140 F.4th 833
United States Court of Appeals, Seventh Circuit.

Olayinka OYE, Plaintiff-Appellant,
v.
HARTFORD LIFE AND ACCIDENT INSURANCE COMPANY, Defendant-Appellee.

No. 24-2925
|
Argued May 29, 2025
|
Decided June 12, 2025

Synopsis

Background: Employee brought action against administrator of employer's long-term disability plan, seeking to reinstate benefits for disability from fibromyalgia. The United States District Court for the Northern District of Illinois, Edmond E. Chang, J., entered judgment in favor of administrator. Employee appealed.

Holdings: The Court of Appeals, Scudder, Circuit Judge, held that:

[1] District Court owed no deference to administrator's prior decision approving benefits;

[2] denying benefits was not clear error, despite letters by treating physicians; and

[3] District Court was not required to discuss consultative doctor's report which had concluded that fibromyalgia rendered participant completely disabled.

Affirmed.

Procedural Posture(s): On Appeal; Judgment.

West Headnotes (10)

[1] Labor and Employment Standard and Scope of Review

231H Labor and Employment
231HVII Pension and Benefit Plans
231HVII(K) Actions
231HVII(K)5 Actions to Recover Benefits
231Hk684 Standard and Scope of Review
231Hk685 In general

Because employer's long-term disability plan did not give discretion over eligibility determinations to insurer and administrator, ERISA obligated district court to review administrative record and come to independent decision on both legal and factual issues that formed basis of claim of disability without owing deference to insurer's prior determination that participant was disabled. Employee Retirement Income Security Act of 1974 § 2, 29 U.S.C.A. § 1001 et seq.

[2] Labor and Employment Standard and Scope of Review

231H Labor and Employment
231HVII Pension and Benefit Plans
231HVII(K) Actions
231HVII(K)5 Actions to Recover Benefits
231Hk684 Standard and Scope of Review
231Hk685 In general

Unlike disability proceedings in the Social Security context and unless the plan provides otherwise, a district court considering ERISA-based disability claims owes no deference to the plan administrator's decision. Employee Retirement Income Security Act of 1974 § 2, 29 U.S.C.A. § 1001 et seq.

[3] Labor and Employment Standard and Scope of Review

231H Labor and Employment
231HVII Pension and Benefit Plans
231HVII(K) Actions
231HVII(K)5 Actions to Recover Benefits
231Hk684 Standard and Scope of Review
231Hk685 In general

District court in suit challenging ERISA-plan administrator's denial of long-term disability benefits for fibromyalgia owed no deference to administrator's prior decision approving benefits. Employee Retirement Income Security Act of 1974 § 2, 29 U.S.C.A. § 1001 et seq.

[4] **Federal Courts** Pension and benefit plans

170B Federal Courts
170BXVII Courts of Appeals
170BXVII(K) Scope and Extent of Review
170BXVII(K)2 Standard of Review
170Bk3619 Substantive Matters
170Bk3629 Labor and Employment
170Bk3629(3) Pension and benefit plans

Was clear error proper standard of review on appeal?

Yes

Material Facts

- Review was of decision that ERISA-plan participant's fibromyalgia did not render her disable

Causes of Action

Employee Retirement Income Security Act (ERISA) > Claim for Benefits

Review of decision that ERISA-plan participant's fibromyalgia did not render her disabled was for clear error; thus, Court of Appeals was required to affirm unless district court's factual findings left Court of Appeals with the definite and firm conviction that mistake had been made. Employee Retirement Income Security Act of 1974 § 2, 29 U.S.C.A. § 1001 et seq.

More cases on this issue

[5] **Labor and Employment** Presumptions and burden of proof

231H Labor and Employment
231HVII Pension and Benefit Plans
231HVII(K) Actions
231HVII(K)5 Actions to Recover Benefits
231Hk692 Evidence
231Hk694 Presumptions and burden of proof

Applicant seeking benefits under ERISA plan bears burden of proving entitlement to those benefits, and any gaps in the record on appeal cut against claim. Employee Retirement Income Security Act of 1974 § 2, 29 U.S.C.A. § 1001 et seq.

