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IN THE UNITED STATES DISTRICT COURT  
FOR THE DISTRICT OF ARIZONA

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Doug Flesher,

No. CV-10-722-PHX-GMS

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Plaintiff,

**ORDER**

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vs.

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Michael J. Astrue, Commissioner of Social Security,

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Defendant.

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Pending before the Court is the appeal of Plaintiff Doug Flesher, which challenges the Social Security Administration’s decision to deny benefits. (Doc. 15). For the reasons set forth below, the Court affirms that decision.

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**BACKGROUND**

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At the time of the Commissioner’s final decision in this case, Plaintiff was a 56-year old male with an eleventh grade education who had previously worked as a drywall laborer. On April 12, 2006, Plaintiff applied for supplemental security income, alleging a disability onset date of August 21, 2001. (R. at 9). Plaintiff claimed to be disabled due to back and neck problems, recurring bilateral hernias in his groin, and depression. Plaintiff’s claim was denied both initially on October 19, 2006, and upon reconsideration on March 27, 2007. (*Id.*). Plaintiff then appealed to an Administrative Law Judge (“ALJ”). (R. at 58) The ALJ conducted a hearing on the matter on February 25, 2008. (R. at 15–39). On April 4, 2008, the ALJ issued a decision, finding Plaintiff not disabled. (R. at 9–14).

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1 In evaluating whether Plaintiff was disabled, the ALJ undertook the five-step  
2 sequential evaluation for determining the existence of a disability.<sup>1</sup> (R. at 9–14). At step one,  
3 the ALJ determined that Plaintiff had not engaged in substantial gainful activity since April  
4 12, 2006, the application date. (R. at 11). At step two, the ALJ determined that Plaintiff  
5 suffered from the following severe impairments: back disorder, history of hernias, arthritis,  
6 and history of alcohol abuse (with current usage). (*Id.*). The ALJ also determined that  
7 claimant’s wrist disorder does not meet the durational requirement, and that he has no  
8 medically determinable mental impairment. (*Id.*). At step three, the ALJ determined that  
9 none of these impairments, either alone or in combination, met or equaled any of the Social  
10 Security Administration’s listed impairments. (*Id.*)

11 At that point, the ALJ made a determination of Plaintiff’s residual functional capacity  
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15 <sup>1</sup> The five-step sequential evaluation of disability is set out in 20 C.F.R. § 404.1520  
16 (governing disability insurance benefits) and 20 C.F.R. § 416.920 (governing supplemental  
17 security income). Under the test:

18 A claimant must be found disabled if she proves: (1) that she is  
19 not presently engaged in a substantial gainful activity[,] (2) that  
20 her disability is severe, and (3) that her impairment meets or  
21 equals one of the specific impairments described in the  
22 regulations. If the impairment does not meet or equal one of the  
23 specific impairments described in the regulations, the claimant  
24 can still establish a prima facie case of disability by proving at  
25 step four that in addition to the first two requirements, she is not  
26 able to perform any work that she has done in the past. Once the  
27 claimant establishes a prima facie case, the burden of proof  
28 shifts to the agency at step five to demonstrate that the claimant  
can perform a significant number of other jobs in the national  
economy. This step-five determination is made on the basis of  
four factors: the claimant’s residual functional capacity, age,  
work experience and education.

*Hoopai v. Astrue*, 499 F.3d 1071, 1074–75 (9th Cir. 2007) (internal citations and quotations omitted).

