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UNITED STATES DISTRICT COURT  
CENTRAL DISTRICT OF CALIFORNIA

RODOLFO ESTRADA-FARFAN,	)	NO. CV 11-7339-E
	)	
Plaintiff,	)	
	)	
v.	)	<b>MEMORANDUM OPINION</b>
	)	
MICHAEL J. ASTRUE, COMMISSIONER	)	<b>AND ORDER OF REMAND</b>
OF SOCIAL SECURITY ADMINISTRATION,	)	
	)	
	)	
Defendant.	)	
_____	)	

Pursuant to sentence four of 42 U.S.C. section 405(g), IT IS  
HEREBY ORDERED that Plaintiff's and Defendant's motions for summary  
judgment are denied and this matter is remanded for further  
administrative action consistent with this Opinion.

**PROCEEDINGS**

Plaintiff filed a complaint on September 12, 2011, seeking review  
of the Commissioner's denial of benefits. The parties filed a consent  
to proceed before a United States Magistrate Judge on October 5, 2011.  
Plaintiff filed a motion for summary judgment or remand on

1 February 17, 2012. Defendant filed a motion for summary judgment on  
2 May 3, 2012. The Court has taken both motions under submission  
3 without oral argument. See L.R. 7-15; "Order," filed September 15,  
4 2011.

5  
6 **BACKGROUND**

7  
8 Plaintiff alleges disability since November 1, 2006, based  
9 primarily on alleged orthopedic problems (Administrative Record  
10 ("A.R.") 37-52, 157-68). Dr. Gerardo Canchola, apparently one of  
11 Plaintiff's treating physicians,<sup>1</sup> opined in a "Physical Capacity  
12 Evaluation" that Plaintiff could not lift any weight and could not  
13 perform any grasping or manipulation with his left hand (A.R. 407).  
14

15 The Administrative Law Judge ("ALJ") found Plaintiff "has the  
16 following severe impairment: status post left shoulder surgery and  
17 cervical spine spurs with left foraminal impingement," but retains the  
18 ability to work (A.R. 20-24). The ALJ rejected Dr. Canchola's  
19 contrary opinions, stating:

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21 <sup>1</sup> The Ninth Circuit has held that a physician who has  
22 seen the claimant only twice for treating purposes qualifies as a  
23 "treating physician." Ghokassian v. Shalala, 41 F.3d 1300, 1303  
24 (9th Cir. 1994); see also Benton v. Barnhart, 331 F.3d 1030,  
25 1036-39 (9th Cir. 2003) (supervising psychiatrist who saw the  
26 claimant only once can qualify as a "treating physician"); but  
27 see Le v. Astrue, 529 F.3d 1200, 1201-02 (9th Cir. 2008) (the  
28 "fact-specific" test for qualifying as a "treating physician"  
turns on the "duration of the treatment relationship and the  
frequency and nature of the contact" between physician and  
claimant). Defendant does not appear to challenge Dr. Canchola's  
status as a treating physician. See Defendant's Motion at 6 (in  
discussing Dr. Canchola, Defendant cites cases discussing  
treating physicians).

1 The undersigned give [sic] Dr. Canchola's opinion little  
2 weight in making this decision. There are few treatment  
3 records in evidence from Dr. Canchola, who [sic] the  
4 claimant apparently saw on two occasions. No basis is  
5 provided for the assessed limitations. There is no credible  
6 support in the record for assessing the claimant as unable  
7 to lift any weight, grasp or manipulate items with the  
8 hands. There are other more persuasive medical source  
9 opinions of record.

10  
11 (A.R. 22-23). The Appeals Council denied review (A.R. 1-3).

12  
13 **STANDARD OF REVIEW**

14  
15 Under 42 U.S.C. section 405(g), this Court reviews the  
16 Administration's decision to determine if: (1) the Administration's  
17 findings are supported by substantial evidence; and (2) the  
18 Administration used correct legal standards. See Carmickle v.  
19 Commissioner, 533 F.3d 1155, 1159 (9th Cir. 2008); Hoopai v. Astrue,  
20 499 F.3d 1071, 1074 (9th Cir. 2007). Substantial evidence is "such  
21 relevant evidence as a reasonable mind might accept as adequate to  
22 support a conclusion." Richardson v. Perales, 402 U.S. 389, 401  
23 (1971) (citation and quotations omitted); see Widmark v. Barnhart,  
24 454 F.3d 1063, 1067 (9th Cir. 2006).