[6] **Insurance** Weight and sufficiency

Labor and Employment Weight and sufficiency

217 Insurance
217XX Coverage--Health and Accident Insurance
217XX(C) Disability Insurance
217k2573 Evidence
217k2578 Weight and sufficiency
231H Labor and Employment
231HVII Pension and Benefit Plans
231HVII(J) Determination of Benefit Claims by Plan
231Hk627 Evidence in Determination or Review Proceeding
231Hk629 Disability Claims
231Hk629(2) Weight and sufficiency

Denying long-term disability benefits for fibromyalgia based on reports of ERISA-plan administrator's consultative doctors was not clear error, despite letters by treating physicians; district court found treating physicians' letters unpersuasive, emphasizing that they did not explain why participant's medical conditions would cause serious functional limitations and seemed otherwise inconsistent with physicians' clinical notes, reports from consultative doctors, in contrast, tied their conclusions to portions of medical records, district court gave no weight to one consultant who opined, with little explanation, that participant had no limitations, and record supported two reasonable views of the evidence. Employee Retirement Income Security Act of 1974 § 2, 29 U.S.C.A. § 1001 et seq.

[7] **Labor and Employment** Standard and Scope of Review

231H Labor and Employment
231HVII Pension and Benefit Plans
231HVII(K) Actions

231HVII(K)5 Actions to Recover Benefits
231Hk684 Standard and Scope of Review
231Hk685 In general

It was not Court of Appeals' role, on appeal of denial of long-term disability benefits under ERISA plan, to reweigh the evidence and decide whether treating physicians or doctors who had never examined participant supplied the most credible opinions about whether participant was disabled from fibromyalgia. Employee Retirement Income Security Act of 1974 § 2, 29 U.S.C.A. § 1001 et seq.

[8] **Insurance** Weight and sufficiency

Labor and Employment Weight and sufficiency

217 Insurance
217XX Coverage--Health and Accident Insurance
217XX(C) Disability Insurance
217k2573 Evidence
217k2578 Weight and sufficiency
231H Labor and Employment
231HVII Pension and Benefit Plans
231HVII(J) Determination of Benefit Claims by Plan
231Hk627 Evidence in Determination or Review Proceeding
231Hk629 Disability Claims
231Hk629(2) Weight and sufficiency

Was court required to discuss report in reaching judgment?

No

Material Facts

- Report was consultative doctor's report which had concluded that fibromyalgia rendered participant completely disabled
- Administrator later reevaluated participant's disability status and solicited new consultative reviews which observed that participant's condition had improved

Causes of Action

Employee Retirement Income Security Act (ERISA) > Claim for Benefits

District court rendering judgment that ERISA-plan participant was not disabled from fibromyalgia was not required to discuss consultative doctor's report which had concluded that fibromyalgia rendered participant completely disabled, where administrator later reevaluated participant's disability status and solicited new consultative reviews which observed that participant's condition had improved. Employee Retirement Income Security Act of 1974 § 2, 29 U.S.C.A. § 1001 et seq.; Fed. R. Civ. P. 52(a).

More cases on this issue

[9] **Labor and Employment** Standard and Scope of Review

231H Labor and Employment
231HVII Pension and Benefit Plans
231HVII(K) Actions
231HVII(K)5 Actions to Recover Benefits
231Hk684 Standard and Scope of Review
231Hk685 In general

Was court required to discuss each piece of evidence before rendering judgment?

No

Material Facts

- Judgment was for ERISA-plan administrator in suit challenging

denial of long-term disability benefits for fibromyalgia

Causes of Action

Employee Retirement Income Security Act (ERISA) > Claim for Benefits

District court had no legal obligation to discuss each piece of evidence in the record when rendering judgment for ERISA-plan administrator in suit challenging denial of long-term disability benefits for fibromyalgia. Employee Retirement Income Security Act of 1974 § 2, 29 U.S.C.A. § 1001 et seq.; Fed. R. Civ. P. 52(a).