1 (“RFC”),<sup>2</sup> concluding that Plaintiff could perform “medium work as defined in 20 C.F.R.  
2 416.967(c).” (*Id.*). Specifically, the ALJ found that the claimant is “able to sit for six hours  
3 total in an eight-hour workday, stand for six hours total in an eight-hour workday, walk for  
4 six hours total in an eight-hour workday, and lift and/or carry 25 pounds frequently and 50  
5 pounds occasionally.” (*Id.* at 11). It was further determined that claimant “is able to do  
6 frequent bending and occasional climbing, crawling, and kneeling.” (*Id.*). The ALJ thus  
7 determined at step four that Plaintiff retained the RFC to perform his past relevant work as  
8 a construction helper, which the vocational expert testified is light to heavy in exertional  
9 level, because the claimant could do this work at the light to medium level of exertion. (R.  
10 at 13). Because the ALJ determined that Plaintiff could still perform his past relevant work  
11 in construction, there was no need to address whether Plaintiff was capable of making an  
12 adjustment to other jobs and whether such jobs existed in significant numbers in the national  
13 economy. *See* 20 C.F.R. § 416.920(a)(4)(iv). Given this analysis, the ALJ concluded that  
14 Plaintiff has not been under a disability since April 12, 2006. (*Id.* at 14).

15 The Appeals Council declined to review the decision, making the ALJ’s decision final  
16 for purposes of judicial review under 42 U.S.C. § 405(g). (R. at 1); *see* 20 C.F.R. § 404.981  
17 (explaining the effect of a disposition by the Appeals Council). Plaintiff filed the complaint  
18 underlying this action on March 31, 2010, seeking this Court’s review of the ALJ’s denial  
19 of benefits.<sup>3</sup> (Doc. 1). The matter is now fully briefed before this Court. (Doc. 15, 19, 20).

## 20 DISCUSSION

### 21 I. Standard of Review

22 The Court has the “power to enter, upon the pleadings and transcript of record, a  
23 judgment affirming, modifying, or reversing the decision of the Commissioner of Social  
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25 <sup>2</sup> RFC is the most a claimant can do despite the limitations caused by his impairments.  
26 *See* S.S.R. 96-8p (July 2, 1996).

27 <sup>3</sup> Plaintiff was authorized to file this action by 42 U.S.C. § 405(g) (“Any individual,  
28 after any final decision of the Commissioner of Social Security made after a hearing to which  
he was a party . . . may obtain a review of such decision by a civil action . . .”).

1 Security, with or without remanding the cause for a rehearing.” 42 U.S.C. § 405(g). A  
2 reviewing federal court addresses only the issues raised by the claimant in the appeal from  
3 the ALJ’s decision. *See Lewis v. Apfel*, 236 F.3d 503, 517 n.13 (9th Cir. 2001). A federal  
4 court may “set aside a denial of benefits only if it is not supported by substantial evidence  
5 or is based on legal error.” *Robbins v. Soc. Sec. Admin.*, 466 F.3d 880, 882 (9th Cir. 2006).  
6 “‘Substantial evidence’ means more than a mere scintilla, but less than a preponderance, i.e.,  
7 such relevant evidence as a reasonable mind might accept as adequate to support a  
8 conclusion.” *Id.* (citing *Young v. Sullivan*, 911 F.2d 180, 183 (9th Cir. 1990)).

9 The Court may not “substitute [its] own judgment for that of the ALJ.” *Id.* The ALJ  
10 is responsible for resolving conflicts in testimony, determining credibility, and resolving  
11 ambiguities. *See Andrews v. Shalala*, 53 F.3d 1035, 1039 (9th Cir. 1995). “When the  
12 evidence before the ALJ is subject to more than one rational interpretation, [the Court] must  
13 defer to the ALJ’s conclusion.” *Batson v. Comm’r of Soc. Sec. Admin.*, 359 F.3d 1190, 1198  
14 (9th Cir. 2004). At the same time, the Court “must consider the entire record as a whole and  
15 may not affirm simply by isolating a ‘specific quantum of supporting evidence.’” *Id.* (citing  
16 *Hammock v. Bowen*, 879 F.2d 498, 501 (9th Cir. 1989)). The Court also may not “affirm the  
17 ALJ’s . . . decision based on evidence that the ALJ did not discuss.” *Connett v. Barnhart*,  
18 340 F.3d 871, 874 (9th Cir. 2003); *see also SEC v. Chenery Corp.*, 332 U.S. 194, 196 (1947)  
19 (emphasizing the fundamental rule of administrative law that a reviewing court “must judge  
20 the propriety of [administrative] action solely by the grounds invoked by the agency” and  
21 stating that if “those grounds are inadequate or improper, the court is powerless to affirm the  
22 administrative action”). Even if the ALJ erred, however, “[a] decision of the ALJ will not  
23 be reversed for errors that are harmless.” *Burch v. Barnhart*, 400 F.3d 676, 679 (9th Cir.  
24 2005).

