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**I.**

**DISPUTED ISSUES**

As reflected in the Joint Stipulation, the disputed issues raised by Plaintiff as the grounds for reversal and/or remand are as follows:

- (1) Whether the administrative law judge (“ALJ”) properly granted partial or no weight to the assessments of treating psychiatrist Villar, examining psychologist Berg, and examining psychiatrist Kikani; and
- (2) Whether the ALJ’s residual functional capacity (“RFC”) finding is supported by substantial evidence in the record.

(JS at 5-6.)

**II.**

**STANDARD OF REVIEW**

Under 42 U.S.C. § 405(g), this Court reviews the Commissioner’s decision to determine whether the Commissioner’s findings are supported by substantial evidence and whether the proper legal standards were applied. DeLorme v. Sullivan, 924 F.2d 841, 846 (9th Cir. 1991). Substantial evidence means “more than a mere scintilla” but less than a preponderance. Richardson v. Perales, 402 U.S. 389, 401, 91 S. Ct. 1420, 28 L. Ed. 2d 842 (1971); Desrosiers v. Sec’y of Health & Human Servs., 846 F.2d 573, 575-76 (9th Cir. 1988). Substantial evidence is “such relevant evidence as a reasonable mind might accept as adequate to support a conclusion.” Perales, 402 U.S. at 401 (citation omitted). The Court must review the record as a whole and consider adverse as well as supporting evidence. Green v. Heckler, 803 F.2d 528, 529-30 (9th Cir. 1986). Where evidence is susceptible of more than one rational interpretation, the Commissioner’s decision must be upheld. Gallant v. Heckler, 753 F.2d 1450, 1452 (9th Cir. 1984).

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**III.**

**DISCUSSION**

**A. The ALJ’s Findings.**

The ALJ found that Plaintiff has the severe impairment of bipolar disorder. (Administrative Record (“AR”) at 26.) The ALJ concluded that Plaintiff retains the RFC to perform a limited range of light work. (Id. at 27.) Specifically, the ALJ found that Plaintiff can lift and carry twenty pounds occasionally and ten pounds frequently, sit for six hours out of an eight-hour workday, and stand and walk for six hours out of an eight-hour workday. (Id. at 27-28.) The ALJ further found that Plaintiff’s mental impairment limits her to simple, routine, repetitive tasks with no more than occasional interaction with the public. (Id. at 28.)

Relying on the testimony of a vocational expert (“VE”), the ALJ determined that Plaintiff was unable to perform her past relevant work as a cashier, warehouse loader, or instructional assistant. (Id. at 34.) The ALJ also relied on the VE’s testimony to determine that there were alternative occupations Plaintiff could perform that exist in significant numbers in the national economy, such as packing machine operator (Dictionary of Occupational Titles (“DOT”) 920.685-078), electronics worker (DOT 726.687-010), and sewing machine operator (DOT 787.685-010). (Id. at 34-35.)

**B. The ALJ Properly Considered the Assessments of the Treating and Examining Psychiatrists.**

Plaintiff contends that the ALJ failed to properly accord weight to the assessments of treating psychiatrist Dr. Romeo Villar, examining psychologist Dr. Gene Berg, and examining psychiatrist Dr. Divyakant J. Kikani. (JS at 6.)

It is well-established in the Ninth Circuit that a treating physician’s opinions are entitled to special weight, because a treating physician is employed to cure and has a greater opportunity to know and observe the patient

1 as an individual. McAllister v. Sullivan, 888 F.2d 599, 602 (9th Cir. 1989).  
2 “The treating physician’s opinion is not, however, necessarily conclusive as to  
3 either a physical condition or the ultimate issue of disability.” Magallanes v.  
4 Bowen, 881 F.2d 747, 751 (9th Cir. 1989). The weight given a treating  
5 physician’s opinion depends on whether it is supported by sufficient medical  
6 data and is consistent with other evidence in the record. See 20 C.F.R. §  
7 404.1527(d)(2).

