

PART C – Decision under Appeal

The decision under appeal is the Ministry of Social Development (the “Ministry”) March 7, 2013 reconsideration decision in which the Ministry determined that the Appellant was not eligible for Persons with Disabilities (“PWD”) designation because she did not meet all the requirements for PWD designation in section 2(2) of the Employment and Assistance for Persons with Disabilities Act. The Ministry was not satisfied that the Appellant has a severe mental or physical impairment that in the opinion of a prescribed professional

(i) directly and significantly restricts her ability to perform daily living activities either continuously or periodically for extended periods; and,

(ii) as a result of those restrictions she requires help to perform those activities.

The Ministry was satisfied that the Appellant has reached 18 years of age and in the opinion of a medical practitioner her impairment is likely to continue for at least 2 years.

PART D – Relevant Legislation

Employment and Assistance for Persons with Disabilities Act (“EAPWDA”) Section 2(2) and 2(3).

Employment and Assistance for Persons with Disabilities Regulation (“EAPWDR”) Section 2.

PART E – Summary of Facts

For its reconsideration decision the Ministry had the following evidence:

1. Appellant's PWD application consisting of:

- Her self-report
- Physician's Report ("PR") completed on November 5, 2012 by a doctor who reported that the Appellant has been his patient for one year and he had seen her between 2-10 times in the preceding 12 months.
- Assessor's Report ("AR") completed on November 19, 2012 by a registered nurse who indicated this was her first contact with the Appellant and that the Appellant was seen for the disability assessment.
- Mental health/addiction emergency services intake/screening dated December 3, 2007.

2. Ministry report of its telephone conversation on January 30, 2013 with the doctor who completed the PR, to clarify his report.

3. Appellant's request for reconsideration, reviewing the information in her PWD application and arguments in support of the reconsideration. She also submitted a diagnostic radiology report dated February 8, 2013.

Diagnosis

In the PR, the doctor reported the Appellant's diagnosis as asthma, and added the patient is "suffering from asthma". The doctor diagnosed no other conditions and did not reference any reports or tests in the PR.

Physical Impairment

In her self-report the Appellant described her disability as:

- COPD/asthma – has suffered for several years; significantly restricts all areas of basic mobility and physical abilities due to shortness of breath; however, also has asthma attacks while sedentary; has asthma attacks at least 4 times a day every day; coughs uncontrollably for at least a half an hour – sometimes longer – leaving her short of breath, anxious and exhausted.
- Arthritis/osteoarthritis in her hands, back, feet, hips and knees; also significantly restricts all areas of basic mobility and physical abilities.
- Weather plays havoc on her body with both diseases, especially hot, damp or cold weather, air quality affect her breathing; damp and cold weather affects her arthritis/osteoarthritis with joint stiffness and pain.
- Allergies trigger COPD/asthma attacks; is allergic to many thing including dust, pollen, lawn clippings, dog and cat hair.
- Struggling to perform even most basic and minimal exertion activities; unable to walk a block without stopping to catch her breath and rest due to shortness of breath and pain in her back, legs, knees, hips and feet; unable to lift or carry items due to shortness of breath and pain in her back, legs, hips, feet and hands; can only sit for less than one hour as her hips and back hurt, and her joints stiffen and become painful.
- Left shoulder sprain affects her ability in personal self care, as well as lifting, reaching and carrying items; cannot lift her left arm higher than between waist and shoulder height affecting her ability to wash and groom her hair, wash her body, get dressed, reach for items, lift items (e.g., pots/pans off stove) do basic housecleaning and laundry.
- Lives with a roommate who does the majority of the housework, meal preparation and laundry and who, with a family member, does the grocery shopping, lifting and carrying items.
- Being chronically tired as she has difficulties sleeping and has poor sleep quality due to the

pain and joint stiffness.

In the PR, in the section about the severity of the Appellant's condition, the doctor referred to the Appellant's letter (self-report). The doctor indicated that that the Appellant has not been prescribed any medications and/or treatments that interfere with her ability to perform daily living activities. The doctor also wrote that asthma is a lifelong illness, which can be controlled with medications but never cured. The doctor reported that the Appellant can walk unaided less than 1 block, climb 5+ steps unaided, lift 5-15 lbs, and remain seated for less than 1 hour.

