

Circuit Court for Prince George's County  
Case No. C-16-CV-24-000321

UNREPORTED\*  
IN THE APPELLATE COURT  
OF MARYLAND

No. 1616

September Term, 2024

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IN THE MATTER OF SHEILA CALL

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Berger,  
Friedman,  
Sharer, J. Frederick  
(Senior Judge, Specially Assigned),

JJ.

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Opinion by Friedman, J.

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Filed: April 10, 2026

\*This is an unreported opinion. This opinion may not be cited as precedent within the rule of stare decisis. It may be cited for persuasive value only if the citation conforms to MD. RULE 1-104(a)(2)(B).

Appellant Sheila Call challenges a decision of the Board of Trustees for the Maryland State Retirement and Pension System (the “Trustees”) denying her application for ordinary disability benefits. The Circuit Court for Prince George’s County upheld that decision. On appeal as a self-represented litigant, Call contends that the decision was unsupported by substantial evidence and premised on an incorrect disability standard. For the reasons that follow, we shall affirm.

### **BACKGROUND**

Call was a longtime employee of the Charles County Public Schools, serving in several different administrative support positions. In August 2016, she was promoted to the position of secretary to the principal. Call’s duties in the position of secretary included the functions of an office manager, preparation of correspondence and documents, maintenance of files and records, meeting biweekly payroll deadlines, management of school finances and attendance, daily bookkeeping, preparation of monthly and annual financial reports, tracking the school budget, placing school orders, welcoming visitors to the school, maintenance of the copier and supplies, and coordinating school events.

On November 10, 2016, three months after her promotion to secretary, Call’s vehicle was rear-ended by a dump truck while she was stopped at a red light. Four days after the collision, Call sought treatment at MedStar Orthopedic Institute, where she was examined and treated by Dr. Dennis A. Carlini for neck and back pain. Dr. Carlini

diagnosed Call with cervical and lumbar strain and prescribed a back brace and physical therapy.

In January 2017, Call returned to work for six hours per day. Call was able to take breaks and walk around during the day, as recommended by Dr. Carlini.

On February 6, 2017, Dr. Carlini re-evaluated Call. Call reported that the pain in her upper back and neck had improved with therapy and that she felt back pain after four hours of work. Dr. Carlini diagnosed her with cervical radiculitis, cervical strain, lumbar strain, chronic pain syndrome, and bulging of a cervical intervertebral disc.

Call was discharged from physical therapy on February 21, 2017. The physical therapist noted that Call had reported a decrease in her back pain and exhibited an increase in her core strength, lumbar stability, flexibility and her tolerance for standing, sitting, and walking. By March 2017, Call returned to work full-time without any restrictions and utilized a stand-up desk that Dr. Carlini had prescribed for her.

On November 16, 2017, Call began pain management treatment at the National Spine & Pain Center with Richard Brouillette, D.O. and Lillie Walker, PA. Although she arrived at her initial appointment in a wheelchair, Dr. Brouillette's examination revealed normal range of motion throughout her spine and no deformity. He diagnosed her with a cervical disc disorder and initiated a series of epidural steroid injections which provided her some pain relief. She continued receiving steroid lumbar injections through February of 2019.

On October 1, 2019, Jean-Marc Voyadzis, M.D., a neurologist, performed a complete neurosurgical evaluation of Call. The exam showed no abnormalities. Dr.

Voyadzis also reviewed Call’s MRI studies performed between February 1, 2018 and July 30, 2019, which revealed “mild degenerative changes in the cervical, thoracic and lumbar spine but” nothing appropriate for surgical intervention.

In November 2019, Call stopped working and took leave pursuant to the Family Medical Leave Act (“FMLA”). When her FMLA leave expired in February 2020, she did not return to work due to complaints of ongoing pain.

On April 30, 2020, Call filed a claim for ordinary disability, claiming that she was unable to perform her job duties due to cervical, thoracic, and lumbar radiculopathy, cervical and lumbar facet syndrome, a herniated thoracic disc, chronic pain syndrome, and degenerative disc disease. As part of her application, the Medical Board of the Maryland State Retirement Agency directed that Call be evaluated by Kevin Hanley, M.D., an orthopedic surgeon. The evaluation was completed in April 2021. Based on the evaluation and review of Ms. Call’s medical records, Dr. Hanley concluded that she did not meet the criteria for ordinary disability retirement. He found that Call’s reported inability to sit or stand for an extended period of time and inability to perform her job were inconsistent with the evidence of a minimal lumbar spine bulge and mild degenerative disc disease.

In June 2021, the Medical Board determined that the medical evidence did not support the conclusion that Call was permanently incapacitated or unable to perform her job duties and recommended that the Trustees deny her application for ordinary disability. The Trustees accepted the recommendation and informed Call that she was not eligible for disability retirement benefits.