8 If a treating or examining physician’s opinions are not contradicted, they  
9 can be rejected only for “clear and convincing” reasons. Lester v. Chater, 81  
10 F.3d 821, 830 (9th Cir.1995); Baxter v. Sullivan, 923 F.2d 1391, 1396 (9th Cir.  
11 1991). If contradicted, the ALJ may reject the opinion only if the ALJ makes  
12 findings setting forth specific and legitimate reasons that are based on  
13 substantial evidence of the record. Thomas v. Barnhart, 278 F.3d 947, 957 (9th  
14 Cir. 2002); Magallanes, 881 F.2d at 751; Winans v. Bowen, 853 F.2d 643, 647  
15 (9th Cir. 1987); see also Lester, 81 F.3d at 830-31 (citing Andrews v. Shalala,  
16 53 F.3d 1035, 1043 (9th Cir. 1995)). “The ALJ can meet this burden by setting  
17 out a detailed and thorough summary of the facts and conflicting clinical  
18 evidence, stating his interpretation thereof, and making findings.” Cotton v.  
19 Bowen, 799 F.2d 1403, 1408 (9th Cir. 1986).

20 Here, the ALJ adopted the opinion of Dr. Kikani, the examining  
21 psychiatrist, with the exception of his GAF assessment. (AR at 30 (“Other than  
22 the GAF assessment, the undersigned concurs with Dr. Kikani’s assessment.”).)  
23 He also stated that he did not give great weight to the opinions of Drs. Villar  
24 and Berg, as they were inconsistent with the treatment notes and with  
25 Plaintiff’s own testimony. (Id. at 32.) Plaintiff maintains that Dr. Kikani’s  
26 findings are actually “in accord with—even if slightly less severe than—those of  
27 Drs. Villar and Berg” and, therefore, can only be rejected for clear and  
28 convincing reasons. (JS at 12.)

1 The Court does not agree that the opinions of Dr. Villar and Dr. Berg  
2 were uncontradicted by Dr. Kikani. For instance, Dr. Kikani remarked that  
3 Plaintiff would “have no problems remembering, understanding, and carrying  
4 out simple instructions” (AR at 286), whereas Dr. Villar assessed mild  
5 limitations in such tasks (id. at 499-501), and Dr. Berg assessed marked  
6 limitations. (Id. at 534-36.) Additionally, Plaintiff’s prognosis as assessed by  
7 both Dr. Villar and Dr. Berg was guarded (id. at 496, 531), but Dr. Kikani’s  
8 prognosis was fair. (Id. at 287.) Furthermore, both Dr. Villar and Dr. Berg  
9 opined that Plaintiff would not be able to return to the work force within a year  
10 (id. at 494, 528-29), but Dr. Kikani made no such assessment. Thus, the ALJ  
11 needed to set forth specific and legitimate reasons for rejecting the opinions of  
12 Dr. Villar and Dr. Berg.

13 **1. Dr. Villar.**

14 Plaintiff contends that the ALJ erroneously relied upon only the more  
15 benign findings in only a few of Dr. Villar’s treatment notes while failing to  
16 account for the entirety of the notes. (JS at 8-19.) The Court disagrees.

17 In this case, the ALJ summarized Dr. Villar’s treatment notes in detail.  
18 (AR at 31-32.) The ALJ noted that at the time Dr. Villar prepared his  
19 November 2009 letter in which he said that Plaintiff’s symptoms of depression,  
20 hallucinations, and severe mood swings prevented her from working (id. at  
21 371), Plaintiff had not mentioned hallucinations and had denied them in the  
22 couple months prior (id. at 33 (citing id. at 566-68)). The ALJ further noted  
23 that the very severe impairments listed in Dr. Villar’s March 2010 letter and on  
24 the check-marked Psychiatric/ Psychological Impairment Questionnaire he  
25 completed were not supported by actual findings, since Dr. Villar’s treatment  
26 notes showed that Plaintiff was doing well and had minimal symptoms in 2010.  
27 (Id. at 32-33 (citing id. at 493-503).) Indeed, as noted by the ALJ (id. at 33),  
28 Dr. Villar’s treatment notes in the latter months of 2010 show a general

1 improvement in Plaintiff's condition (id. at 556-59). These are specific and  
2 legitimate reasons for discounting the opinion of a treating physician. See  
3 Rollins v. Massanari, 261 F.3d 853, 856 (9th Cir. 2001) (finding that an ALJ  
4 permissibly rejected a treating physician's opinion when the opinion was  
5 contradicted by or inconsistent with the treatment reports); Nguyen v. Chater,  
6 100 F.3d 1462, 1464 (9th Cir. 1996). Furthermore, the Ninth Circuit has found  
7 that medical reports that are most recent are more highly probative. See  
8 Osenbrock v. Apfel, 240 F.3d 1157, 1165 (9th Cir. 2001) (citing Stone v.  
9 Heckler, 761 F.2d 530, 532 (9th Cir. 1985)) (finding medical evaluations  
10 prepared several months before the hearing in a case where the claimant had a  
11 worsening condition were not substantial evidence sufficient to rebut more  
12 recent conclusions by a treating doctor).

