227. On September 13, 2024, Defendant wrote to Plaintiff's counsel stating that "it appears we will be unable to reverse the prior claim determination dated February 23, 2024, as the available evidence did not support restrictions and/or limitations, which would have prevented [Plaintiff] from performing the duties of her regular occupation." WF-CHAPMAN-000106. In that same letter, Defendants "attached a copy of the physician consultants' reports," and "an Occupational

Analysis report and a comprehensive report, which were obtained on appeal." *Id.* Defendant provided Plaintiff "with an opportunity to review and provide a written response to the report(s) before [Defendant] make[s] a final determination on the appeal." *Id.* Such a response could include "any additional medical documentation (including reports of physical examinations, procedures, diagnostic testing, etc.) that [Plaintiff] would like [Defendant] to consider in [Defendant's] appeal review." *Id.* Plaintiff did not respond to that letter or provide any additional information in response. WF-CHAPMAN-000091. On October 1, 2024, Defendant informed Plaintiff that it was "upholding the denial of [Plaintiff's] claim." WF-CHAPMAN-000086.

B. Plaintiff's Medical History

Following her COVID diagnosis, Plaintiff "reported myriad symptoms," WF-CHAPMAN-000271, including "fatigue, brain fog, memory impairment," WF-CHAPMAN-000266, headaches and aphasia (a language disorder that affects an individual's ability to communicate effectively), WF-CHAPMAN-000267, "POTS (postural orthostatic tachycardia syndrome) like symptoms, GI (gastrointestinal) issues, insomnia, cognitive deficits, fatigue, swelling, nausea, mass cell disorder, dysautonomia, diarrhea, trouble breathing, chest tightness, headaches, tingling and numbness in her lower extremities, concentration issues, and tinnitus," WF-CHAPMAN-000079.

Plaintiff consulted Nurse Practitioner Emily Burnworth ("Burnworth"). WF-CHAPMAN-000271. Over several months, Burnworth ordered various tests and referred Plaintiff to multiple specialists. *Id.* From September 2022 to September 2023, Plaintiff was under the care of: Dr. Matthew R. Levine (neurology), WF-CHAPMAN-000267; Dr. Nicole S. Thomas (rheumatology), WF-CHAPMAN-000268; Dr. Kathryn T. Maslowski (neuropsychology), WF-CHAPMAN-000269; Dr. Harjit Cahal (cardiology), WF-CHAPMAN-000270; Dr. Christine Zhang (pulmonary and sleep medicine), WF-CHAPMAN-000267; Dr. Lucas Hubert (optometry), WF-CHAPMAN-

000270; Physician Assistant Kathryn Pelligrino (physical medicine and rehabilitation), WF-CHAPMAN-000269; Dr. Wilson (podiatry), WF-CHAPMAN-000270; an occupational therapist, *id.*, and a speech and language pathologist, WF-CHAPMAN-000268.

Plaintiff's team of treating physicians conducted numerous tests to identify the cause of Plaintiff's subjective symptoms. On September 16, 2022, Dr. Levine concluded Plaintiff received a normal score on the Montreal Cognitive Assessment and that Plaintiff's symptoms were "most consistent with long Covid." WF-CHAPMAN-000267. Plaintiff's neuropsychologist conducted "a clinical interview and review of computerized medical records and various tests including a PAI and a Test of Memory Malingering," and concluded that although "there was a history of depression and PTSD," there were "no neuropsychological or cognitive impairments." WF-CHAPMAN-000269. Plaintiff's cardiologist conducted various tests and concluded that the results were "not consistent with neurogenic orthostatic hypotension." *Id.* Plaintiff's pulmonologist, Dr. Zhang, concluded Plaintiff "had mild obstructive sleep apnea," but that she "had normal alertness, orientation, mood, affect, and oral mucosa." WF-CHAPMAN-000270.