## 25 **II. Analysis**

26 Plaintiff argues that the ALJ erred by: (A) rejecting the opinions of treating physicians  
27 (Doc. 15 at 6–8), (B) misinterpreting evidence related to the claimant’s ability to work (*Id.*  
28 at 9–10), and (C) denying him benefits for, at least, a closed period of disability from April

1 2005 to November 2006 due to his recurring hernias and need for multiple surgeries (*Id.*).

2 **A. ALJ’s Consideration of Treating Physicians’ Opinions**

3 Plaintiff’s first argument is that the ALJ improperly rejected the opinion of his treating  
4 physicians, Dr. Munoz and Dr. LeSueur. “The medical opinion of a claimant’s treating  
5 physician is entitled to ‘special weight.’” *Rodriguez v. Bowen*, 876 F.2d 759, 761 (9th Cir.  
6 1989) (quoting *Embrey v. Bowen*, 849 F.2d 418, 421 (9th Cir. 1988)). If, as here, another  
7 doctor counters the treating physician’s opinion, “the ALJ may not reject this opinion without  
8 providing ‘specific and legitimate reasons’ supported by substantial evidence in the record.”  
9 *Orn v. Astrue*, 495 F.3d 625, 632 (9th Cir. 2007) (citing *Lester v. Chater*, 81 F.3d 821, 830  
10 (9th Cir. 1995)).<sup>4</sup> “The ALJ can meet this burden by setting out a detailed and thorough  
11 summary of the facts and conflicting clinical evidence, stating his interpretation thereof, and  
12 making findings.” *Embrey*, 849 F.2d at 421 (quotation omitted). Even so, “[t]he ALJ need  
13 not accept the opinion of any physician, including a treating physician, if that opinion is  
14 brief, conclusory, and inadequately supported by clinical findings.” *Thomas v. Barnhart*, 278  
15 F.3d 947, 957 (9th Cir. 2002).

16 In making this analysis, a treating physician’s opinion is entitled to controlling weight  
17 if it is “well-supported by medically acceptable clinical and laboratory diagnostic techniques  
18 and is not inconsistent with the other substantial evidence in [the] case record.” 20 C.F.R.  
19 § 404.1527(d)(2); 20 C.F.R. § 416.927(d). If the opinion is not well-supported by such  
20 techniques, or is inconsistent with other substantial evidence in the record, then the opinion  
21 will be weighed in light of several factors: (1) the length of the treatment relationship and the  
22 frequency of examination, (2) the nature and extent of the treatment relationship, (3)

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24 <sup>4</sup> When a non-treating physician relies on the same clinical findings as a treating  
25 physician, but differs only in his or her conclusions, the non-treating physician’s opinion is  
26 not substantial evidence on its own. *See Orn*, 495 F.3d at 632. If, however, the non-treating  
27 physician makes independent findings, then those independent findings are substantial  
28 evidence. *Id.* Nonetheless, the “substantial evidence” threshold necessary to reject the  
opinion of a treating physician can be reached by the opinion of even a non-examining  
physician in concert with an abundance of evidence in the record. *See Lester*, 81 F.3d at 831.