13 Plaintiff further contends that the ALJ erroneously relied on Plaintiff's  
14 own testimony regarding her mental condition and ability to work. (JS at 10-  
15 11.) She argues that her severe mental impairment limits her ability to self-  
16 assess and should thus weigh in favor of accepting Dr. Villar's opinion rather  
17 than her own. (Id.) However, it was proper for the ALJ to reject Dr. Villar's  
18 opinions regarding Plaintiff's mental limitations as inconsistent with Plaintiff's  
19 own statements regarding her functional capabilities. See Magallanes, 881  
20 F.2d at 751-52.

21 Thus, the Court finds that the ALJ provided specific and legitimate  
22 reasons supported by substantial evidence for rejecting the opinions of Dr.  
23 Villar.

## 24 **2. Dr. Berg.**

25 The ALJ also provided specific and legitimate reasons for rejecting the  
26 opinion of Dr. Berg, Plaintiff's examining psychologist.

27 In considering Dr. Berg's psychological evaluation and impairment  
28 questionnaire, the ALJ specifically noted that Dr. Berg's opinions that Plaintiff

1 was markedly limited in her ability to perform almost all work-related activities  
2 as indicated on the checkbox form he completed, was not supported by actual  
3 findings. (AR at 32 (citing id. at 530-38).) The ALJ is not required to accept  
4 the opinion of a treating or examining physician if that opinion is brief,  
5 conclusory and inadequately supported by clinical findings. Thomas, 278 F.3d  
6 at 957. Furthermore, “check-off” forms are generally disfavored, especially  
7 when they are unsupported by objective clinical findings. Crane v. Shalala, 76  
8 F.3d 251, 253 (9th Cir. 1996) (holding that the ALJ properly rejected a doctor’s  
9 opinions because they were check-off reports that did not contain any  
10 explanation of the bases of their conclusions); Murray v. Heckler, 722 F.2d  
11 499, 501 (9th Cir. 1983) (expressing preference for individualized medical  
12 opinions over check-off reports).

13 The ALJ also found that Dr. Berg’s check-marked responses were very  
14 similar to Dr. Villar’s, which this Court has found were properly rejected. (AR  
15 at 32.) Thus, the Court finds that the ALJ properly rejected Dr. Berg’s opinion.

16 **3. Dr. Kikani.**

17 Plaintiff further maintains that despite the ALJ’s purported concurrence  
18 with Dr. Kikani’s opinions, the ALJ failed to incorporate Dr. Kikani’s  
19 assessments of Plaintiff’s mental function. (JS at 11.) The Court disagrees.

20 “Where the opinion of the claimant’s treating physician is contradicted,  
21 and the opinion of a nontreating source is based on independent clinical  
22 findings that differ from those of the treating physician, the opinion of the  
23 nontreating source may itself be substantial evidence; it is then solely the  
24 province of the ALJ to resolve the conflict.” Andrews, 53 F.3d at 1041 (citing  
25 Magallanes, 881 F.2d at 751). As the Court pointed out earlier, the ALJ set  
26 forth specific and legitimate reasons supported by substantial evidence for  
27 rejecting Dr. Villar’s and Dr. Berg’s opinions. He based this assessment on Dr.  
28 Villar’s own treatment notes. The ALJ’s concurrence with Dr. Kikani’s

1 opinion is also supported by substantial evidence, as it is based on independent  
2 clinical findings and more accurately represents Dr. Villar’s treatment notes.