Of all the healthcare professionals caring for Plaintiff during this time, Burnworth was the only professional to conclude that restrictions or limitations on Plaintiff's ability to work due to Long Covid prevented her from performing her Material Duties as an Organizing Manager. WF-CHAPMAN-000271. On August 30, 2022, Burnworth "recommended [Plaintiff] avoid all work tasks" pending a neurological evaluation because Plaintiff "was unable to maintain attention and concentration; understand, remember, or carry out complex instructions, and had seven other markedly limited mental health parameters including interacting with people and customers." WF-CHAPMAN-000267.

Burnworth wrote a letter to Defendant on November 17, 2022, stating that Plaintiff "continued to experience long Covid symptoms, which inhibit her concentration, cognition, memory, headache frequency, and fatigue." *Id.* The letter noted that Plaintiff had follow-up appointments with neurology and rheumatology, but that "[i]mprovement in her disability was not sufficient for her to return to work," and provided "an expected return to work on 12/6/2022." *Id.* on November 22, 2022, Burnworth informed Defendant that Plaintiff:

> Continued to have struggles with concentration, depersonalization, and her spouse noted daily issues with memory. She had pressure headaches after watching 45 minutes of an open enrollment seminar at work. She had been diagnosed with mild obstructive sleep apnea and was to follow-up with sleep medicine. She reported sleep 5-10 hours at night. Concerning depersonalization, the insured stated there was a lack of stress response to a motor vehicle accident or her dog falling off a cliff. Her wife said that she could occasionally be very distraught. Shortness of breath had resolved but she had many other symptoms.

Id. On December 9, 2022, Burnworth again informed Defendant that Plaintiff "continued to experience long Covid symptoms, which inhibited cognition, memory, headache frequency, and fatigue." WF-CHAPMAN-000268. On January 9, 2023, Burnworth informed Defendant that Plaintiff's leave would be extended to March 6, 2023. *Id.*

Burnworth described the restrictions and limitations on Plaintiff's ability to work, as of March 20, 2023, as "restrictions of bending over, lifting, working more than 2 hours without rest, sitting tolerance of 4 hours, standing tolerance of 2 hours, walking tolerance of 2 hours, restricted lifting, carrying, and reaching above the shoulders, unable to perform at a constant pace with markedly limited ability to maintain attention and concentration, perform a variety of duties; understand, remember, and carry out complex job instructions, interact with public and customers, use judgment and make decisions; direct, control, and plan the activities of others." WF-CHAPMAN-000271.

C. Opinions Of Non-Treating Physicians

During the claim process, Defendant obtained reports from several doctors hired to review Plaintiff's medical records and history to opine whether Plaintiff suffered a disability as defined in the Policy. On June 20, 2023, Dr. Neal Greenstein, a rheumatologist, reviewed Plaintiff's medical history and stated that "with a reasonable degree of medical certainty, I opine the medical/file evidence (history, exam, diagnostics, and therapeutics) does not support restrictions/limitations and impairment from the rheumatology perspective from 5/22/2023 to the present and ongoing." WF-CHAPMAN-008236. Dr. Victor Abrich, a cardio-vascular disease specialist, concluded that "[f]rom a cardiac perspective, the claimant was impaired from 5/22/2023 onward due to orthostatic hypotension." WF-CHAPMAN-008241. Based on this impairment, Dr. Abrich concluded that "it would be reasonable to avoid bending over or prolonged standing of no more than 20 minutes every 2 hours in an eight-hour work day" and that "[i]t would be reasonable to reassess the claimant three months from the date of the report." WF-CHAPMAN-008242. Finally, Dr. Michael Chilungu, a neurologist, recognized Burnworth's opinion, but concluded that "the available findings from evaluations do not substantiate significant functional impairment from a neurological perspective from 5/22/2023 to the present." WF-CHAPMAN-008246. Dr. Chilungu explained that "claimant's providers found her to be consistently stable and neurologically unremarkable over 15 months of follow-up visits. While various symptoms were reported, medical testing and examinations findings did not reveal substantive neurological abnormalities or impairment that would require restrictions from full-time work." WF-CHAPMAN-008247.

