U.S. Department of Labor

Benefits Review Board
200 Constitution Ave. NW
Washington, DC 20210-0001

BRB No. 25-0174 BLA

HERMIS JOHNSON, JR. Claimant-Respondent v. CONSOL OF KENTUCKY, INCORPORATED and CONSOL ENERGY, INCORPORATED Employer/Carrier-Petitioners DIRECTOR, OFFICE OF WORKERS' COMPENSATION PROGRAMS, UNITED STATES DEPARTMENT OF LABOR Party-in-Interest	)	**NOT-PUBLISHED** DATE ISSUED: 05/26/2026 DECISION and ORDER

Appeal of the Decision and Order Awarding Benefits of Jason A. Golden, Administrative Law Judge, United States Department of Labor.

Joseph E. Wolfe and Donna E. Sonner (Wolfe Williams & Austin), Norton, Virginia, for Claimant.

William S. Mattingly (Jackson Kelly PLLC), Lexington, Kentucky, for Employer.

Before: ROLFE, JONES, and ULMER, Administrative Appeals Judges.

PER CURIAM:

Employer appeals Administrative Law Judge (ALJ) Jason A. Golden's Decision and Order Awarding Benefits (2022-BLA-05277) rendered on a claim filed on December 6, 2019, pursuant to the Black Lung Benefits Act, as amended, 30 U.S.C. §§901-944 (Act).

The ALJ accepted the parties' stipulation that Claimant has at least twenty-seven years of underground coal mine employment and found he established a totally disabling respiratory or pulmonary impairment. 20 C.F.R. §718.204(b)(2). Thus, he found Claimant invoked the presumption of total disability due to pneumoconiosis at Section 411(c)(4) of the Act.[1] 30 U.S.C. §921(c)(4). He further found Employer did not rebut the presumption and awarded benefits.

On appeal, Employer argues the ALJ erred in finding Claimant established total disability and that it failed to rebut the Section 411(c)(4) presumption.[2] Claimant responds in support of the award of benefits. The Director, Office of Workers' Compensation Programs, declined to file a substantive response.

The Benefits Review Board's scope of review is defined by statute. We must affirm the ALJ's Decision and Order if it is rational, supported by substantial evidence, and in accordance with applicable law.[3] 33 U.S.C. §921(b)(3), as incorporated by 30 U.S.C. §932(a); *O'Keeffe v. Smith, Hinchman and Grylls Assocs., Inc.*, 380 U.S. 359, 361-62 (1965).

[1] Section 411(c)(4) provides a rebuttable presumption that a miner's total disability is due to pneumoconiosis if he has at least fifteen years of underground or substantially similar surface coal mine employment and a totally disabling respiratory or pulmonary impairment. 30 U.S.C. §921(c)(4); *see* 20 C.F.R. §718.305.

[2] We affirm, as unchallenged on appeal, the ALJ's finding that Claimant established more than fifteen years of qualifying coal mine employment. *See Skrack v. Island Creek Coal Co.*, 6 BLR 1-710, 1-711 (1983); Decision and Order at 3, 12.

[3] The Board will apply the law of the United States Court of Appeals for the Fourth Circuit because Claimant performed his last coal mine employment in West Virginia. *See Shupe v. Director, OWCP*, 12 BLR 1-200, 1-202 (1989) (en banc); Director's Exhibit 3; Hearing Tr. at 11.

Invocation of the Section 411(c)(4) Presumption – Total Disability

To invoke the Section 411(c)(4) presumption, Claimant must establish he has a totally disabling respiratory or pulmonary impairment. 20 C.F.R. §718.305(b)(1)(iii). A miner is totally disabled if his pulmonary or respiratory impairment, standing alone, prevents him from performing his usual coal mine work or comparable gainful work.[4] *See* 20 C.F.R. §718.204(b)(1). A claimant may establish total disability based on qualifying pulmonary function studies or arterial blood gas studies,[5] evidence of pneumoconiosis and cor pulmonale with right-sided congestive heart failure, or medical opinions. 20 C.F.R. §718.204(b)(2)(i)-(iv). The ALJ must weigh all relevant supporting evidence against all relevant contrary evidence. *See Defore v. Ala. By-Products Corp.*, 12 BLR 1-27, 1-28-29 (1988); *Rafferty v. Jones & Laughlin Steel Corp.*, 9 BLR 1-231, 1-232 (1987); *Shedlock v. Bethlehem Mines Corp.*, 9 BLR 1-195, 1-198 (1986), *aff'd on recon.*, 9 BLR 1-236 (1987) (en banc).