More cases on this issue

[10] **Federal Civil Procedure** Form
Federal Civil Procedure Sufficiency
United States Magistrate Judges Hearing, trial, findings, and determination in general

170A Federal Civil Procedure
170AXV Trial
170AXV(K) Trial by Court
170AXV(K)2 Findings and Conclusions
170Ak2279 Form
170Ak2279.1 In general
170A Federal Civil Procedure
170AXV Trial
170AXV(K) Trial by Court
170AXV(K)2 Findings and Conclusions
170Ak2282 Sufficiency
170Ak2282.1 In general
394 United States Magistrate Judges
394II Jurisdiction, Powers, and Authority to Act, Preside, or Rule
394II(B) Particular Cases, Contexts, and Rulings
394k134 Hearing, trial, findings, and determination in general

District courts and magistrates shoulder no obligation whatsoever to conform their opinions to any particular template or to produce decisions of any particular length when making findings of fact and conclusions of law; what matters is that district court provided reasoning adequate to permit meaningful appellate review, and that its ultimate decision is plausible in light of record viewed in its entirety. Fed. R. Civ. P. 52(a).

Appeal from the United States District Court for the Northern District of Illinois, Eastern Division. No. 1:21-cv-03749 — **Edmond E. Chang**, *Judge*.

Attorneys and Law Firms

Mark D. DeBofsky, Attorney, DeBofsky Law, LTD., Chicago, IL, for Plaintiff-Appellant.

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Before Easterbrook, Brennan, and Scudder, Circuit Judges.

Opinion

Scudder, Circuit Judge.

***835** Asserting that her fibromyalgia prevented her from working, Olayinka Oye applied for benefits through her employer's long-term disability plan, administered by Hartford Life and Accident Insurance Company. Hartford determined Oye was disabled, but later reevaluated her condition, found her fit to work, and terminated benefit payments. Oye reacted by filing this suit, seeking a federal district court's review of her benefits claim. In a detailed and diligent opinion, the district court found that Oye's fibromyalgia, while limiting, did not render her disabled under Hartford's plan. We agree and affirm.

I

A

Olayinka Oye began working at PricewaterhouseCoopers in 2005, earning many promotions and in time becoming a director. Her health took a turn in 2013, however. Suffering from depression, anxiety, and post-traumatic stress disorder, she took a leave of absence to seek treatment. And while Oye briefly returned to work in 2016, she applied for disability benefits through PwC's Long Term Disability Plan a year later, claiming that she suffered from fibromyalgia, a chronic pain condition, which altogether prevented her from working.

***836** As the Plan's insurer and administrator, Hartford initially denied Oye's claim. But after Oye appealed the denial, Hartford reversed course, found her disabled within the meaning of the Plan, and awarded benefits through 2036.

Not long after Oye began receiving benefits, Hartford changed course again. For reasons unclear from the record, the insurer reevaluated Oye's condition and disability claim in 2020. Relying on the reports of several consultative doctors who reviewed Oye's medical records, Hartford terminated her benefits, finding her no longer disabled.

When Hartford upheld its denial on appeal, Oye turned to the courts. Invoking the Employee Retirement Income Security Act, Oye filed suit in federal court in Chicago, seeking to reinstate her long-term disability benefits under the Plan. See 29 U.S.C. § 1132(a)(1)(B) (ERISA's private right of action).

B

The parties agreed to a "paper trial" pursuant to Federal Rule of Civil Procedure 52(a), which allows the district court to resolve the dispute without a formal trial by making findings of fact and conclusions of law based on the administrative record. See *Fontaine v. Metro. Life Ins. Co.*, 800 F.3d 883, 885 (7th Cir. 2015) (observing that Rule 52(a) "is well-suited to ERISA cases in which the court reviews a closed record"). After outlining the history of Oye's claim and cataloguing the evidence for and against a finding of disability, the district court found that Oye had failed to meet her burden of showing that she was disabled within the meaning of the Plan.