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1 DISCUSSION

2  
3 A treating physician's conclusions "must be given substantial  
4 weight." Embrey v. Bowen, 849 F.2d 418, 422 (9th Cir. 1988); see  
5 Rodriguez v. Bowen, 876 F.2d 759, 762 (9th Cir. 1989) ("the ALJ must  
6 give sufficient weight to the subjective aspects of a doctor's opinion  
7 . . . This is especially true when the opinion is that of a treating  
8 physician") (citation omitted); see also Orn v. Astrue, 495 F.3d 625,  
9 631-33 (9th Cir. 2007) (discussing deference owed to treating  
10 physician opinions). Even where the treating physician's opinions are  
11 contradicted,<sup>2</sup> "if the ALJ wishes to disregard the opinion[s] of the  
12 treating physician he . . . must make findings setting forth specific,  
13 legitimate reasons for doing so that are based on substantial evidence  
14 in the record." Winans v. Bowen, 853 F.2d 643, 647 (9th Cir. 1987)  
15 (citation, quotations and brackets omitted); see Rodriguez v. Bowen,  
16 876 F.2d at 762 ("The ALJ may disregard the treating physician's  
17 opinion, but only by setting forth specific, legitimate reasons for  
18 doing so, and this decision must itself be based on substantial  
19 evidence") (citation and quotations omitted).

20  
21 Section 404.1512(e) of 20 C.F.R. provides that the Administration  
22 "will seek additional evidence or clarification from your medical  
23 source when the report from your medical source contains a conflict or  
24 ambiguity that must be resolved, the report does not contain all of  
25 the necessary information, or does not appear to be based on medically

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27 <sup>2</sup> Rejection of an uncontradicted opinion of a treating  
28 Smolen v. Chater, 80 F.3d 1273, 1285 (9th Cir. 1996); Gallant v.  
Heckler, 753 F.2d 1450, 1454 (9th Cir. 1984).

1 acceptable clinical and laboratory diagnostic techniques." See Smolen  
2 v. Chater, 80 F.3d at 1288 ("If the ALJ thought he needed to know the  
3 basis of Dr. Hoeflich's opinions in order to evaluate them, he had a  
4 duty to conduct an appropriate inquiry, for example, by subpoenaing  
5 the physicians or submitting further questions to them. He could also  
6 have continued the hearing to augment the record") (citations  
7 omitted); see also Brown v. Heckler, 713 F.2d 441, 443 (9th Cir. 1983)  
8 ("the ALJ has a special duty to fully and fairly develop the record  
9 and to assure that the claimant's interests are considered").

10  
11 In the present case, the ALJ erred by rejecting Dr. Canchola's  
12 opinions while stating legally insufficient reasons for doing so and  
13 without attempting to recontact Dr. Canchola. The ALJ's stated reason  
14 that "[t]here is no credible support in the record for assessing the  
15 claimant as unable to lift any weight, grasp or manipulate items with  
16 the hands" is insufficiently specific. See, e.g., Embrey v. Bowen,  
17 849 F.2d at 421 ("To say that the medical opinions are not supported  
18 by sufficient objective findings or are contrary to the preponderant  
19 conclusions mandated by the objective findings does not achieve the  
20 level of specificity our prior cases have required . . ."). The ALJ's  
21 stated reason that "[t]here are other more persuasive medical source  
22 opinions of record" is also insufficiently specific. Id.; see also  
23 McAllister v. Sullivan, 888 F.2d 599, 602 (9th Cir. 1989) ("broad and  
24 vague" reasons for rejecting the treating physician's opinions do not  
25 suffice). Moreover, the contradiction of a treating physician's  
26 opinion by another opinion triggers rather than satisfies the  
27 requirement of stating "specific legitimate reasons." See, e.g.,  
28 Valentine v. Commissioner, 574 F.3d 685, 692 (9th Cir. 2009); Orn v.