The ALJ found Claimant established total disability based on the arterial blood gas study evidence and the evidence as a whole.[6] 20 C.F.R. §718.204(b)(2)(ii); Decision and Order at 8-12. Employer challenges the ALJ's weighing of the blood gas study and medical opinion evidence. Employer's Brief at 6-12.

Arterial Blood Gas Studies

The ALJ considered four studies dated February 25, 2020, November 12, 2020, February 15, 2022, and April 19, 2022. Decision and Order at 7-8. The February 25, 2020, November 12, 2020, and April 19, 2022 studies produced non-qualifying results at rest and during exercise. Director's Exhibits 13 at 25, 19 at 17; Employer's Exhibit 1 at 20. The

[4] As it is unchallenged on appeal, we affirm the ALJ's finding that Claimant's usual coal mine employment as a rock truck driver required medium manual labor. *See Skrack*, 6 BLR at 1-711; Decision and Order at 4; Claimant's Brief at 4-5.

[5] A "qualifying" pulmonary function study or blood gas study yields results equal to or less than the applicable table values in Appendices B and C of 20 C.F.R. Part 718, respectively. A "non-qualifying" study yields results exceeding those values. *See* 20 C.F.R. §718.204(b)(2)(i), (ii).

[6] The ALJ found the pulmonary function studies do not support a finding of total disability, and there is no evidence of cor pulmonale with right-sided congestive heart failure. 20 C.F.R. §718.204(b)(2)(i), (iii); Decision and Order at 4-7. Additionally, he accorded little weight to the medical opinions both for and against total disability. 20 C.F.R. §718.204(b)(2)(iv); Decision and Order at 9-12.

February 15, 2022 study produced non-qualifying results at rest and qualifying results during exercise. Claimant's Exhibit 1 at 19-22 (unpaginated). The ALJ gave more weight to the exercise studies than the resting studies and found the more recent studies from 2022 are more probative than the 2020 studies. Decision and Order at 7-8. In addition, he gave more weight to the February 15, 2022 exercise study than to the April 19, 2022 exercise study because Claimant exercised for longer on the February study, achieving a greater level of exertion that better approximated his usual coal mine work. *Id.* Thus, he gave the February 15, 2022 study "controlling weight" and found the blood gas study evidence supports a finding of total disability. *Id.*

Initially, we affirm, as unchallenged on appeal, the ALJ's finding that the exercise blood gas studies are more probative than the resting blood gas studies as they are more representative of Claimant's ability to perform the exertional requirements of his usual coal mine employment. *See Skrack v. Island Creek Coal Co.*, 6 BLR 1-710, 1-711 (1983); Decision and Order at 7-8; *see also Coen v. Director, OWCP*, 7 BLR 1-30, 1-31-32 (1984) (exercise blood gas study may be given more weight than resting blood gas studies).

Employer argues the ALJ improperly interpreted medical data in finding Claimant reached a greater level of exertion on the February 15, 2022 exercise study than the April 19, 2022 study. Employer's Brief at 6-8. We disagree.