Call requested reconsideration of the Medical Board’s recommendation and submitted additional records for the Medical Board’s review. Dr. Hanley reviewed Call’s additional records and prepared an addendum to his report, stating that the new information did not change his initial report or his opinion that she is not permanently and totally incapacitated and unable to perform normal duties in her position as a secretary. The Medical Board upheld its original decision and recommended denial of Call’s disability claim. On November 16, 2021, the Trustees accepted that recommendation and denied Call’s claim. Call requested an administrative hearing.

Between August 12, 2021, and January 10, 2022, Dr. Deborah Kim evaluated Call and diagnosed her with chronic fibromyalgia. Dr. Kim found that Call could sit for only 10-20 minutes and stand or walk for 5 minutes before needing to change positions. Dr. Kim’s report indicated that Ms. Call was limited to sitting or standing/walking for a maximum of two hours in an eight-hour workday and that she was restricted to lifting or carrying no more than 10 pounds. Although the report stated initially that it would not be feasible for Call to work part-time due to widespread pain that interfered with basic activities of daily living, it later stated that during an eight-hour workday, Call would require unscheduled breaks every hour and two to three days of rest following each shift before returning to work. Dr. Kim’s records did not state that Call is permanently incapacitated from her specific duties as a secretary.

On September 27, 2023, Administrative Law Judge (“ALJ”) Sun E. Choi conducted a full evidentiary hearing. Call was represented by counsel. Call testified on her own behalf and did not present any additional witnesses. Call testified that she worked in her position

at full, unrestricted duty until November 2019, when she began FMLA leave. She explained that she went on FMLA leave because she was experiencing extreme pain without relief. She did not return to work when her FMLA leave expired because her pain prevented her from doing her job. According to Call, however, none of her doctors had told her that she was permanently unable to continue working. Call further testified that sometime in 2020 or 2021, she began occasionally using a motorized scooter to avoid the pain associated with walking and standing. She used the scooter to navigate airports and sightseeing locations such as Disney World, the Grand Canyon, large Las Vegas hotels, and football games. Call acknowledged that she could also take the scooter to work, but that she never did so.

The Trustees presented the testimony of Dr. Hanley, whom the parties stipulated was qualified to testify as an expert in orthopedic surgery. In proffering his opinion, Dr. Hanley explained the distinction between subjective complaints, such as pain reported by a patient, and objective findings, such as x-rays, MRIs and physical examinations, which are observed by clinicians. He explained that in determining whether a person is incapable of performing his or her job duties, a person's subjective complaints must correlate to objective findings or an underlying medical history.

Dr. Hanley testified to a reasonable degree of medical certainty that Call suffers from maladaptive pain syndrome, meaning that her complaints of pain are not supported by any objective findings as to a source of the pain. Because Call's subjective pain complaints do not correlate to any objective finding of a medical condition that is the source

of her pain, Dr. Hanley determined that she is not permanently and totally disabled from performing the duties of her job.

Dr. Hanley testified that in her 2016 car accident, Call likely sustained a sprain or strain, a common soft tissue injury that heals without treatment. In Dr. Hanley's opinion, some of Call's medical records were "sloppy" because they included diagnoses that were not supported by objective medical evidence. Specifically, several medical records identified Call's diagnosis as radiculopathy, however, Dr. Hanley found that Call had no numbness, weakness, or reflex changes, which are the typical indicators of radiculopathy. Dr. Hanley found no evidence in Call's MRI reports of a herniated cervical disc, though there was some evidence of a minimal disc bulge, a condition that does not cause pain or require treatment.

Dr. Hanley explained that the MRI of Call's lumbar spine on February 1, 2018, showed a disc protrusion, which was likely due to a degenerative change, as there was no crowding of the nerve root and no impact to the spinal cord. Though Call's MRI of April 30, 2018, showed disc herniations in the thoracic spine, Dr. Hanley considered them inconsequential because they were not causing any symptoms, such as myelopathy, which causes swelling around the spinal cord and affects the legs, bowel and bladder. Based on Dr. Hanley's physical examination and review of MRI studies, he concluded that Call's spine showed only mild, age-related changes with no acute injury or clinically significant spinal condition that would explain her reported pain.

Dr. Hanley defined Call's job as sedentary, according to the Dictionary of Occupational Titles. In Dr. Hanley's opinion, none of the examinations or tests performed

on Call revealed any “underlying objective abnormality” indicating that she is unable to perform the duties of her job. According to Dr. Hanley, “it boils down to her saying she can’t do her job.”