Defendant also obtained an opinion from Dr. Shirley Cirillo, a neurologist. WF-CHAPMAN-008249. Dr. Cirillo agreed with Plaintiff's treating physician that, from a neurological perspective, Plaintiff was impaired. WF-CHAPMAN-008251. Dr. Cirillo stated that

Plaintiff's "reported cognitive changes are consistent with long COVID, and a normal MOCA (which is a screening tool for Mild Cognitive Impairment) does not rule out cognitive changes." *Id.*

Defendant also considered the opinion of its Senior Vice President and Medical Director of Medical Review, Dr. Thomas Reeder, when reviewing Plaintiff's claim. WF-CHAPMAN-000264. After reviewing Plaintiff's medical records, the opinions of her treating physicians, and the panel peer reviews, Dr. Reeder concluded that "[t]he insured's report of extreme endorsement of symptoms is not consistent with normal physical examinations, laboratory tests, exercise stress test, and neuropsychological evaluation," WF-CHAPMAN-000271, and that "[t]he insured's exercise capacity is objective proof of her ability to perform work," WF-CHAPMAN-000272.

Once Plaintiff appealed the initial termination of her LTD benefits, Defendant sought yet more medical opinions. Defendant first considered the report of Dr. Melvyn Kramer, an internal medicine doctor. WF-CHAPMAN-000134. Dr. Kramer attempted to contact Burnworth but was told she was "no longer employed" at the healthcare facility. *Id.* Dr. Kramer was able to speak to Sushruta Gorella, the physician assistant who took over Plaintiff's care. *Id.* Gorella, who had met Plaintiff once, "indicated that the claimant can perform basic tasks in an air-conditioned environment," but that Plaintiff "experiences neuropathy affecting her hands and feet to some degree." *Id.* Gorella "was hesitant to specify strict limitations but offered projections about the potential impacts of neuropathy on [Plaintiff's] ability to use her hands and feet." *Id.* Based on his "review of the submitted records, including any proffered restrictions and limitations from treating provides," Dr. Kramer concluded that "the weight of the submitted documentation, both medical and non-medical, does not support restrictions and/or limitations that prevented the claimant from

performing the full-time functional demand(s) of the claimant's occupation" as defined in the "Occupational Analysis." WF-CHAPMAN-000141.

Defendants also obtained opinions from Dr. Arash Nayeri, a cardio-vascular disease specialist, Dr. Lara Edinger, a neurologist, and Dr. Jeremy Hertza, a neuropsychologist. Each concluded that Plaintiff's medical history did not support a limitation or restriction that prevented Plaintiff from performing her job. Dr. Nayeri concluded that "[b]ased on the review of the submitted records including any proffered restrictions and limitations from treating providers, the weight of the submitted documentation, both medical and nonmedical, does not support restrictions and/or limitations from performing the full-time functional demand(s) of the claimant's occupation." WF-CHAPMAN-000147. Dr. Nayeri explained that "there is no evidence of abnormal cardiovascular testing and there is insufficient clinical detail to confirm the diagnosis of dysautonomia/POTS." WF-CHAPMAN-000148. Dr. Edinger concluded that "[r]estrictions and limitations are not supported from a Neurology perspective, as multiple examinations have been neurologically unremarkable, and there are no imaging studies of the brain or electrodiagnostic studies with severe pathology that would support restrictions." WF-CHAPMAN-000153. And Dr. Hertza similarly concluded that "[g]iven mental status exams that do not describe observed significant cognitive impairment and valid test data that suggest intact cognition, the available medical record is found not to support functional impairment as of 2/27/24 and beyond, from a purely neuropsychological perspective." WF-CHAPMAN-000167.