The ALJ considered Dr. Davidson's statement that during the qualifying February 15, 2022 exercise study, Claimant was exercised on a treadmill for a total of four minutes and fifty-five seconds to a maximum heart rate of 136 beats per minute and achieved a maximum workload of 7.00 metabolic equivalents (METS). Decision and Order at 8; *see* Claimant's Exhibit 1 at 5, 18 (unpaginated). He also considered Dr. Dahhan's notation that during the non-qualifying April 19, 2022 exercise study, Claimant exercised on a bike for two-and-a-half minutes with a maximum heart rate of 87 beats per minute and terminated the exercise due to shortness of breath after reaching a workload of 3.40 METS. Decision and Order at 8; *see* Employer's Exhibit 1 at 11, 20, 23. The ALJ then permissibly concluded, based on the higher heart rate and METS measurement on the February 15, 2022 study that Claimant reached a higher level of exertion than he did on the April 19, 2022 study. *See Milburn Colliery Co. v. Hicks*, 138 F.3d 524, 533 (4th Cir. 1997); *Sterling Smokeless Coal Co. v. Akers*, 131 F.3d 438, 441 (4th Cir. 1997); Decision and Order at 8 & n.26; *see also Reynolds v. Judith Trucking Co.*, BRB No. 13-0336 BLA, slip op. at 7 (Mar. 7, 2014) (unpub.) (holding that an ALJ permissibly credited an exercise blood gas study over a later one because the earlier study subjected the miner to more rigorous exercise).[7] Thus, contrary to Employer's assertion, the ALJ permissibly found the

[7] While we agree with Employer that unpublished Board decisions are nonbinding, we see no reason the ALJ cannot rely on them for their persuasive reasoning, as he did here

February 15, 2022 exercise study is more representative of Claimant's ability to perform his usual coal mine employment requiring medium labor.[8] *See Harman Mining Co. v. Director, OWCP* [*Looney*], 678 F.3d 305, 316-17 (4th Cir. 2012); *Lane Hollow Coal Co. v. Director, OWCP* [*Lockhart*], 137 F.3d 799, 803 (4th Cir. 1998); Decision and Order at 3-4, 8; Employer's Brief at 6-8.

We also reject Employer's contention that the ALJ erred in crediting the qualifying February 15, 2022 exercise study over the non-qualifying February 25, 2020 and November 12, 2020 exercise studies. Employer's Brief at 8. The ALJ noted the progressive nature of pneumoconiosis and that the more recent study shows a worsening of Claimant's condition, and thus permissibly relied on the February 15, 2022 exercise study as the most persuasive evidence of Claimant's condition.[9] *See Adkins v. Director, OWCP*, 958 F.2d 49, 51-52 (4th Cir. 1992) (because pneumoconiosis is a latent and progressive disease, more recent evidence may be rationally credited if it shows a miner's condition has worsened); *Kincaid v. Island Creek Coal Co.*, 26 BLR 1-43, 1-52-53 n.14 (2023) ("[A] factfinder may, consistent with the progressive nature of pneumoconiosis, credit newer evidence showing a deterioration in a miner's condition over older evidence based on chronological order[.]"); *see also Woodward v. Director, OWCP*, 991 F.2d 314, 319-20 (6th Cir. 1993); *Thorn v. Itmann Coal Co.*, 3 F.3d 713, 718 (4th Cir. 1993); Decision and Order at 8; Employer's Brief at 8-9. Therefore, as it is supported by substantial evidence, we affirm the ALJ's finding the blood gas study evidence supports a finding of total disability.[10] 20 C.F.R. §718.204(b)(2)(ii); Decision and Order at 8.

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when weighing conflicting blood gas studies. *See* Employer's Brief at 7; Decision and Order at 8 & n.26 (citing and discussing *Reynolds*).

[8] The ALJ noted Claimant's usual coal mine employment required him to operate heavy machinery, carry a thirty-pound sledgehammer between twenty-five to seventy-five feet, and carry five-gallon buckets of oil. Decision and Order at 3-4; *see* Hearing Tr. at 12-14.

[9] Because the ALJ gave a valid reason for crediting the exercise studies over the resting studies and for crediting the February 15, 2022 exercise study over the April 19, 2022 exercise study, we reject Employer's argument the April 19, 2022 study should "trump" the prior testing because it is the most recent overall. Employer's Brief at 8.

[10] As a result, we also reject Employer's assertion that the ALJ's total disability finding must be vacated and remanded because "the overwhelming number of tests do not support a finding of total disability." Employer's Brief at 9.