Following a comprehensive review of the records and testimony, the ALJ made numerous findings of fact and conclusions of law. The ALJ found that Call’s treating physicians diagnosed her with various conditions, including cervical and lumbar strain, radiculopathy, and cervical disc herniation. Although the ALJ acknowledged Call’s testimony regarding her chronic pain and treatment history, she ultimately determined that such testimony consisted of subjective complaints that were not supported by objective medical diagnostic testing or the clinical records of her own treating physicians. The ALJ underscored this evidentiary gap by noting that, within the 465-page administrative record, “there is no conclusion or opinion by a treatment provider that the Claimant is permanently incapacitated from performing her normal duties as a secretary.”

The ALJ also found a significant disparity between Call’s reported symptoms and her in-court demeanor. While her doctors indicated that she could not sit for more than 20 minutes, the ALJ observed that Call remained seated throughout the duration of the proceedings, rising only during scheduled recesses and showed no visible signs of distress, such as grimacing or postural adjustments. Consequently, the ALJ found Call’s assertions of debilitating pain and sitting and standing limitation, to be irreconcilable with her observed behavior during the hearing.

The ALJ accorded considerable weight to the testimony of Dr. Hanley, characterizing him as a “credible and knowledgeable witness.” The ALJ agreed with Dr.

Hanley’s assessment of the medical records, noting that the records contained various diagnoses that lacked a foundational basis in the underlying clinical data. The ALJ credited Dr. Hanley’s testimony that Call’s secretarial job is sedentary and that she could perform it with conservative treatment. The ALJ also noted that Call’s condition had not worsened medically between 2017 (when she worked full-time) and 2019 (when she resigned). The ALJ rejected Call’s argument that her treating physicians’ records were more persuasive, noting that the initial “pre-op” diagnoses were not supported by later MRIs which showed only mild degenerative changes.

The ALJ concluded that Call is not permanently incapacitated for the further performance of her normal duties as a secretary. Accordingly, the Trustees’ decision to deny her ordinary disability retirement benefits was upheld.

Call filed a petition for judicial review with the circuit court. After review of the record, briefing and argument, the circuit court affirmed the ALJ’s decision. Call noted this timely appeal.

## **DISCUSSION**

### **I. SUBSTANTIAL EVIDENCE SUPPORTED THE ALJ’S DECISION**

Call first argues that the ALJ did not carefully review the records and opinions of her treating physicians, which she claims confirm her disabilities. She asserts that the ALJ erred in crediting the opinion of Dr. Hanley, a non-treating physician who evaluated her briefly years after her injury, and the ALJ further erred in assessing her physical appearance during the hearing.

The state pension system has two types of disability benefits: ordinary and

accidental. MD. CODE, STATE PERS. & PENS. ART. (“SP”) §§ 29-105 & 29-109. Call applied for ordinary disability benefits. To be eligible, (1) a person must have at least five years of eligible service, and (2) the medical board must certify that the person is mentally or physically incapacitated, that it is likely to be permanent, and that the member should be retired. SP § 29-105(a).

In reviewing an administrative agency’s decision, our “role ... is limited to determining if there is substantial evidence in the record as a whole to support the agency’s findings and conclusions, and to determine if the administrative decision is premised upon an erroneous conclusion of law.” *Donlon v. Montgomery County Public Schools*, 460 Md. 62, 74 (2018) (quotation marks and citations omitted). In applying the substantial evidence test, we must determine “whether a reasoning mind reasonably could have reached the factual conclusion the agency reached.” *Brandywine Senior Living at Potomac LLC v. Paul*, 237 Md. App. 195, 210 (2018) (quotation marks and citation omitted). We defer to an ALJ’s findings of fact if they are supported by the record. *Motor Vehicle Admin. v. Weller*, 390 Md. 115, 141 (2005) (citations omitted). We review an agency’s legal conclusions without deference. *Montgomery Park, LLC v. Md. Dep’t of Gen. Servs.*, 254 Md. App. 73, 99 (2022).

The record does not support Call’s contention that the ALJ failed to consider medical evidence offered in support of her disability claim. To the contrary, the hearing transcript and the ALJ’s decision confirm that the ALJ reviewed the parties’ Joint Exhibit 1, consisting of Call’s extensive medical records as well as additional medical records submitted by Call. In her decision, the ALJ specifically referenced both the Joint Exhibit

as well as the Claimant’s Exhibits as foundational sources of the evidence considered.

In assessing the written evaluations of Call’s medical providers, the ALJ noted inconsistencies in the medical records. Specifically, Dr. Kim’s records contained conflicting views on Call’s ability to continue working, stating both that it would not be feasible for Call to work even part-time, but also suggesting that Call was able to work but would require unscheduled breaks every hour and two to three days of rest after every shift. PA Walker’s notes stated that Call’s condition was chronic, with an indeterminate duration due to “flare ups” occurring one to three times per month and lasting eight hours to one to three days per episode. Regarding an estimate for part-time or a reduced work schedule for Call, PA Walker’s notes stated that it “[d]epends on flare ups.” The ALJ placed substantial weight on the fact that despite these severe limitations, “[i]n the 465 pages of exhibits, there is no conclusion or opinion by a treatment provider that [Call] is permanently incapacitated from performing her normal duties as a secretary.”