1 supportability by explanation and reference to relevant evidence, (4) consistency with the  
2 record as a whole, (5) specialization, and (6) any other factors tending to support or  
3 contradict the opinion. *Id.*

4 Plaintiff contends that the ALJ gave insufficient weight to the opinion of two treating  
5 physicians, Dr. Munoz<sup>5</sup> and Dr. LeSueur. Indeed, the ALJ states in his decision that “[w]ith  
6 regard to the opinion evidence, Dr. LeSueur’s opinions, both dated July 11, 2006, regarding  
7 the claimant’s ability to do work-related physical activities, is given little weight because the  
8 undersigned finds that such extreme limitations are not supported by the record as a whole.”  
9 (R. at 12–13). Plaintiff contends that the ALJ should have afforded more weight to Dr.  
10 LeSueur’s findings that claimant has a physical incapacity which prevents him from  
11 performing any substantially gainful employment and that he requires significant work  
12 restrictions as a result of his bilateral hernias and cervical spondylosis. (R. at 484). Because  
13 Dr. LeSueur’s opinion is controverted by the opinions of other physicians, including another  
14 treating physician, the ALJ may reject this treating physician’s opinions by offering specific  
15 and legitimate reasons supported by substantial evidence in the record.<sup>6</sup> *See Lester*, 81 F.3d  
16 at 830–31. The ALJ explicitly cites lack of supportability by the record as a whole as his  
17 reason for discounting Dr. LeSueur’s opinion. (R. at 13); *see* 20 C.F.R. § 404.1527(d). The  
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19 <sup>5</sup> The Court rejects claimant’s assertion that the ALJ did not afford sufficient weight  
20 to the opinion of Dr. Munoz because Plaintiff cites no part of the record to support his  
21 arguments with respect to Dr. Munoz’s opinions regarding Plaintiff’s work restrictions. *See*  
22 *Carmickle v. Comm’r Soc. Sec. Admin.*, 533 F.3d 1155, 1161 n.2 (9th Cir. 2008) (rejecting  
23 claimant’s argument where he “failed to argue this issue with any specificity in his briefing”).  
24 On the contrary, the ALJ’s decision affords significant weight to Dr. Munoz’s opinion by  
25 relying on Dr. Munoz’s report, dated November 13, 2006, which indicated that “the claimant  
26 was doing well and was essentially asymptomatic after retroperitoneal repair of recurrent left  
27 inguinal hernia and femoral hernia performed on October 12, 2006.” (R. at 12, 461). Both  
28 parties incorrectly attribute this statement to Dr. LeSueur rather than to Dr. Munoz. *See* Doc.  
19 at 13; Doc. 20 at 1.

<sup>6</sup> To the extent certain opinions are not controverted by other physicians, the Court  
would nonetheless affirm because the ALJ offered clear and convincing reasons to reject Dr.  
LeSueur’s opinion.

1 ALJ explained his specific and legitimate reasons by citing inconsistencies between Dr.  
2 LeSueur's opinions and abundant evidence in the record.

3 The ALJ cited Dr. Hassman, who performed a consultative medical examination, and  
4 concluded that the claimant showed no evidence of neurological impairment or cervical  
5 radiculopathy and had a full range of motion of both upper extremities without pain and had  
6 normal grip strength of both hands." (R. at 13, 442). The ALJ further relied on Dr.  
7 Hassman's finding that claimant's hernia repair operations were successful and caused only  
8 short-term limitations in his ability to function. (R. at 13, 461-62). In his examination with  
9 Dr. Hassman, Plaintiff also demonstrated no crepitus or instability of the knees or ankles and  
10 was able to bend at the knees and pick something up from the floor. (R. at 13, 442). Finally,  
11 the ALJ relied on Plaintiff's disclosure to Dr. Hassman that he takes Vicodin as needed to  
12 conclude that claimant does not take pain medication on a regular basis. (R. at 13, 441).