3 Accordingly, the Court finds that the ALJ appropriately afforded weight  
4 to Dr. Kikani’s opinion.

5 **C. The ALJ’s RFC Assessment Was Supported by Substantial**  
6 **Evidence.**

7 Plaintiff contends that the ALJ’s RFC determination is erroneous  
8 because it lacks the support of substantial evidence. (JS at 18.) Specifically,  
9 she argues that the ALJ’s RFC assessment lacks support from any treating,  
10 examining, or non-examining medical sources, thus demonstrating the lack of  
11 support of substantial evidence. (Id. at 19.)

12 A plaintiff’s RFC is what she can still do despite existing exertional and  
13 non-exertional limitations. See 20 C.F.R. § 404.1545(a)(1); Valentine v.  
14 Comm’r, Soc. Sec. Admin., 574 F.3d 685, 689 (9th Cir. 2009); Frost v.  
15 Barnhart, 314 F.3d 359, 366 (9th Cir. 2002). An RFC assessment is not a  
16 medical opinion; it is an “administrative finding” reached after consideration of  
17 all the relevant evidence, including the diagnoses, treatment, observations by  
18 the treating physicians and family members, medical records, and the  
19 claimant’s own subjective symptoms. See Soc. Sec. Ruling 96-5p; 20 C.F.R. §  
20 404.1527(e)(2) (stating that a residual functional capacity finding is not a  
21 medial opinion but an administrative finding that is reserved to the  
22 Commissioner).

23 As the Court has already established, the ALJ properly afforded partial  
24 or no weight to the mental capacity opinions of Plaintiff’s treating and  
25 examining psychiatrists. Nonetheless, Plaintiff maintains that without any  
26 substantiation from the treating and examining psychiatrists, the ALJ’s  
27 assessment necessarily lacks the support of substantial evidence. (JS at 18-19.)  
28 The Court disagrees.



1 Plaintiff argues that the ALJ failed to account for the moderate  
2 limitations assessed by the non-examining state agency review physician, Dr.  
3 H. Amado. (Id.) However, the ALJ specifically stated, “The State Agency  
4 review psychiatrists concluded that claimant’s mental impairment . . . caused  
5 moderate limitations in activities of daily living, social functioning, and  
6 concentration, persistence, or pace, and no episodes of decompensation, and  
7 which did not preclude the performance of simple, repetitive tasks in a non-  
8 public setting.” (AR at 33 (citing id. at 294-308).)

9 Plaintiff further contends that the ALJ erroneously failed to adequately  
10 explain the weight given to Dr. Amado’s assessment. (JS at 19.) However,  
11 although the ALJ stated that he agreed with the State Agency review  
12 physicians’ assessments, he gave Plaintiff the benefit of the doubt based on her  
13 own subjective complaints, and limited her to light exertional level work.<sup>3</sup>  
14 Moreover, although the State Agency review assessments found Plaintiff  
15 capable of performing simple, repetitive tasks in a non-public setting, based on  
16 Plaintiff’s “current work activity,” the ALJ found she could have limited access  
17 with the public. (AR at 33-34.)

18 An ALJ is not required to address every piece of information in the  
19 record. Howard ex rel. Wolff v. Barnhart, 341 F.3d 1006, 1012 (9th Cir. 2003  
20 (expressing that an ALJ need not discuss “evidence that is neither significant  
21 nor probative. . .”). Additionally, reports of a nonexamining advisor “need not  
22 be discounted and may serve as substantial evidence when they are supported  
23 by other evidence in the record and are consistent with it.” Andrews, 53 F.3d  
24 at 1041. Because Dr. Amado’s opinion is supported by other evidence in the  
25 record – namely, Dr. Kikani’s assessment and Dr. Villar’s treatment notes – it

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26  
27 <sup>3</sup> As noted by the ALJ, the State Agency review physicians determined  
28 Plaintiff was capable of medium exertional work. (AR at 33.)

1 may constitute substantial evidence supporting the ALJ's RFC assessment.

2 Accordingly, the Court finds that the ALJ's RFC assessment was  
3 supported by substantial evidence.

4 **IV.**

5 **ORDER**

6 Based on the foregoing, IT THEREFORE IS ORDERED that Judgment  
7 be entered affirming the decision of the Commissioner, and dismissing this  
8 action with prejudice.

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10 Dated: August 21, 2012



11 HONORABLE OSWALD PARADA  
12 United States Magistrate Judge  
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