To summarize, after contracting COVID in June 2022 and developing Long Covid, Plaintiff was treated by at least 10 healthcare professionals, only one of which concluded Plaintiff's Long Covid prevented her from working. All other healthcare providers determined Plaintiff's Long Covid presented no restrictions, except for one who identified a limitation that Plaintiff work

in an air-conditioned environment. During its review of Plaintiff's LTD claim, Defendant asked at least nine physicians to review Plaintiff's medical file and history and opine whether Plaintiff's medical conditions imposed any restrictions or limitations on her ability to work. Only one reviewer, Dr. Cirillo, concluded that Plaintiff was impaired due to Long Covid. WF-CHAPMAN-008251.

D. Procedural History

Following the conclusion of the administrative appeal process, and once Defendant's termination of Plaintiff's LTD benefits was final, Plaintiff filed suit on August 27, 2025. *See* ECF 1. Plaintiff alleged Defendant violated 29 U.S.C. § 1132 by wrongfully terminating her LTD benefits. *See id.* ¶¶ 92-93. Plaintiff also sought attorneys' fees and costs. *Id.* ¶¶ 94-95. Defendant filed an Answer on September 29, 2025. *See* ECF 6. The Parties then filed cross motions for summary judgment. *See* ECF 14, 16.

II. LEGAL STANDARD

Summary judgment is appropriate where a court is satisfied that "there is no genuine issue as to any material fact and that the moving party is entitled to judgment as a matter of law." *Celotex Corp. v. Catrett*, 477 U.S. 317, 322 (1986); *see also* Fed. R. Civ. P. 56(a). "ERISA actions are usually adjudicated on summary judgment rather than at trial." *Prowell v. UPS Flexible Benefits Plan*, 2011 WL 5110291, at *3 (D. Md. Oct. 26, 2011) (citing *Carden v. Aetna Life Ins. Co.*, 559 F.3d 256, 260 (4th Cir. 2009)).

Courts must review the denial of ERISA benefits "under a *de novo* standard unless the benefit plan gives the administrator or fiduciary discretionary authority to determine eligibility for benefits or to construe the terms of the plan." *Johnson v. Am. United Life Ins. Co.*, 716 F.3d 813, 819 (4th Cir. 2013). Here, the Parties agree that the administrator had no discretionary authority,

such that the Court must review Mutual of Omaha's termination of benefits *de novo*. *See* ECF 15 at 22; 17 at 6-7. Under that standard, Plaintiff "bears the burden of proving her claim of disability by a preponderance of the evidence." *Paff v. Lincoln Life Assurance Co. of Bos.*, 2024 WL 4368976, at *4 (E.D. Va. Oct. 1, 2024) (citing *Gallagher v. Reliance Standard Life. Ins. Co.*, 305 F.3d 264, 276 (4th Cir. 2002)). The Court's task is to assess the administrative record and determine whether Plaintiff has met that burden. *Id.*

"The award of benefits under any ERISA plan is governed in the first instance by the language of the plan itself." *Lockhart v. United Mine Workers of Am. 1974 Pension Tr.*, 5 F.3d 74, 78 (4th Cir. 1993). Here, Plaintiff's entitlement to LTD benefits is governed by Group Policy No. GMTD-BNMX. *See* WF-CHAPMAN-000013-14. Under that policy, if a covered individual "become[s] Disabled due to Injury or Sickness," the Administrator "will pay the Monthly Benefit" identified in an incorporated Schedule. WF-CHAPMAN-000028. The Policy defines "Disability and Disabled" to "mean that because of an Injury or Sickness, a significant change in Your mental or physical functional capacity has occurred in which You are: a) prevented from performing at least one of the Material Duties of Your Regular Occupation on a part-time or full-time basis; and b) unable to generate Current Earnings which exceed 99% of Your Basic Monthly Earnings due to that same Injury or Sickness." WF-CHAPMAN-000036.[1] The Policy, in turn, defines "Material Duties" as "the essential tasks, functions, and operations relating to an occupation that cannot be reasonably omitted or modified. . . . One of the material duties of Your Regular Occupation is the ability to work for an employer on a full-time basis." WF-CHAPMAN-000037.

[1] The Policy's second definition of disabled, subsection b, is not at issue in this case.