While observing that Oye's fibromyalgia no doubt caused pain and limited her abilities, the district court determined that the record evidence, when assessed in its totality, did not support a finding that her condition was so disabling as to render her unable to continue her work at PwC. Most persuasive, the district court reasoned, was that three of Hartford's medical reviewers concluded in detailed consultative reports that Oye's medical records and physical exams did not support her claim of complete disability. These reports, the court explained, belied the brief and conclusory letters from Oye's treating physicians, which described Oye's condition as totally disabling.

The district court also granted judgment in Hartford's favor on another, independent ground. Under the Plan, Oye only qualified for additional disability benefits if she demonstrated that her disability arose from solely physical, rather than mental, conditions. Because the record suggested that Oye's mental health contributed significantly to her limitations, the district court concluded that she failed to establish entitlement to additional benefits under the Plan.

Oye now appeals.

II

A

[1] **[2]** Because the plan did not give Hartford discretion over eligibility determinations, ERISA obligated the district court to review the administrative record and "come to an independent decision on both the legal and factual issues that form the basis of the claim." *Diaz v. Prudential Ins. Co. of Am.*, 499 F.3d 640, 643 (7th Cir. 2007); see *Firestone Tire & Rubber Co.*, 489 U.S. 101, 115, 109 S.Ct. 948, 103 L.Ed.2d 80 (1989) (explaining that "a denial of benefits challenged under § 1132(a)(1)(B) is to be reviewed under a *de novo* standard unless the benefit plan gives the administrator or fiduciary discretionary ***837** authority to determine eligibility for benefits or to construe the terms of the plan"). Put differently, unlike disability proceedings in the Social Security context and unless the plan provides otherwise, a district court considering ERISA-based disability claims owes no deference to the plan administrator's decision. See *Diaz*, 499 F.3d at 643.

[3] Oye recognizes this standard in her brief on appeal. But in many places she suggests the district court owed deference to Hartford's prior determination that she was disabled. Indeed, Oye labors to undermine the district court's conclusion by pointing out deficiencies in Hartford's handling of her claim. For example, she faults the district court for disregarding her claim history, insisting that the court should have given weight to the fact that Hartford had previously approved her claim based on the reports of her treating physicians—the same physicians the district court found unpersuasive.

The district court approached its review exactly the right way, owing no deference to Hartford's prior decisions. See *Dorris v. Unum Life Ins. Co. of Am.*, 949 F.3d 297, 304 (7th Cir. 2020) (describing an ERISA plan administrator's prior decisions as "irrelevant" once a covered employee seeks federal court review). In short, the district court committed no error by

affording no weight to Hartford's prior finding that Oye was disabled. The prior administrative finding had no preclusive effect on the district court's own independent review of the record.

B

[4] That brings us to the merits of the district court's decision, with our review being only for clear error. See *Hess v. Hartford Life & Acc. Ins. Co.*, 274 F.3d 456, 461 (7th Cir. 2001). Unless the district court's factual findings leave us "with the definite and firm conviction that a mistake has been made," we must affirm. *Marantz v. Permanente Med. Grp., Inc. Long Term Disability Plan*, 687 F.3d 320, 336–37 (7th Cir. 2012).

[5] Under Hartford's Plan, Oye had to show that her fibromyalgia prevented her from performing the essential duties of a business manager and consultant. As the applicant seeking benefits, she bore the burden of proving entitlement to those benefits, and "any gaps in the record cut against her claim." *Dorris*, 949 F.3d at 304.

[6] We see no clear error in the district court's finding that Oye failed to meet her burden. The court described in detail its reasons for awarding certain evidence more weight. Most important, the court articulated why it found the letters from Oye's treating physicians unpersuasive, emphasizing that they did not explain why Oye's medical conditions would cause serious functional limitations and seemed otherwise inconsistent with the same physicians' clinical notes. The reports from Hartford's consultative doctors, in contrast, tied each of their conclusions to portions of Oye's medical records. That the district court gave no weight to one Hartford consultant who opined, with little explanation, that Oye had no limitations only reinforces that the court carefully considered the substance of each medical opinion as part of finding Oye was not disabled.