Medical Opinions

The ALJ considered the medical opinions of Drs. Green, Davidson, Dahhan, and Ranavaya. Decision and Order at 9-12. Drs. Green and Davidson opined Claimant is totally disabled based on significant hypoxemia evident on the exercise blood gas studies. Director's Exhibits 13, 16; Claimant's Exhibit 1; Employer's Exhibit 5. Dr. Dahhan indicated that the blood gas studies show exercise induced hypoxemia, but he explained the majority of the studies do not have disabling values and concluded Claimant does not have a pulmonary or respiratory disability. Employer's Exhibit 1. Dr. Ranavaya opined Claimant is not totally disabled based on the non-qualifying pulmonary function and blood gas study values. Director's Exhibit 19.

The ALJ gave less weight to Dr. Green's opinion because he considered only the blood gas studies from 2020 and gave little weight to Dr. Davidson's opinion because he did not have an accurate understanding of Claimant's exertional requirements. Decision and Order at 10. He discredited Drs. Dahhan's and Ranavaya's opinions because they are contrary to his determination that the blood gas study evidence supports a finding of total disability. Decision and Order at 11. In addition, he found Dr. Dahhan failed to explain how Claimant could perform the exertional requirements of his usual coal mine work given the exercise induced hypoxemia he diagnosed, and he found Dr. Ranavaya did not consider the February 2022 blood gas study, which he determined best reflects Claimant's respiratory capabilities and ability to perform the exertional requirements of his coal mine employment. *Id.* As the ALJ gave little weight to all the medical opinions, he found the medical opinion evidence does not support or negate a finding of total disability at 20 C.F.R. §718.204(b)(2)(iv). *Id.* at 12.

Employer argues the ALJ erred in discrediting the opinions of Drs. Dahhan and Ranavaya based on his findings regarding the blood gas study evidence.[11] Employer's Brief at 10-12. We disagree.

Dr. Dahhan noted the blood gas values from his April 19, 2022 evaluation and Dr. Ranavaya's November 12, 2020 examination had non-qualifying values at rest and during exercise. Employer's Exhibit 1 at 7. He then summarized the blood gas values from Dr. Davidson's February 15, 2022 study and Dr. Green's February 25, 2020 study and

[11] Employer also contends the Board should affirm the ALJ's discrediting of Drs. Green's and Davidson's opinions because "[n]either of these findings has been preserved in a cross-appeal and should be affirmed as the law of the case." Employer's Brief at 10 n.3. As we discuss below, we affirm the ALJ's finding that Claimant established total disability. Therefore, we need not address Employer's argument because it is moot.

concluded, "[t]aking the entire blood gas data into account, within a reasonable degree of medical certainty, this patient has exercise induced hypoxemia with the majority of the tests failing to show disabling values." *Id.* Dr. Dahhan next summarily concluded that, considering all of the pulmonary function and blood gas study evidence, Claimant "has no evidence of pulmonary disability." *Id.* He indicated in his report that Claimant worked most recently as a rock truck driver and roof bolter. *Id.* at 3. In summarizing his review of records, he noted other physician's statements that Claimant had to lift 50 to 100 pounds "at any given time" and that he "would have difficulty climbing into the rock truck and have difficulty operating heavy equipment because of the hypoxemia." *Id.* at 5-6. But as the ALJ permissibly found, Dr. Dahhan did not adequately explain how Claimant could perform the exertional requirements of his usual coal mine work requiring medium labor given the exercise induced hypoxemia he diagnosed. *Looney*, 678 F.3d at 316-17; *Grizzle v. Pickands Mather & Co.*, 994 F.2d 1093, 1096 (4th Cir. 1993); Decision and Order at 10.