13 Aside from citing the findings of Dr. Hassman, the ALJ also afforded significant  
14 weight to the conclusions of Dr. Fahlberg, the State agency medical consultant, who found  
15 that the claimant had the residual capacity for medium work because his hernia was stable  
16 and his back and neck pain did not appear very limiting. (R. at 13, 448-455). The ALJ also  
17 relied on Dr. Fahlberg's finding that the claimant requires no ambulatory devices to walk.  
18 (*Id.*). Notably, in addition to the opinions of these non-treating physicians, the ALJ also  
19 considered the determination of Dr. Munoz, another treating physician, who found that  
20 Plaintiff was essentially asymptomatic a month after his October 2006 hernia operation. (R.  
21 at 13, 461). When there is an evidentiary conflict between medical opinions of equal weight,  
22 such as between the two treating physicians in the instant case, the ALJ is entitled to resolve  
23 such conflict. *See Magallanes v. Brown*, 881 F.2d 747, 750 (9th Cir. 1989).

24 Finally, the ALJ provided other detailed specific and legitimate reasons to conclude  
25 that Plaintiff's limitations were not as extreme as Dr. LeSueur noted, including consideration  
26 of claimant's daily activities. A claimant's daily activities provide a relevant basis for  
27 rejecting a treating physician's testimony. *See Coley v. Astrue*, 2010 WL 3220300, at \*14,  
28 20 (D. Or. Aug. 12, 2010) (holding that the claimant's daily activities were inconsistent with

1 the treating physician's marked limitations) (citing *Rollins v. Massanari*, 261 F.3d 853, 856  
2 (9th Cir. 2001)); *Morgan v. Comm'r of Soc. Sec. Admin.*, 169 F.3d 595, 601–02 (9th Cir.  
3 1999)). For example, claimant could travel, hitchhike, live independently, drive, prepare  
4 meals, shop, and socialize with friends. Flesher's ability to perform these activities undercuts  
5 Dr. LeSueur's opinions regarding his capabilities.

6 Because Dr. LeSueur's opinion was controverted, in part, by non-treating physician  
7 opinions, the ALJ must have given specific and legitimate reasons supported by substantial  
8 evidence in the record for rejecting Dr. LeSueur's opinions. *See Orn*, 495 F.3d at 632; *Lester*,  
9 81 F.3d at 830; *Embrey*, 849 F.2d at 421. The ALJ has done so here. The conflicting  
10 evidence discussed by the ALJ is supported by the record and could rationally be viewed as  
11 substantial evidence inconsistent with Dr. LeSueur's RFC opinion. Weighing the evidence  
12 is the province of the ALJ, and as long as the ALJ's inferences are reasonable this Court must  
13 defer to them. *Batson*, 359 F.3d at 1198; *Andrews*, 53 F.3d at 1039. Thus, the ALJ did not  
14 err by affording less weight to Dr. LeSueur's opinion than to the other physicians' residual  
15 functional capacity opinions.

16 **B. ALJ's Interpretation of Evidence - Ability to Engage in Previous Work**

17 Plaintiff further contends that the ALJ misinterpreted the evidence presented regarding  
18 the claimant's ability to engage in his previous work. (Doc. 15 at 9). Similar to his argument  
19 regarding the ALJ's decision to afford little weight to the opinion of Dr. LeSueur, Plaintiff  
20 again argues that Dr. LeSueur's July 11, 2006 findings on Plaintiff's physical limitations  
21 should not have been discounted in favor of Dr. Fahlberg's opinions. (*Id.* at 9–10). As  
22 previously discussed, the ALJ offered specific and legitimate reasons supported by  
23 substantial evidence in the record for rejecting Dr. LeSueur's opinions. *See discussion supra*  
24 section II.A. Additionally, Plaintiff argues that the ALJ disregarded the vocational expert's  
25 testimony regarding claimant's ability to return to his previous work. However, the record  
26 does not support such a contention. Rather, in response to a question from Plaintiff's  
27 attorney, the vocational expert, Mr. Mitchell, indicated that if Plaintiff's claims about his  
28 "lifting, standing, walking type capacities, [and] truncal movement capacities" were found



1 credible, then Plaintiff would have a sedentary capacity and would be unable to return to his  
2 prior work. (R. at 37–38). The ALJ determined that Plaintiff’s claims regarding the disabling  
3 limitations of his severe impairments was not in fact credible. Thus, after reasonably  
4 determining that Plaintiff could perform a limited range of medium work, the ALJ relied on  
5 Mr. Mitchell’s testimony that the work of a construction helper ranged from light to heavy  
6 in exertional level to conclude that Plaintiff could continue his previous work at the light to  
7 medium level. (R. at 13, 36). Because substantial evidence supports the ALJ’s conclusion  
8 that Plaintiff was not disabled, the Court does not disturb that decision.

