Disability Insurance Appeals

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Overview

A denial letter from a disability insurer is not a medical conclusion. It is a business decision, made by a claims reviewer whose job is to identify reasons to deny or terminate benefits. For policyholders already managing serious illness or injury, that letter can feel like a final verdict. It is not.

Cohen Cleary represents individuals whose long-term disability insurance claims have been wrongly denied or terminated. We handle administrative appeals under ERISA and state insurance law, build the medical and vocational evidence that initial reviewers overlooked, and litigate when insurers refuse to reverse flawed decisions. Whether your claim was denied at the outset, your ongoing benefits were terminated, or your insurer invoked an “own occupation” to “any occupation” transition to cut off coverage, our attorneys work to restore the benefits you were promised.

How We Handle Denied Disability Insurance Claims

The path to overturning a disability denial depends on whether the policy was issued through an employer or purchased individually. For group policies governed by ERISA, the federal statute that controls most employer-sponsored benefit plans, the administrative appeal is often the only opportunity to introduce new evidence. If the appeal fails, federal court review is generally limited to the administrative record already compiled. That single constraint shapes every strategic decision we make: what medical opinions to obtain, which vocational experts to engage, and how to document functional limitations in terms the insurer cannot dismiss.

For individual policies not governed by ERISA, Massachusetts and Rhode Island insurance law provide broader remedies, including the ability to pursue bad faith claims and, in Massachusetts, claims under Chapter 93A and Chapter 176D when an insurer’s conduct rises to the level of unfair claims settlement practices. We evaluate every denied claim against both frameworks to determine which path provides the strongest leverage for our clients.

We tell our clients that the administrative record is the battlefield. Every treating physician letter, functional capacity evaluation, and vocational assessment that goes into that record must be crafted with litigation in mind, because if the appeal is denied, the record you built is the record the court will review.

Why Consumers Choose Cohen Cleary

At Cohen Cleary, our practice teams combine deep subject-matter experience with disciplined execution and responsive client service. We do not take a one-size-fits-all approach. Every matter is handled with careful preparation, clear communication, and a strategy tailored to the client’s goals and the realities of the forum.

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Clients choose Cohen Cleary because we deliver:

Practice-Focused Legal Experience

Our attorneys work in defined practice areas, allowing us to develop practical insight into the legal, procedural, and regulatory nuances that matter most in each case. This focus allows us to anticipate issues, avoid unnecessary delays, and position matters for efficient resolution.

Clear Guidance and Proactive Communication

We prioritize clarity at every stage. Clients receive straightforward explanations of their options, timely updates on developments, and practical advice grounded in real-world outcomes.

Strategic Advocacy with Trial Readiness

Whether a matter calls for negotiation, mediation, or litigation, our attorneys prepare every case with discipline and foresight. We pursue efficient resolution when possible and are fully prepared to advocate aggressively when necessary to protect our clients' interests.

Regional Knowledge and Local Presence

With offices throughout Massachusetts and experience across New England courts and agencies, we bring local insight and regional reach to every matter.

Client-Centered Service

We treat every matter with urgency and respect. Our clients rely on us for responsive service, sound judgment, and steady counsel through complex legal challenges.

In our disability insurance appeals work, this approach helps clients navigate the high-stakes intersection of insurance law and federal regulation with clarity, efficiency, and confidence.

Why Most Disability Denials Are Documentation Problems, Not Medical Ones

Insurers deny disability claims at high rates, not because the claims lack merit, but because the initial review process is designed to screen for documentation gaps. A treating physician who writes "patient cannot work" has provided a conclusion. The insurer needs functional specifics: how long can the claimant sit, stand, concentrate, or lift? Without those details, the denial letter practically writes itself. Our approach treats every appeal as an opportunity to rebuild the evidentiary foundation, filling the gaps the insurer exploited and reframing the medical evidence in terms the claims process is designed to evaluate.

Disability Insurance Appeals Across Massachusetts and Rhode Island

Cohen Cleary handles disability insurance appeals from our offices in Taunton and Plymouth, representing policyholders throughout both states. Our geographic familiarity includes:

- Federal court practice in the District of Massachusetts and the District of Rhode Island for ERISA litigation
- Familiarity with the Massachusetts Division of Insurance regulatory process for individual policy disputes

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- Experience with state court bad faith and Chapter 93A claims in Bristol, Plymouth, and Norfolk County courts

The firm also has the capacity to serve clients with disability insurance disputes across New England.

Discuss Your Disability Insurance Denial with Cohen Cleary

If your long-term disability benefits have been denied or terminated, the timeline for appeal may already be running. Contact Cohen Cleary to schedule a consultation. We will review your policy, assess the basis for the denial, and advise you on the strongest path forward.

Frequently Asked Questions About Disability Insurance Denials

My long-term disability claim was denied. Is the insurer's decision final?

No. Every disability policy, whether governed by ERISA or state law, includes an appeal process. For ERISA-governed plans, you typically have 180 days from the denial to file an administrative appeal. This deadline is strict: missing it can permanently forfeit your right to challenge the denial. The appeal stage is also your primary opportunity to submit new medical evidence, so it requires careful preparation rather than a simple letter of disagreement.

What is ERISA, and how does it affect my disability claim?

ERISA (the Employee Retirement Income Security Act) is a federal law that governs most employer-provided benefit plans, including group disability insurance. If your disability coverage came through your employer, ERISA likely controls your claim. The practical impact is significant: ERISA limits your available remedies to the benefits owed under the plan, generally eliminates the right to a jury trial, and restricts court review to the administrative record compiled during the appeal. That is why building a complete record during the appeal stage is critical.

What is the difference between "own occupation" and "any occupation" disability?

Most long-term disability policies define disability differently at different stages. During the initial period (often 24 months), you qualify if you cannot perform the duties of your own occupation. After that period, the standard typically shifts to whether you can perform any occupation for which you are reasonably qualified by education, training, or experience. This transition is one of the most common points at which insurers terminate benefits, even when the claimant's medical condition has not improved.

Do I need an attorney for a disability insurance appeal?

You are not required to have an attorney, but the stakes make experienced representation strongly advisable. In ERISA cases, particularly, the administrative appeal may be your only chance to build the record that a federal court will later review. Insurers employ teams of medical reviewers, vocational consultants, and claims adjusters. An ERISA disability lawyer experienced in these claims understands how to frame medical evidence, counter insurer tactics

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such as independent medical examinations and surveillance, and position the claim for the strongest possible outcome at each stage.

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