In the January 30, 2013 telephone contact, when asked about the severity of the Appellant's asthma, the doctor indicated that he would need to perform more testing to be able to speak to the severity in more detail; that is, more spirometry and nursing assessments while the Appellant is doing activities in order to give more information.

In the AR, the nurse reported the following information provided to her by the Appellant;

- Painful shoulders, back, hips, knees, hand, ankles and feet, hands go numb, no feeling, difficulty reaching, lifting, carrying, chronic asthma, short of breath, coughing, difficulty walking, relies on puffers, uses glasses for reading.
- Ability to communicate indicated as poor in reading, writing and hearing; good in speaking. Appellant stated that she has difficulty reading as her comprehension is poor, writing poor due to lack of skills – pain in hands, difficulty holding pen – using computer, ruptured ear drum on left so loss of hearing with chronic pain and ringing.
- Independent walking indoors - takes significantly longer; "walks slowly due to pain in feet, back, shortness of breath; walking outdoors – periodic restrictions and takes significantly longer – "less than one block, tries to avoid going out due to back pain, feet hurt, will us a friend to walk with if she can, uses them for support".
- Climbing stairs takes significantly longer – "avoids stairs at all costs, but if has to use them, walks 5 steps, gets pain in legs, short of breath, exacerbates asthma, needs to use puffers, uses hand rails.
- Standing, lifting, carrying and holding – continuous restrictions. – "states unable to stand unassisted, needs to lean on counters, support of another person, can only stand 10 minutes and gets back/leg pain, needs to sit; states can only lift 5 lbs – needs help to lift and carry over 5 lbs.; gets family or roommate to help – laundry, groceries, etc.
- States that she gets up often to use puffers; her back wakes her up, gets restless feet, rarely gets a good night sleep; usually tired all the time, takes naps during the day; has no energy. Medication would put her to sleep, but not keep her sleeping.
- "Eating difficulty due to ulcers; has many dietary restrictions, on medication.

In the AR, the nurse added that the Appellant "has many difficulties with mobilization and pain in several joints that restrict activities. She also has suffered from asthma most of her life, is a smoker and now has COPD – she gets very short of breath – coughs and relies on puffers several times per day. Hot weather makes breathing more difficult, as well as pollen in spring – cold makes joints more painful."

The nurse also referred to a diagnostic radiology report for the Appellant's ankle, dated November 22, 2011. That report indicated that the ankle joint appears to be normal, no significant arthritic change, and moderate plantar spurring of both calcanel.

The February 2013 radiology report indicated multilevel degenerative disk disease present to a mild degree, extending from L3 level, inferiorly, most prominent at the L5-S1 level; mild facet joint osteoarthritis present at the L5-S1 level; vertebral body heights are maintained. The report also indicated that for the Appellant's bilateral shoulders, bilaterally, the subacromial and glenohumeral joint spaces are maintained; joint alignment is normal; no particular calcifications visualized; bilateral mild to moderate AC joint osteoarthritis is noted.

Mental Impairment

In her self-report, the Appellant described her disabilities as anxiety and depression due to chronic pain, coughing spells and subsequent extreme shortness of breath and chronic fatigue; has previously attempted suicide.

In the PR, the doctor diagnosed no mental health conditions and indicated that the Appellant has no significant deficits with cognitive and emotional function.

In the AR, the nurse reported the following impacts on cognitive and emotional functioning:

- Major impact to bodily function, emotion and motivation; moderate impact to consciousness, insight and judgement, attention/concentration, executive, memory, and motor activity; minimal impact to language (expression, comprehension problems) and to psychotic symptoms; and no impact to impulse control and to other neuropsychological problems.

The nurse added the following information based on what the Appellant told her:

- "States has a history of depression, anxiety, diagnosed by [another doctor]; past [history] of suicide attempts, on sleeping pills but did not want to admit this to the doctor; has seen a psychiatrist in the past and mental health counseling, last visit 6 months ago".
- "States still suffers from anxiety/depression - lack of motivation - worries about things - difficulty focusing - states sad - weepy for no reason due to death of family members"; weepy in AR interview.
- "States she drinks alcohol all the time - binge drinker - abuses alcohol and drugs when depressed as well, states "I am really hyper", states generally aware of keeping self safe, but when symptoms of depression escalate, she abuses alcohol, prescription and non-prescription drugs with suicidal history".
- "States no ability to concentrate, unable to focus on a single thought; mind is always racing - memory poor - needs to write everything down - relies on roommate to remind her of appointments - commitments, etc.
- Executive – can't organize herself to do things in the house, does not plan events, not a good organizer, relies on family/friends; "states I have stuff everywhere – it's just piled up – I don't know what to do with it - becomes overwhelming; unable to learn new information, always agitated, nervous; difficulty concentrating and focusing".
- Motivation – agitated – unable to sit still, no interest outside home or even at home; doesn't always get dressed, showered, unless has an appointment, lays around, watches TV, sleeps, avoids going out – social contacts.
- "States she has hallucinations/ delusions when using drugs – states she suffered emotional abuse in past relationships"; has difficulty trusting people and is fearful of meeting new people.

The nurse wrote that the Appellant was weepy during her interview, and her speech is rapid and ongoing. The nurse also added that the Appellant "has currently anxiety and depression, not treated with addictive behavior and previous suicidal attempts. Past history of physical and emotional abuse – now poor judgement of character – lack of trust and currently withdraws socially to keep self safe."

In the 2007 mental health emergency service intake report, a nurse reported that the Appellant was seen in ICU and had overdosed 2 days before on alcohol and drugs, and denied having suicidal intent.

Daily Living Activities

In the PR, the doctor:

- Reported continuous restrictions to personal self-care, meal preparation, basic housework, daily shopping, mobility inside and outside the home; no restrictions to management of medications, use of transportation, management of finances, and social functioning.
- Wrote that the Appellant reports that the degree of restriction is severe.

In the January 301, 2013 telephone conversation, when asked about restrictions to daily living activities as reported in the PR, the doctor stated that he completed the application based on information that the Appellant told him. The doctor was unable to confirm the significance of the restrictions at that time.

In the AR, the nurse reported the following regarding assistance needed, as stated by the Appellant:

- For personal care, she is independent with dressing, grooming, bathing, toiling and feeding herself, but dressing, grooming and bathing take significantly longer; needs periodic assistance with transfers in/out of bed and in/out of chairs and these activities take significantly longer; stated that her left shoulder is painful, dressing takes longer than usual, has difficulty combing/washing her hair but is able to manage unassisted; stated that she fell once in the shower – now leans on the wall and needs a bath bar; uses a chair for support to get up; stated that her back goes out periodically, needs people to help her get out of chair or bed.
- For basic housekeeping, needs continuous assistance with laundry and basic housekeeping – “roommate does laundry” and she will sit and fold clothes from the dryer; she helps with dishes, roommate does all other housekeeping duties; back/shoulder hurt – suffers after trying, so no longer helps.
- For shopping, is independent reading prices and labels, making appropriate choices and paying for purchases; needs continuous assistance with going to and from stores and carrying purchases home; stated always goes shopping with family/friends but never pushes buggy, gets products from shelf or carries them home; often just sends roommate with list and money to do shopping.
- For meals, needs continuous assistance; stated that she directs cooking, but roommate does the cooking; stated back hurts, unable to stand, hands go numb, difficulty with opening jars and using utensils.
- For paying rent and bills, needs periodic assistance in all aspects; stated she is poor about managing money, needs help.
- For medications, needs periodic assistance with filling/refilling prescriptions and safe handling and storage; needs continuous assistance with taking as directed; stated often gets roommate to refill prescriptions, doesn’t like to go out, forgets to take meds so usually roommate directs.
- For transportation, is independent getting in and out of a vehicle; transit not applicable.
- For social functioning, needs periodic assistance with making appropriate social decisions – stated history of suicide attempts, alcohol and drug abuse; with ability to develop and maintain relationships – “with family/friends - poor judgement and lack of trust in people, (“have been used all the time”); with interacting appropriately with others; with ability to deal appropriately with unexpected demands – gets frustrated easily, needs direction from friends; and, is independent in the ability to secure assistance from others.

- Good functioning with her immediate social network and marginal functioning with her extended social network.

Help with Daily Living Activities

In the PR, the doctor wrote that the Appellant reports having her roommate do the majority of the housework, meal preparation and laundry, and together with family members does the grocery shopping and the lifting.

In the AR, assistance provided by others reported as:

- Family, friends, health authority, mental health; AA and narcotic addictions groups helped her in the past.
- Needs bath bar in the shower; Appellant stated that mattress is poor and increases back pain, needs new mattress.
- No use of an assistance animal.