Dr. Ranavaya observed that the November 12, 2020 blood gas study values conducted as part of his evaluation were normal at rest "for a morbidly obese individual" and "showed no hypoxemia on exercise and demonstrate[d] normal response to exercise." Director's Exhibit 19 at 6. He also indicated that Claimant performed a six-minute walk exercise test but stopped after five minutes and ten seconds "due to complaints of dyspnea, fatigue, leg and back pain." *Id.* Dr. Ranavaya conducted a review of additional records and explained that the February 25, 2020 diffusing capacity for carbon monoxide (DLCO) values, corrected for alveolar volume, "is 134% of predicted normal," an observation he stated "is common in morbidly obese individuals such as [Claimant] at rest and **does not show permanent gas exchange abnormality**." *Id.* at 10 (emphasis in original). Dr. Ranavaya noted all of the pulmonary function and blood gas studies he considered were normal and therefore from a pulmonary standpoint, Claimant could perform his last coal mine employment or similar work. *Id.* at 13. He instead attributed Claimant's dyspnea, fatigue, and "other respiratory symptoms that can mimic as lung disease" to Claimant's morbid obesity, as aggravated by his "poorly controlled systemic hypertension, left-sided congestive heart failure and probably an inferior wall MI [myocardial infarction] in the past." *Id.*

The ALJ found Dr. Ranavaya's opinion reasoned to the extent it was based on his own non-qualifying November 12, 2020 objective test results. Decision and Order at 11. But the ALJ permissibly gave his opinion less weight because he did not consider the more recent February 2022 blood gas study, which had qualifying results while exercising and which the ALJ found "best reflects Claimant's pulmonary abilities and his ability to return to work." *Id.*; *see Island Creek Coal Co. v. Compton*, 211 F.3d 203, 211 (4th Cir. 2000); *Looney*, 678 F.3d at 316-17; *Akers*, 131 F.3d at 441.

Employer asserts the ALJ erred in failing to consider the other tests Dr. Ranavaya considered, specifically the February 25, 2020 DLCO values, in concluding that there is no permanent gas exchange abnormality.[12] Employer's Brief at 11-12. Employer has not explained, however, how Dr. Ranavaya's reliance on these 2020 values undermines the ALJ's determination that the more recent qualifying February 15, 2022 exercise values better represent Claimant's current pulmonary capability and ability to perform his usual coal mine work, especially when Dr. Ranavaya did not review this study. *See Shinseki v. Sanders*, 556 U.S. 396, 413 (2009) (appellant must explain how the "error to which [it] points could have made any difference"); *Stark v. Director, OWCP*, 9 BLR 1-36, 1-37 (1986) (ALJ may assign less weight to a medical opinion that presents an incomplete picture of the miner's health).

We also reject Employer's contention that the ALJ erred in not explaining "how the contrary results of the pulmonary function studies were used to assess if [Claimant] had proven total pulmonary or respiratory disability." Employer's Brief at 10. Because arterial blood gas studies and pulmonary function studies measure different types of impairment, the results of arterial blood gas studies are not called into question by contemporaneous pulmonary function testing. *See Sheranko v. Jones & Laughlin Steel Corp.*, 6 BLR 1-797, 1-798 (1984).

As the ALJ permissibly discredited Drs. Dahhan's and Ranavaya's opinions that Claimant is not totally disabled, and there is no other credited evidence undermining the blood gas study evidence, which the ALJ determined is entitled to controlling weight, we affirm the ALJ's finding that Claimant established total disability based on the evidence as a whole.[13] 20 C.F.R. §718.204(b)(2) (qualifying blood gas studies "shall establish" total

[12] Dr. Green, who conducted the February 25, 2020 study, noted the diffusing capacity is mildly reduced but opined that the non-qualifying blood gases showed consistent findings of hypoxemia at rest and with light exertion and that therefore Claimant is totally disabled from a pulmonary or respiratory standpoint. Director's Exhibit 13 at 4-5. In addition, based on a review of Dr. Ranavaya's opinion, Dr. Green disagreed with his DLCO opinion. Director's Exhibit 16 at 2-3. Dr. Green stated, "Dr. Ranavaya misleads us to some extent by stating that he has corrected the diffusing capacity for lung volume by dividing the DLCO by [alveolar volume]." *Id.* at 2. Dr. Green indicated that the reduced diffusing capacity is consistent with the restrictive findings on the pulmonary function studies and the impaired gas exchange and hypoxemia. *Id.* at 3.