III. ANALYSIS

A. Plaintiff Has Not Shown That She Was Entitled To LTD Benefits

To prevail, Plaintiff must demonstrate that she was entitled to the LTD benefits Defendant ultimately terminated. *Paff*, 2024 WL 4368976, at *4 (citing *Gallagher*, 305 F.3d at 276). She has failed to do so. Plaintiff predominantly argues that Defendant impermissibly "cherry-pick[ed]" "outlier[]" evidence and medical opinions to terminate Plaintiff's benefits while ignoring "[t]he coherent weight of evidence document[ing] endurance-based cognitive deficits and autonomic instability that prevent [Plaintiff] from full-time performance of essential duties." ECF 17 at 8, 11. But the overwhelming evidence in the administrative record suggests that Plaintiff, not Defendant, has cherry-picked evidence. Of the roughly twenty healthcare professionals that either treated Plaintiff following her COVID diagnosis or reviewed her medical records, only three concluded that Long Covid imposed any restrictions or limitations on her ability to work. And of those professionals, only *one*, Burnworth, concluded that the identified restrictions or limitations interfered with Plaintiff's ability to perform her occupation's Material Duties. WF-CHAPMAN-000267.

Instead, the vast majority of evidence in the administrative record indicates that although Plaintiff was diagnosed with Long Covid and reported subjective symptoms including brain fog and fatigue, comprehensive medical tests and evaluations returned normal results and there was a near unanimous medical consensus that Long Covid did not prevent Plaintiff from performing her Material Duties. *See, e.g.*, WF-CHAPMAN-000266-71 (summarizing results of medical tests and evaluations).

Plaintiff cites a handful of cases purportedly supporting her position. She first points to *Wonsang v. Reliance Standard Insurance Co.*, 729 F. Supp. 3d 563 (E.D. Va. 2024), in which the

court noted that "an insurer 'may not arbitrarily refuse to credit a claimant's reliable evidence, including the opinions of a treating physician,'" *id.* at 578.[2] But in *Wonsang*, "[e]very examining physician or treating physician in the Administrative Record . . . who addressed Wonsang's ability to work, opined that Wonsang was not capable of *any work* and was therefore 'totally disabled.'" *Id.* Ignoring that evidence, the defendant instead "relied almost exclusively on clinical staff members' review of Wonsang's file." *Id.* Plaintiff also directs the Court to *Cogdell v. Reliance Standard Life Insurance Co.*, 748 F. Supp. 3d 391 (E.D. Va. 2024), which involved a similar claim of disability resulting from Long Covid. There, the court granted summary judgment to the plaintiff because she "provided documentation that her treating physicians repeatedly determined that her symptoms were likely related to long-COVID," and because the administrator improperly "dismiss[ed] subjective complaints out of hand." *Id.* at 403 (cleaned up). Here, however, Defendant acknowledged the subjective symptoms Plaintiff asserted and considered the medical evidence provided by Plaintiff's treating physicians. *See* WF-CHAPMAN-000081. In doing so, Defendant agreed with the *majority* of Plaintiff's own treating physicians that Plaintiff's Long Covid and subjective symptoms did not render her disabled under the Policy.

Plaintiff also relies on *Donovan v. Eaton Corp.*, 462 F.3d 321 (4th Cir. 2006) to suggest an Administrator "must consider the claimant's own evidence rather than rejecting it categorically." ECF 17 at 10. In *Donovan*, the Fourth Circuit affirmed the district court's grant of summary judgment to the plaintiff under ERISA's abuse of discretion review, because of the administrator's "wholesale disregard" of a treating physician's affidavit in favor of that physician's earlier

[2] The Court notes that Plaintiff repeatedly attributes quotes to *Wonsang* that appear nowhere in the opinion. *See* ECF 17 at 8 (stating "that the insurer 'failed to reasonably support its denial' of disability" despite that quote nowhere appearing in *Wonsang*); *see also id.* (arguing that "The court [in *Wonsang*] held that an insurer cannot 'arbitrarily ignore or minimize subjective symptoms backed by medical documentation'" despite that quote nowhere appearing in *Wonsang*).