At the hearing, the Appellant's advocate submitted the following documents which she stated had been submitted with the Appellant's PWD application, but were missing from the record:

1. Second page of the December 2007 emergency services intake report indicating previous history of counseling and addiction, and the comment that the client is not suicidal, admits to impulsive behavior when drinking.
2. Discharge summary from December 2007 psychiatric program recommending connecting with substance abuse and grief counselors.
3. Spirometry for asthma dated July 18, 2012 indicating response to medications as "very good effect" and with an illegible written comment.

The Ministry did not object to the admissibility of these documents.

The Appellant's advocate also submitted oral arguments, which are set out in Part F of this decision.

Pursuant to section 22(4) of the Employment and Assistance Act, the Panel admits the three documents submitted at the hearing as being in support of the evidence that the Ministry had at the time of reconsideration.

The Ministry reviewed and relied on its reconsideration decision.

PART F – Reasons for Panel Decision

The issue in this appeal is whether the Ministry reasonably determined that that the Appellant was not eligible for PWD designation because she did not meet all of the requirements in section 2(2) of the EAPWDA, and specifically, that the Appellant does not have a severe mental or physical impairment that in the opinion of a prescribed professional (i) directly and significantly restricts her ability to perform daily living activities either continuously or periodically for extended periods; and, (ii) as a result of those restrictions she requires help to perform those activities.

The eligibility criteria for PWD designation are set out in the following sections of the EAPWDA:
 2 (2) The minister may designate a person who has reached 18 years of age as a person with disabilities for the purposes of this Act if the minister is satisfied that the person has a severe mental or physical impairment that

- (a) in the opinion of a medical practitioner is likely to continue for at least 2 years, and
- (b) in the opinion of a prescribed professional
 - (i) directly and significantly restricts the person's ability to perform daily living activities either (A) continuously, or (B) periodically for extended periods, and
 - (ii) as a result of those restrictions, the person requires help to perform those activities.

(3) For the purposes of subsection (2),

- (a) a person who has a severe mental impairment includes a person with a mental disorder, and
- (b) a person requires help in relation to a daily living activity if, in order to perform it, the person requires (i) an assistive device, (ii) the significant help or supervision of another person, or (iii) the services of an assistance animal.

The "daily living activities" referred to in EAPWDA section 2(2)(b) are defined in the EAPWDR as:

2 (1) For the purposes of the Act and this regulation, "daily living activities" ,

(a) in relation to a person who has a severe physical impairment or a severe mental impairment, means the following activities:

- (i) prepare own meals; (ii) manage personal finances; (iii) shop for personal needs; (iv) use public or personal transportation facilities; (v) perform housework to maintain the person's place of residence in acceptable sanitary condition; (vi) move about indoors and outdoors; (vii) perform personal hygiene and self-care; (viii) manage personal medication, and

(b) in relation to a person who has a severe mental impairment, includes the following activities:

- (i) make decisions about personal activities, care or finances; (ii) relate to, communicate or interact with others effectively.

The Panel will consider each party's position regarding the reasonableness of the Ministry's decision under the applicable PWD criteria at issue in this appeal.

Severe Physical Impairment

The Ministry is not satisfied that the information provided establishes a severe physical impairment. The Ministry considered the doctor's and nurse's reports and found that the AR is problematic because it was completed by a nurse who met the Appellant for the first time to complete the AR and used the Appellant's self-report, a foot x-ray and spirometry as the sources of information. It is the Ministry's position that the AR is to be completed by a prescribed professional with a history of contact and recent experience with the Appellant and is to be based on knowledge of the Appellant, observations, clinical data and experience. In addition, the doctor indicated that he did not have adequate medical records and testing to speak to the severity of the Appellant's asthma condition.

The Ministry also determined that the impairments reported in the AR were not related to the doctor's medical diagnosis of asthma. The functional skill limitations are self-reported and not based on medical opinion. It is the Ministry's position that the stated functional limitations are more in keeping with a moderate degree of impairment.