1 Astrue, 495 F.3d at 631-33; Lester v. Chater, 81 F.3d 821, 830-31 (9th  
2 Cir. 1995).

3  
4 Defendant argues that the ALJ properly rejected Dr. Canchola's  
5 opinions because of the paucity of treatment records and the  
6 conclusory nature of the opinions. The ALJ's duty to develop the  
7 record counsels against affirmance on such grounds, however. The ALJ  
8 should have ascertained from Dr. Canchola the "basis" for the  
9 "assessed limitations," including any basis to be found in treatment  
10 records. See 20 C.F.R. § 404.1512(e); Smolen v. Chater, 80 F.3d at  
11 1288.

12  
13 The harmless error rule applies in the social security context.  
14 See Stout v. Commissioner, 454 F.3d 1050, 1054 (9th Cir. 2006).  
15 However, the potential harmfulness of the errors discussed above are  
16 "apparent from the circumstances," within the meaning of McLeod v.  
17 Astrue, 640 F.3d 881, 887 (9th Cir. 2011).

18  
19 When a court reverses an administrative determination, "the  
20 proper course, except in rare circumstances, is to remand to the  
21 agency for additional investigation or explanation." INS v. Ventura,  
22 537 U.S. 12, 16 (2002) (citations and quotations omitted). Remand is  
23 proper where, as here, additional administrative proceedings could  
24 remedy the defects in the decision. McAllister v. Sullivan, 888 F.2d  
25 at 603; see generally Kail v. Heckler, 722 F.2d 1496, 1497 (9th Cir.  
26 1984).

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28 The Ninth Circuit's decision in Harman v. Apfel, 211 F.3d 1172

1 (9th Cir.), cert. denied, 531 U.S. 1038 (2000) ("Harman") does not  
2 compel a reversal rather than a remand of the present case. In  
3 Harman, the Ninth Circuit stated that improperly rejected medical  
4 opinion evidence should be credited and an immediate award of benefits  
5 directed where "(1) the ALJ has failed to provide legally sufficient  
6 reasons for rejecting such evidence, (2) there are no outstanding  
7 issues that must be resolved before a determination of disability can  
8 be made, and (3) it is clear from the record that the ALJ would be  
9 required to find the claimant disabled were such evidence credited."  
10 Harman at 1178 (citations and quotations omitted). Assuming,  
11 arguendo, the Harman holding survives the Supreme Court's decision in  
12 INS v. Ventura, 537 U.S. at 16,<sup>3</sup> the Harman holding does not direct  
13 reversal of the present case. Here, the Administration must recontact  
14 Dr. Canchola concerning "outstanding issues that must be resolved  
15 before a determination of disability can be made." Further, it is not  
16 clear from the record that the ALJ would be required to find Plaintiff  
17 disabled for the entire claimed period of disability were the opinions  
18 of Dr. Canchola credited. See Luna v. Astrue, 623 F.3d at 1035  
19 (remand rather than reversal where the improperly rejected treating  
20 physician opinion failed to identify a disability onset date).

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## 24 25 CONCLUSION

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27 <sup>3</sup> The Ninth Circuit has continued to apply Harman despite  
28 INS v. Ventura. See Luna V. Astrue, 623 F.3d 1032, 1035 (9th  
Cir. 2010); Vasquez v. Astrue, 572 F.3d 586, 597 (9th Cir. 2009);  
Benecke v. Barnhart, 379 F.3d 587, 595 (9th Cir. 2004).

1 For all of the foregoing reasons,<sup>4</sup> Plaintiff's and Defendant's  
2 motions for summary judgment are denied and this matter is remanded  
3 for further administrative action consistent with this Opinion.

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5 LET JUDGMENT BE ENTERED ACCORDINGLY.

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7 DATED: May 31, 2012.

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9 \_\_\_\_\_/S/\_\_\_\_\_  
10 CHARLES F. EICK  
11 UNITED STATES MAGISTRATE JUDGE  
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27 <sup>4</sup> The Court has not reached any other issue raised by  
28 Plaintiff except insofar as to determine that reversal with a  
directive for the immediate payment of benefits would not be  
appropriate at this time.