The ALJ rejected Call’s assertions that Dr. Carlini’s reports were more persuasive because he was a treating physician and that Dr. Hanley’s expert testimony was less credible. The ALJ explained that she credited Dr. Hanley’s testimony because he was the only expert witness to testify whose opinions and credibility she could assess with the benefit of cross-examination. “In assessing credibility, the [finder of fact] is ‘entitled to accept – or reject – *all, part, or none* of the testimony of any witness, whether that testimony was or was not contradicted or corroborated by any other evidence.’” *C.M. v. J.M.*, 258 Md. App. 40, 61 (2023) (quoting *Omayaka v. Omayaka*, 417 Md. 643, 659 (2011)). “[N]ot only is it the province of the agency to resolve conflicting evidence, but

where inconsistent inferences from the same evidence can be drawn, it is for the agency to draw the inferences.” *Courtney v. Bd. of Trustees of Md. State Ret. Sys.*, 285 Md. 356, 362 (1979) (quotation marks and citation omitted).

In this case, Dr. Hanley’s expert opinion concluding that Call is not permanently and totally incapacitated from the performance of her duties as a secretary, even if considered in isolation, constitutes substantial evidence sufficient to support a finding that she is not permanently incapacitated. The ALJ agreed with Dr. Hanley’s assessment that Call’s treating physicians’ records were “sloppy” and that the initial diagnoses were not supported by later MRIs. The ALJ noted that Dr. Hanley agreed with Dr. Voyadzis’ neurological assessment that revealed “mild degenerative changes,” and no abnormalities requiring surgery.

Here, the ALJ exercised her discretion in accepting Dr. Hanley’s expert opinion, based on his review of the medical records and his evaluation of Call. We are required to give deference to that decision. We find there was substantial evidence to support the ALJ’s finding that Call was not permanently incapacitated for the further performance of her normal duties as a secretary.

## **II. CALL’S CLAIM WAS PROPERLY ANALYZED UNDER MARYLAND LAW**

Call next argues that the ALJ failed to give proper weight to the decision of the federal Social Security Administration (“SSA”) awarding her full disability under the federal definition of disability, which she asserts is a “more stringent definition.” Call further argues that the ALJ did not understand the significance of her treating physicians’ opinions as explained in the federal SSA decision.

In discussing the SSA decision that the parties submitted into evidence, the ALJ noted that under the Code of Federal Regulations, disability is defined as the inability to “do any substantial gainful activity by reason of any medically determinable physical or mental impairment which can be expected to result in death, or which has lasted or can be expected to last for a continuous period of not less than 12 months.” 20 C.F.R. § 404.1505. Though the ALJ stated that a review of the federal definition of disability was “useful,” the ALJ distinguished the 12-month disability standard for purposes of SSA disability from the permanent incapacitation standard required for ordinary disability retirement under the Maryland retirement and pension system. Under Maryland law, a claimant must demonstrate not just “disability,” but a likely permanent incapacity “for the further performance of the normal duties of the member’s position[.]” SP § 29-105(a)(2). A determination of disability by the SSA is not binding upon a state administrative agency. *Cicala v. Disability Rev. Bd. for Prince George’s County*, 288 Md. 254, 263-66 (1980); *see also Hiltz v. Hiltz*, 213 Md. App. 317, 339-344 (2013) (holding that an SSA award, even when combined with a claimant’s testimony, is insufficient to establish a permanent incapacitation from further work under Maryland law). The Maryland Supreme Court has specifically directed that because the two programs have different “origins, coverage, funding sources, procedures, and standards,” an ALJ is required to conduct an independent assessment under the specific criteria of Maryland Law. *Id.* at 267. The ALJ analyzed Call’s disability claim and supporting evidence under the proper Maryland disability retirement standard. Her reference to the SSA’s definition of disability as being distinct from the Maryland standard was not error. The ALJ expressed no confusion about the SSA

findings or their effect on the decision in this case, observing that “[n]owhere in the [SSA’s] decision ... does it indicate that [Call] is permanently incapacitated, whether mentally or physically, from performing her normal duties as secretary.”

We perceive no error in the ALJ’s findings or the application of the law to those facts. Accordingly, we conclude that the ALJ did not err in upholding the Board of Trustees’ denial of Call’s application for ordinary disability benefits.

**JUDGMENT OF THE CIRCUIT COURT  
FOR PRINCE GEORGE’S COUNTY  
AFFIRMED. APPELLANT TO PAY  
COSTS.**