The Appellant's position, as put forward by her advocate, is that she has a severe physical impairment, as evidenced by the Appellant's self-report, the PR, the AR and the imaging reports. In response to the Ministry's position regarding the AR, the advocate argued that the PWD legislation states that the opinion of a prescribed professional is required, not that the professional have a history of contact and recent experience with the Appellant. The advocate argued that the Ministry's position is problematic because it is disregarding the opinion of a registered nurse and questioning the nurse's professional credentials. The advocate further submitted that the doctor's report is also based on information the Appellant provided him. The doctor did not spend time at the Appellant's home to see how she manages daily living activities. The advocate argues that the information in the reports should be accepted by the Ministry as evidence demonstrating that the Appellant does meet the criteria for PWD designation.

The advocate acknowledged that the Appellant's primary disability is asthma and submitted that the reported impacts to her functional abilities are mainly due to asthma. The advocate also acknowledged that the doctor did not diagnose osteoarthritis/arthritis as a health condition, but suggested that the doctor overlooked these conditions. The advocate referred to the diagnostic imaging reports for the Appellant's back and ankle to demonstrate the presence of arthritis. The advocate also referred to the nurse's reports about the Appellant's physical limitations, arguing that the nurse had ample communication with the Appellant who explained about her daily living restrictions. To support the Appellant's position the advocate cited section 8 of the Interpretation Act and the *Hudson* decision.

The Panel's Findings

The EAPWDA provides that the determination of the severity of impairment is based on whether the Minister is satisfied, taking into account all of the evidence including that of the Appellant. However, that legislation is clear that the fundamental basis for the assessment is the evidence from a prescribed professional respecting the type of impairment and its impact on daily functioning.

The Panel will first address the weight to be given to the PR and the AR. The doctor who completed the PR indicated that the Appellant has been his patient for one year and he had seen her between 2-10 times in a twelve month period. He also provided additional comments to the Ministry in January 2013 regarding the information in his reports, including the statement that he based the information about the Appellant's restrictions with daily living activities on information from the Appellant. The nurse indicated that the AR was based on her first meeting with the Appellant for the purposes of the assessment. The nurse repeatedly prefaced the information in that report with "states" or "stated", which the Panel finds means that the information in the report is based largely on what the Appellant told the nurse, not on a separate assessment of the Appellant's functional abilities. Although the information in both the PR and AR about any restrictions to the Appellant's daily functioning abilities is based mainly on information from the Appellant, the doctor provided the diagnoses and he has known the Appellant and seen her more often than the nurse. Therefore, the Panel gives the doctor's reports somewhat more weight than the information from the nurse.

Regarding the Appellant's physical impairment, in her-self reports and in the information she gave to the nurse, the Appellant described various medical conditions, including COPD/asthma, osteoarthritis/arthritis, left shoulder sprain, allergies, fatigue and pain in her back and feet. She stated that she has asthma attacks at least four times a day, leaving her short of breath and exhausted. However, in her self-report, she provided more information about how her shoulder pain and osteoarthritis/arthritis impacts her function. The Panel notes that the Appellant's doctor only reported a diagnosis of asthma, adding the comment that she suffers from asthma and that asthma is a lifelong illness. The doctor made no mention of any other conditions, nor did he refer to any diagnostic tests. Also, the Appellant acknowledged that this was the doctor's diagnosis and the functional limitations the doctor reported were related to her asthma. Therefore, based on the evidence, the Panel finds that for the purposes of her PWD application asthma is the physical health condition, which impairs the Appellant's functional abilities.

As for the severity of that impairment, the Appellant argued that her medical conditions significantly restrict all areas of basic mobility and physical abilities. She provided details of those restrictions to the nurse and they are listed in the AR. However, both in the Appellant's self-report and in the AR, most of the restrictions are attributed to pain in her shoulder and back, and to pain and limitations from osteoarthritis/arthritis. The doctor did note continuous restrictions to 6 daily living activities, but qualified that part of the PR by writing that the Appellant reports that the degree of restrictions is severe. Then in January 2013, the doctor indicated he is unable to confirm the significance of the Appellant's restriction at that time. He would need to perform more tests before he could address the severity of the Appellant's impairment. The Panel finds that, in fact, neither the doctor nor the nurse confirmed the severity of the Appellant's impairments from asthma. Therefore, based on the evidence, the Panel finds that the Ministry reasonably determined that the Appellant does not have a severe physical impairment.