conclusion based on incomplete information. 462 F.3d at 328-29. But, again, Defendant considered all the evidence provided by the treating physicians and Plaintiff's subjective symptoms. The termination letter recognizes that Plaintiff has an "extensive and persistent history of symptoms, which appeared to have started after a COVID infection and were determined to be post-COVID-like syndrome." WF-CHAPMAN-000081. But because "all imaging tests showed normal results, including cardiovascular, vascular, echocardiographic, and neurological examinations," Defendant, like most of Plaintiff's treating physicians, concluded that these symptoms did not render Plaintiff disabled under the Policy. *Id.*

Finally, Plaintiff cites to *Shupe v. Hartford Life & Accident Insurance Co.*, 19 F.4th 697 (4th Cir. 2021), *see* ECF 17 at 11, which found the plan administrator impermissibly relied on a medical opinion that was "internally inconsistent and represent[ed] an outlier" in the claimant's medical history to deny coverage, *Shupe*, 19 F.4th at 708.[3] But here, Defendant did not rely on an outlier opinion. Instead, it reasonably *rejected* the one opinion concluding Plaintiff was unable to work.

Plaintiff separately attacks the termination of her benefits arguing that the Defendant should have credited the treating physicians' opinions over the peer reviewers' opinions. *See* ECF 17 at 12-13 ("Tekmen emphasizes that, in de novo review, the Court 'must evaluate the persuasiveness of conflicting medical opinions' and 'may credit the opinions of treating physicians over nonexamining consultants' when the record supports it. That is precisely warranted here.").[4] But *Tekmen v. Reliance Standard Life Insurance Co.*, 55 F.4th 951 (4th Cir. 2022), concluded only that when "the district court determines that the accounts of treating physicians are more persuasive

[3] The Court again notes that Plaintiff attributes quotes to *Shupe v. Hartford Life* that appear nowhere in the opinion or appear only in the Westlaw headnotes. *See* ECF 17 at 11.
[4] The Court again notes that neither quote attributed to *Tekmen v. Reliance Standard Life Ins. Co.*, 55 F.4th 951 (4th Cir. 2022), appears in that opinion.

than those of physicians who only examined a paper record, it is not error for the district court to assign those opinions more weight." *Id.* at 966. It did not set out a rule requiring plan administrators to credit treating physicians' opinions. Indeed, *Tekmen* recognized that the Supreme Court has expressly rejected such a rule. *See id.* at 965 ("nothing in ERISA itself suggests that plan administrators *must* accord special deference to the opinions of treating physicians." (quoting *Black & Decker Disability Plan v. Nord*, 538 U.S. 822, 831 (2003)).

Plaintiff also argues the peer reviews "are not persuasive and fraught with error." ECF 17 at 13. Plaintiff takes issue with Dr. Reeder's review because "it never reconciles the repeated, consistent treating observations and the longitudinal course of Plaintiff's symptoms with his 'no impairment' view." *Id.* at 14. Dr. Reeder, however, acknowledged Plaintiff's subjective symptoms and nevertheless concluded, in accordance with the majority of Plaintiff's treating physicians, that those symptoms did not render her disabled as defined in the Policy. WF-CHAPMAN-000271-72. Plaintiff argues the "specialty file reviews," such as the review conducted by Drs. Greenstein, Abrich, and Nayeri, were impermissibly narrow by focusing only on the evidence of impairment within the realm of the reviewing doctors' specialty. *See, e.g.*, ECF 17 at 15 ("Rheumatologist Dr. Neal Greenstein opined there were no restrictions 'from a rheumatology perspective' as of 5/22/2023. That narrow lens does not address the multi-system Long COVID symptom complex."). But Defendant relied on reviews from doctors covering a host of specialties and Dr. Reeder's comprehensive review in concluding Plaintiff was not disabled as defined by the Policy.[5]

[5] Plaintiff also argues Defendant erred by relying on evidence of Plaintiff performing basic tasks of daily living, such as driving and taking a vacation, to conclude she was not disabled within the meaning of the policy. ECF 17 at 18. Although Dr. Reeder commented that Plaintiff's ability to exercise counseled against a finding of disability, WF-CHAPMAN-000272, the ultimate termination of Plaintiff's LTD benefits made no mention of Plaintiff's ability to perform her daily activities of life. The record suggests Plaintiff's ability to perform basic daily activities played only a minor, if any, role in the termination decision.