[7] Oye disagrees, contending that the district court erred by crediting the consultative reports of doctors who had never examined her over reports from her treating physicians. But it is not our role, as a court of review, to reweigh the evidence and decide for ourselves which doctors supplied the most credible opinions. See *Scanlon v. Life Ins. Co. of N. Am.*, 81 F.4th 672, 681 (7th Cir. 2023); see also ***838** *Black & Decker Disability Plan v. Nord*, 538 U.S. 822, 823, 123 S.Ct. 1965, 155 L.Ed.2d 1034 (2003) ("Nothing in ERISA ... suggests that plan administrators must accord special deference to the opinions of treating physicians."). The district court explained at length why it credited the more reasoned reports. The law required no more.

In the final analysis, then, we have a record that supports two reasonable views of the evidence: one that Oye is disabled within the meaning of the Plan, and another that she is not. This observation ends our inquiry, for the Supreme Court has emphasized that "[w]here there are two permissible views of the evidence, the factfinder's choice between them cannot be clearly erroneous." *Anderson v. City of Bessemer City*, 470 U.S. 564, 574, 105 S.Ct. 1504, 84 L.Ed.2d 518 (1985); see also *United States v. Contreras*, 820 F.3d 255, 263 (7th Cir. 2016).

C

[8] One final point warrants underscoring. Oye challenges the district court's failure to discuss what she sees as a relevant piece of evidence: a 2017 consultative doctor's report, solicited by Hartford, which concluded that Oye's fibromyalgia rendered her completely disabled. Indeed, in portions of her brief, Oye seems to suggest the district court committed clear error by failing to discuss this particular report in its opinion. Not so in our view.

The district court's decision to forgo discussion of the 2017 consultative report makes sound sense. In 2016 Hartford solicited opinions about Oye's condition from two different doctors. One opined that Oye was completely disabled, and the other disagreed. Hartford relied on these reports when making its initial determination that Oye was disabled. But when it reevaluated Oye's disability status in 2020, Hartford solicited new consultative reviews. Those more recent reviews observed that Oye's condition had improved since 2017. Undoubtedly realizing the comparative value of the newer reviews, the district court reasonably focused its discussion on the 2020 reports, while declining to discuss either of the two reports from 2017.

[9] In any event, the district court had no legal obligation to discuss each piece of evidence in the record. Rule 52(a) requires only that the district court "find the facts specially and state its conclusions of law separately." Fed. R. Civ. P. 52(a); see *Xodus v. Wackenhut Corp.*, 619 F.3d 683, 686 (7th Cir. 2010) (explaining that, under Rule 52(a), a district court "need not address each piece of evidence," and is only

required to "include sufficient subsidiary facts so that we can clearly understand the steps by which it reached its ultimate conclusion"); see also *Amerline Corp. v. Cosmo Plastics Co.*, 407 F.2d 666, 669 (7th Cir. 1969) ("The court was not required under Rule 52, Fed. R. Civ. P., to make findings on all facts presented.").

[10] We have emphasized this precise point in the analogous Social Security setting, and we do so here in applying Rule 52(a): "[d]istrict courts and magistrates shoulder no obligation whatsoever to conform their opinions to any particular template or to produce decisions of any particular length." *Morales v. O'Malley*, 103 F.4th 469, 472 (7th Cir. 2024). What matters is that the district court provided reasoning adequate to permit "meaningful appellate review," see, *e.g.*, *Andre v. Bendix Corp.*, 774 F.2d 786, 801 (7th Cir. 1985), and that its ultimate decision is "plausible in light of the record viewed in its entirety," *Buechel v. United States*, 746 F.3d 753, 756 (7th Cir. 2014) (quoting *Fyrnetics (Hong Kong) Ltd. v. Quantum Grp., Inc.*, 293 F.3d 1023, 1028 (7th Cir. 2002)).

***839** Because the district court's decision easily satisfies these standards, we AFFIRM.

All Citations

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