[13] The ALJ noted that the submitted treatment records are from 2020 and earlier and, "given their age, they provide little assistance in assessing Claimant's current pulmonary

disability "[i]n the absence of contrary probative evidence"); *see Rafferty*, 9 BLR at 1-232; *Shedlock*, 9 BLR at 1-198; Decision and Order at 12; *see also See Kozele v. Rochester & Pittsburgh Coal Co.*, 6 BLR 1-378, 1-382 n.4 (1983). Consequently, we further affirm the ALJ's determination that Claimant invoked the Section 411(c)(4) presumption. 20 C.F.R. §718.305; Decision and Order at 12.

Rebuttal of the Section 411(c)(4) Presumption

Because Claimant invoked the Section 411(c)(4) presumption, the burden shifted to Employer to establish he has neither legal nor clinical pneumoconiosis,[14] or "no part of [his] respiratory or pulmonary total disability was caused by pneumoconiosis as defined in [20 C.F.R.] § 718.201." 20 C.F.R. §718.305(d)(1)(i), (ii); *Wolf Run Mining Co. v. Director, OWCP* [*Baisden*], 172 F.4th 304, 308 (4th Cir. 2026); *Minich v. Keystone Coal Mining Corp.*, 25 BLR 1-149, 1-155 n.8 (2015). The ALJ found Employer failed to establish rebuttal by either method.[15] Decision and Order at 12-17.

Legal Pneumoconiosis

To disprove legal pneumoconiosis, Employer must establish Claimant does not have a chronic lung disease or impairment "significantly related to, or substantially aggravated by, dust exposure in coal mine employment." *See* 20 C.F.R. §§718.201(a)(2), (b), 718.305(d)(1)(i)(A); *W. Va. CWP Fund v. Director, OWCP* [*Smith*], 880 F.3d 691, 695 (4th Cir. 2018); *Minich*, 25 BLR at 1-155 n.8.

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and respiratory condition." Decision and Order at 12. Thus, he determined they do not support or refute the blood gas study evidence. *Id.*

[14] "Legal pneumoconiosis" includes any chronic lung disease or impairment and its sequelae arising out of coal mine employment. 20 C.F.R. §718.201(a)(2). The definition includes "any chronic pulmonary disease or respiratory or pulmonary impairment significantly related to, or substantially aggravated by, dust exposure in coal mine employment." 20 C.F.R. §718.201(b). "Clinical pneumoconiosis" consists of "those diseases recognized by the medical community as pneumoconioses, *i.e.*, the conditions characterized by permanent deposition of substantial amounts of particulate matter in the lungs and the fibrotic reaction of the lung tissue to that deposition caused by dust exposure in coal mine employment." 20 C.F.R. §718.201(a)(1).

[15] The ALJ found Employer disproved the existence of clinical pneumoconiosis. Decision and Order at 13; *see* 20 C.F.R. §718.305(d)(1)(i)(B).

Employer relies on Drs. Dahhan's and Ranavaya's opinions that Claimant does not have legal pneumoconiosis to rebut the presumption. Director's Exhibit 19; Employer's Exhibit 1. The ALJ found both physicians' opinions unpersuasive and consequently insufficient to rebut the presumption of legal pneumoconiosis. Decision and Order at 14-15.

Employer initially contends the ALJ applied the wrong legal standard in considering Dr. Dahhan's opinion because he required him to "rule out" coal dust exposure as the cause of Claimant's hypoxemia. Employer's Brief at 12; *see* Decision and Order at 14. We are not persuaded by Employer's argument.

The ALJ began his rebuttal analysis by correctly stating that to disprove legal pneumoconiosis, "Employer must establish that Claimant does not have a chronic lung disease or impairment 'significantly related to, or substantially aggravated by, dust exposure in coal mine employment.'" Decision and Order at 14. He then considered Dr. Dahhan's opinion that Claimant "has no evidence of functional pulmonary impairment and/or disability caused by, related to, contributed to or substantially aggravated by inhalation of coal dust, hence, no evidence of legal pneumoconiosis." Employer's Exhibit 1 at 7. Rather, Dr. Dahhan diagnosed "morbid obesity with a history of obstructive sleep apnea which are conditions that can cause exercise induced hypoxemia comparable to the one that [Claimant] demonstrates on his testing with no evidence of total or permanent pulmonary disability." *Id.*

The ALJ permissibly found his opinion that Claimant has no pulmonary or respiratory impairment or, if he does, one unrelated to coal mine dust exposure, to be not well-reasoned because he did not adequately explain why Claimant's coal mine dust exposure could not have contributed to the hypoxemia he diagnosed. *See Baisden*, 172 F.4th at 313-14; *Looney*, 678 F.3d at 311-12; Decision and Order at 14. Thus, the ALJ discredited Dr. Dahhan's opinion because he found it unpersuasive and not because he failed to satisfy an erroneous heightened legal standard. Decision and Order at 14. Thus, we reject Employer's argument that the ALJ applied an improper standard.