Based on the evidence contained in the Administrative Record, Plaintiff has not demonstrated that she was disabled within the meaning of the Policy, nor that Defendant erred in terminating her benefits. *See Lown v. Continental Cas. Co.*, 238 F.3d 543, 546 (4th Cir. 2001) (upholding, on de novo review, the denial of benefits against the opinions of three treating physicians where the insurer "determined that [the claimant's] documentation was inadequate to prove a total disability because of the lack of test results or other objective evidence to support the disability").

B. Defendant's Termination Of Benefits Was Procedurally Sound

Plaintiff separately argues that the Administrative Record "shows Plaintiff's counsel repeatedly demanded a full and fair review, identification of reviews, and an opportunity to respond to new evidence before final decision," but was denied those opportunities such that Defendant did not provide a full and fair review as required by ERISA. ECF 26 at 7. Failing to comply with ERISA's procedural requirements, including providing a "full and fair review," is reason to grant the insured summary judgment. *See Gagliano v. Reliance Standard Life Ins. Co.*, 547 F.3d 230, 237 (4th Cir. 2008).

Plaintiff argues she was denied a full and fair hearing because Defendant did not allow Plaintiff to "review and rebut any new medical or vocational reports pre-decision." ECF 26 at 7. But following the initial termination of benefits, Plaintiff was afforded an opportunity to submit "additional information to be considered on appeal." WF-CHAPMAN-000089. Such information was received and considered in Defendant's decision. WF-CHAPMAN-000079. And on September 13, 2024, Defendant sent Plaintiff counsel's a letter indicating that "it appears [Defendant] will be unable to reverse the prior claim determination dated February 23, 2024, as the available evidence did not support restrictions and/or limitations, which would have prevented

[Plaintiff] from performing the duties of her regular occupation as of February 27, 2024." WF-CHAPMAN-000106. In that same letter, Defendant "provid[ed Plaintiff] with an opportunity to review and provide a written response to the report(s) before we make a final determination on the appeal," and instructed that "[i]f there is any additional medical documentation (including reports of physical examinations, procedures, diagnostic testing, etc.) that [Plaintiff] would like [Defendant] to consider in [Defendant's] appeal review, please ensure it is provided to [Defendant's] office along with your response." *Id.* Plaintiff never responded to that letter. WF-CHAPMAN-000091. Having had the opportunity to respond to evidence but declining to do so, Plaintiff cannot now claim the process was procedurally improper.

IV. CONCLUSION

Defendant's termination of Plaintiff's LTD benefits accords with the 20 healthcare professionals that, nearly unanimously, concluded, after either treating Plaintiff or reviewing her medical file, that her Long Covid diagnosis and subjective symptoms did not render her disabled within the meaning of the Policy. Defendant twice gave Plaintiff the opportunity to supplement the record in support of her claim, and, when Plaintiff chose to provide additional information, considered that information. Because there is no reasonable dispute of material fact as to whether Defendant violated 29 U.S.C. § 1132, it is

ORDERED that Defendant's Motion for Summary Judgment (ECF 14) is **GRANTED**. It is further

ORDERED that Plaintiff's Motion for Summary Judgment (ECF 16) is **DENIED**.

IT IS SO ORDERED.

The Clerk's office is directed to ender judgment in Defendant's favor pursuant to Federal Rule of Civil Procedure 58, forward copies of this Order to counsel of record, and close this civil action.

/s/
Michael S. Nachmanoff
United States District Judge

September 17, 2026
Alexandria, Virginia