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6 IN THE UNITED STATES DISTRICT COURT  
7 FOR THE DISTRICT OF ARIZONA

8  
9 Marcel Ralph Pelletier,

10 Plaintiff,

11 vs.

12 Michael J. Astrue, Commissioner of Social  
13 Security Administration,

14 Defendant.

No. CV11-0815-PHX-DGC

**ORDER**

15 Plaintiff Marcel Ralph Pelletier filed an application for disability insurance  
16 benefits under Title II of the Social Security Act on May 12, 2007. Tr. 16. He filed an  
17 application for supplemental security income under Title XVI of the Social Security Act  
18 on May 22, 2007. *Id.* In both applications, Plaintiff alleged a disability onset date of  
19 March 15, 2007. *Id.* The applications were denied initially on October 18, 2007, and  
20 upon reconsideration on June 12, 2008. *Id.* A hearing before an administrative law judge  
21 (“ALJ”) was held on October 7, 2009. Tr. 32-54. The ALJ issued his decision on  
22 December 18, 2009, finding that Plaintiff was not disabled for purposes of receiving  
23 disability insurance benefits and supplemental security income because he could perform  
24 work that existed in significant numbers. Tr. 27. This decision became Defendant’s final  
25 decision when the Appeals Council denied review. Tr. 1-3. Plaintiff commenced this  
26 action for judicial review pursuant to 42 U.S.C. § 405(g). For the reasons that follow, the  
27 Court will affirm Defendant’s decision.  
28

1 **I. Background.**

2 **A. Physical Impairments.**

3 Plaintiff originally ruptured his right knee quadriceps tendon in July or August  
4 2005 and underwent surgical knee repair shortly thereafter. Tr. 367. His knee became  
5 infected and required hospitalization in October 2005. Tr. 352-53. In May 2006,  
6 Plaintiff received surgery to drain his infected right knee and remove loose hardware  
7 from his right patella. Tr. 286. A January 2007 x-ray revealed “multiple patellar defects,  
8 presumably related to prior internal fixation hardware,” with fracture of the patella and  
9 surrounding soft tissue swelling and effusion. Tr. 305. The infection persisted, and  
10 Plaintiff received surgery in April 2007 to remove the patella. Tr. 314-15.

11 In August 2007, a state agency physician, Dr. M. Desai, opined that Plaintiff could  
12 perform a range of medium work that allowed occasional use of the right lower  
13 extremity; occasional climbing of ramps and stairs, balancing, crouching, and crawling;  
14 frequent stooping, no kneeling or climbing ladders, ropes, and scaffolds; and avoiding  
15 hazards. Tr. 377-83. An examination in September 2007 showed that Plaintiff was  
16 limping and experiencing tenderness in his right knee, but that he had no deformity or  
17 effusion. Tr. 416. He had a good range of motion with normal strength. Tr. 417. His  
18 neurological examination was normal. *Id.*

19 Dr. Fernando DeCastro, Plaintiff’s primary care physician, referred him to the  
20 Pain Center of Arizona, where he was initially evaluated by Dr. Ramoun D. Jones on  
21 September 5, 2007. Tr. 428-33. Plaintiff was placed on narcotic pain medication  
22 (Tr. 432) and received a muscle relaxant through Dr. DeCastro (Tr. 441, 766).

23 A November 2007 x-ray and bone scan with Dr. Gregory Sirounian showed  
24 arthritis of the knee and moderate to severe degenerative changes, making Plaintiff a  
25 candidate for knee replacement surgery. Tr. 413, 415. Plaintiff had surgery for a right  
26 knee replacement on February 25, 2008. Tr. 551-53. After surgery, x-rays of Plaintiff’s  
27 right knee showed no problems. Tr. 506-07. He experienced some stiffness. Tr. 506.  
28 He reported that his knee pain was much better than prior to surgery, but he continued to

1 use narcotic medication. *Id.*

2 In June 2008, a nonexamining state agency physician, Dr. Thomas Glodek,  
3 completed a residual functional capacity (“RFC”) assessment form, in which he rated  
4 Plaintiff’s work ability at the light exertional level. Tr. 517-20. He opined that Plaintiff  
5 could perform a light range of work that allowed for occasionally climbing ramps and  
6 stairs; frequently stooping, balancing, crouching, kneeling, and crawling; never climbing  
7 ladders, ropes, and scaffolds; and avoiding hazards. *Id.*

8 On July 7, 2008, Dr. DeCastro completed a RFC assessment. Tr. 560-61. He  
9 rated Plaintiff’s pain at “moderately severe,” which “seriously affects ability to function.”  
10 Tr. 560. Dr. DeCastro found that Plaintiff’s pain could reasonably be expected to result  
11 from objective clinical or diagnostic findings. *Id.* He marked that Plaintiff’s pain  
12 frequently interfered with attention and concentration, and constantly resulted in failure  
13 to complete tasks in a timely manner. *Id.* at 560-61. At Plaintiff’s hearing, the vocational  
14 expert testified that these limitations would preclude the ability to sustain work. Tr. 53.