Employer also asserts the ALJ erred in finding Dr. Ranavaya's opinion is conclusory and insufficient to establish rebuttal as he sufficiently explained why Claimant does not have legal pneumoconiosis. Employer's Brief at 12-13. We disagree.

Dr. Ranavaya opined that nothing in his November 12, 2020 evaluation of Claimant or "any other credible or reliable evidence in the records made available to [him]"[16]

[16] Dr. Ranavaya's report contains a detailed list of the additional records he reviewed, all of which are from May 18, 2020 or earlier. Director's Exhibit 19 at 6-8.

supports a finding of legal pneumoconiosis or "any respiratory condition caused by, aggravated by, or in any way related to coal dust exposure." Director's Exhibit 19 at 14-15. Rather, he stated that Claimant "mainly and primarily suffers from morbid obesity resulting in adverse pulmonary and cardiac effects in terms of dyspnea, fatigue, and decondition for exercise capacity among other significant health problems." *Id.* at 14. But as the ALJ permissibly found, Dr. Ranavaya did not sufficiently explain how Claimant's twenty-seven years of coal mine dust exposure did not also contribute to Claimant's hypoxemia. *Baisden*, 172 F.4th at 313-14; *Looney*, 678 F.3d at 316-17; Decision and Order at 15.

Because the ALJ permissibly discredited the opinions of Drs. Dahhan and Ranavaya, the only medical opinions supportive of Employer's burden on rebuttal,[17] we affirm his finding that Employer did not disprove legal pneumoconiosis. Employer's failure to disprove legal pneumoconiosis precludes a rebuttal finding that Claimant does not have pneumoconiosis. Therefore, we affirm the ALJ's finding that Employer did not establish rebuttal at 20 C.F.R. §718.305(d)(1)(i).

Disability Causation

The ALJ next considered whether Employer established "no part of [Claimant's] respiratory or pulmonary total disability was caused by pneumoconiosis as defined in [20 C.F.R.] § 718.201." 20 C.F.R. §718.305(d)(1)(ii); Decision and Order at 16-17. The ALJ discredited Drs. Dahhan's and Ranavaya's opinions because they did not diagnose legal pneumoconiosis, contrary to the ALJ's finding that Employer failed to disprove the disease. *See Hobet Mining, LLC v. Epling*, 783 F.3d 498, 504-05 (4th Cir. 2015); Decision and Order at 16. As Employer does not challenge this finding apart from asserting the ALJ erred in discounting their opinions as to legal pneumoconiosis, we affirm it. 20 C.F.R. §718.305(d)(1)(ii); *see Skrack*, 6 BLR at 1-711; Decision and Order at 16-17. Consequently, we affirm the ALJ's finding that Employer failed to establish no part of Claimant's total respiratory disability is due to legal pneumoconiosis. 20 C.F.R. §718.305(d)(1)(ii); *see Minich*, 25 BLR at 154-56; Decision and Order at 16-17.

[17] Because Dr. Davidson diagnosed Claimant with legal pneumoconiosis, his opinion does not support Employer's rebuttal burden. Therefore, we need not address Employer's argument regarding his opinion. *See Shinseki*, 556 U.S. at 413; *Larioni*, 6 BLR at 1-1278; Employer's Brief at 13.

Accordingly, we affirm the ALJ's Decision and Order Awarding Benefits.

SO ORDERED.

JONATHAN ROLFE
Administrative Appeals Judge

MELISSA LIN JONES
Administrative Appeals Judge

GLENN E. ULMER
Administrative Appeals Judge