Severe Mental Impairment

The Ministry's position is that the doctor did not diagnose a mental health condition and the doctor reported no significant deficits to cognitive and emotional functioning. The nurse's report is based on the Appellant's self-report, not on a diagnosis of a mental health condition. Therefore, the Ministry was not satisfied that the information provided was evidence of a severe mental impairment.

The Appellant acknowledged that there is no diagnosis of a mental health condition. However, she reported suffering from depression and anxiety, and having a history of attempting suicide. She also reported impacts to emotion, attention/concentration and other aspects of cognitive and emotional functioning, as well as impacts to aspects of social functioning to the nurse.

The Panel's Findings

The Panel finds that although the Appellant described having mental health conditions these conditions were not confirmed by her doctor. He provided no diagnosis of any mental health conditions and reported no significant deficits to cognitive and emotional functioning. The information in the AR about impacts to cognitive and emotional functioning is based on the Appellant's reports, not a separate mental health assessment. Therefore, the Panel finds that based on the evidence, the Ministry reasonably determined that the Appellant does not have a severe mental impairment.

Restrictions to Daily Living Activities

The Ministry submitted that an impairment from a medical condition must be the causal reason for

any restriction to daily living activities, and in this case it found that the only diagnosed medical condition is asthma. The Ministry noted that the Appellant reported to the doctor that she has severe and continuous restrictions to 6 daily living activities. In the AR, the Ministry noted that the Appellant reported to the nurse that she needs periodic or continuous help from other people with the majority of daily living activities. However, the explanation for those restrictions was chronic shoulder and back pain. The Ministry found that the information provided does not establish that the Appellant has a severe impairment which in the opinion of a prescribed professional significantly restricts daily living activities either continuously or periodically for extended periods.

The Appellant's position is that the Ministry should not question the nurse's opinion about the Appellant's restrictions as reported in the PR. The advocate argues that the nurse is a prescribed professional as defined in the PWD legislation. The advocate makes the same argument for the restrictions reported in the PR; that is, there is nothing in that legislation requiring that professional to have a history of contact and recent experience with an applicant and requiring the professional's opinion to be based on knowledge of an applicant, observations, clinical data and experience. The advocate argued that this is just Ministry policy. Therefore, the advocate submitted that the Ministry must consider the reports in the PR and AR of continuous restrictions to most daily living activities.

The Panel's Findings

Section 2(2)(b) of the EAPWDA requires the opinion of a prescribed professional to confirm that the Appellant's severe impairment directly and significantly restricts her daily living activities. In other words, the restrictions to those activities must be directly caused by the severe impairment. In this case, the Panel has found that the only medically confirmed condition which impairs the Appellant's activities, is asthma and that the Ministry reasonably determined that the Appellant does not have a severe physical impairment.

The Appellant's doctor and nurse, two prescribed professionals, provided reports regarding restrictions to the Appellant's ability to manage daily living activities. However, the doctor qualified the information in the PR by stating that he is unable to confirm any restrictions. Also, the nurse's report is based largely on information from that Appellant and most of the restrictions reported in the AR are attributed to what the Appellant described as pain in her shoulders, back and legs and to her mental conditions. It is not clear which physical activities are restricted by her asthma. Therefore, having considered all the evidence, the Panel finds that the Ministry reasonably determined that the Appellant does not have a severe impairment which in the opinion of a prescribed professional directly and significantly restricts her daily living activities either continuously or periodically for extended periods.

Help with Daily Living Activities

The Ministry's position is that because it determined that the Appellant's daily living activities are not significantly restricted by a severe impairment, it could not determine that significant help is required from other persons. Also, no assistive devices are required.

The Appellant's position is that she needs continuous help with many activities. Her roommate and her family provide assistance as noted in the reports. She also needs a bath bar.

The Panel's Findings

Section 2(2)(b)(ii) of the EAPWDA also requires the opinion of a prescribed professional to confirm

that as a result of her restrictions the Appellant requires help with her daily living activities. While the Panel finds that there is some evidence that the Appellant needs help with certain tasks, the Panel also finds that the Ministry reasonably determined that because direct and significant restrictions in the Appellant's ability to perform daily living activities have not been established, it cannot be determined that the Appellant needs help to perform those activities.

Conclusion

Having reviewed and considered all of the evidence and the relevant legislation, the Panel finds that the Ministry's reconsideration decision, which determined that the Appellant was not eligible for PWD designation, was reasonably supported by the evidence, and therefore confirms that decision.