9 **C. ALJ’s Interpretation of Evidence - Closed Period of Disability**

10 Finally, Plaintiff contends that even if he was not disabled through the time of the  
11 ALJ’s decision, he was at least disabled for the shorter time period between April 2005 to  
12 November 2006 due to the recurrence of his hernias and need for multiple surgeries, and  
13 therefore, is entitled to a closed period of disability. (Doc. 15 at 9). The twenty-month time  
14 period Plaintiff points to corresponds roughly to the period in which Plaintiff underwent  
15 three hernia surgeries: April 2005 (R. at 338), March 2006 (R. at 195), and October 2006 (R.  
16 at 463). As an initial matter, under the Social Security program, a claimant may only collect  
17 benefits beginning in the month following his initial application. 20 C.F.R. § 416.335 (2010).  
18 In light of the fact that claimant did not file until April 12, 2006, he would be ineligible to  
19 collect for the first thirteen months of this period even if he were disabled. He would only  
20 be eligible for the final seven months.

21 Further, to be found disabled, a claimant must be physically or mentally “unable to  
22 engage in any substantial gainful activity . . . for a continuous period of not less than twelve  
23 months.” 42 U.S.C. § 1382c(a)(3). Substantial evidence supports the ALJ’s implicit finding  
24 that Plaintiff was not disabled during this period. First, the ALJ notes that Plaintiff is able to  
25 engage in significant physical and mental activity, including living independently, traveling,  
26 hiking, driving, preparing meals, shopping and socializing with friends. (R. at 13).  
27 Additionally, the ALJ relies on Dr. Hassman’s September 2006 examination of Plaintiff,  
28 which found that Plaintiff’s hernia operations caused only short-term limitations in his ability


1 to function and that he had full range of motion of both upper extremities without pain. (R.  
2 at 442). After his left inguinal hernia surgery in April 2005, the record does not demonstrate  
3 that Plaintiff complained about severe groin pain again until January 2006. (R. at 415).  
4 Rather, his intervening doctors visits during this time involved complaints regarding his neck  
5 pains. (R. at 257, 418). Given that Plaintiff's argument regarding eligibility for a closed  
6 period of disability involves the disabling effects of his hernia surgeries, the law prohibits  
7 combining the effects of the hernias with the unrelated effects of his neck condition in order  
8 to reach the twelve-month requirement. *See* 20 C.F.R. § 416.922(a) ("We cannot combine  
9 two or more unrelated severe impairments to meet the 12-month duration test. If you have  
10 a severe impairment(s) and then develop another unrelated severe impairment(s) but neither  
11 one is expected to last for 12 months, we cannot find you disabled, even though the two  
12 impairments in combination last for 12 months."). Finally, the ALJ's decision notes that on  
13 October 20, 2006, eighteen days after Plaintiff's final surgery, Dr. Munoz found him to be  
14 "essentially asymptomatic." (R. at 462). Therefore, substantial evidence supports the ALJ's  
15 implicit finding that Plaintiff was not entitled to a closed period of disability from April 2005  
16 to November 2006 due to his recurring hernias.

17 The ALJ made no error of law and there is substantial evidence to support the ALJ's  
18 denial of benefits.

19 **IT IS HEREBY ORDERED** that the ALJ's decision is **AFFIRMED**.

20 **IT IS FURTHER ORDERED** directing the Clerk of the Court to **TERMINATE** this  
21 matter.

22 DATED this 1st day of June, 2011.

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G. Murray Snow  
United States District Judge