15 Plaintiff had a follow-up visit with Dr. Sirounian in February 2009. At the time,  
16 his right knee was reportedly doing better, though he experienced continued pain and  
17 stiffness. Tr. 602. He was ambulatory and full weight bearing. *Id.* X-rays of his right  
18 knee showed that the knee replacement components were well fixed and without  
19 problems; x-rays of his left knee showed moderate degenerative changes. *Id.* Plaintiff  
20 underwent a series of joint fluid injections to his left knee. Tr. 596-601.

21 On July 6, 2009, Plaintiff saw Dr. DeCastro to check his weight. Tr. 710.  
22 Plaintiff has a medical history of morbid obesity and has been dieting, walking, and doing  
23 aquatic exercises. *Id.*

24 **B. Mental Impairments.**

25 In June 2007, Plaintiff was diagnosed with depressive and anxiety disorders at  
26 Jewish Family and Children’s Services. Tr. 481. He was assessed a global assessment  
27 functioning (“GAF”) rating of 60, which indicates moderate limitations but is at the top  
28 of the GAF scores for the moderate range. *Id.* The GAF scale ranges from 1 to 100 and

1 reflects a person's overall psychological, social, and occupational functioning. *See*  
2 *Morgan v. Comm'r of Soc. Sec.*, 169 F.3d 595, 598 n.1; *Vargas v. Lambert*, 159 F.3d  
3 1161, 1164 n.2 (9th Cir. 1998). A GAF score of 41 to 50 indicates severe symptoms or  
4 severe difficulty in functioning and a GAF score of 51 to 60 indicates moderate  
5 symptoms or moderate difficulty in functioning. *See id.* Nurse practitioner Gayle  
6 Campbell prescribed antidepressants for Plaintiff. Tr. 481.

7 In August 2007, Plaintiff was examined by Dr. Marc Strickland. Tr. 389-94. Dr.  
8 Strickland reviewed Plaintiff's history and performed a mental status examination. He  
9 diagnosed major depression and assessed a GAF rating of 63. Tr. 393. Dr. Strickland  
10 observed that "the likelihood of recovery at this time is poor because of inability for him  
11 to work due to his medical condition." *Id.* He concluded, "I do not feel [Plaintiff] could  
12 perform work activities on a consistent basis or complete a normal workday and  
13 workweek, both due to his physical condition as well as his psychiatric condition.  
14 Furthermore, the stress encountered in a competitive work environment may deepen his  
15 depression." *Id.* Dr. Strickland found that Plaintiff had mild limitations in some  
16 capacities, such as carrying out short and simple job instructions, responding  
17 appropriately to supervision, and getting along with coworkers. Tr. 384-87. He assessed  
18 moderate limitations in activities such as maintaining attention and concentration for  
19 extended periods, performing activities within a schedule, maintaining regular attendance  
20 and punctuality, sustaining an ordinary schedule without special supervision, working in  
21 proximity to others without being distracted by them, and completing a normal work  
22 week without interruptions from psychologically-based symptoms. Tr. 385-86. The  
23 vocational expert at Plaintiff's hearing testified that the cumulative effect of the moderate  
24 limitations would preclude work on a sustained basis. Tr. 52.

25 In October 2007, a nonexamining psychologist, Dr. Charles Lawrence, rated  
26 Plaintiff's mental impairments as not severe. Tr. 396. Dr. Lawrence noted that  
27 Dr. Strickland's opinion that Plaintiff could not work due to his physical condition as  
28 well as his psychological condition would be given "limited weight" because "Dr.

1 Strickland did not perform a physical exam, nor would he appear qualified to do so, and  
2 he should not be assessing limitations based upon physical conditions.” Tr. 408.

### 3 **C. ALJ Hearing.**

4 At his October 7, 2009 hearing, Plaintiff testified that he stopped work in 2007  
5 because his “kneecap shattered and the infection set in again, and was coming and oozing  
6 out, and I went to the doctor and they took me off from work, and then I got a letter that I  
7 was terminated because of my disability.” Tr. 40. The vocational expert, Dr. Mitchell,  
8 classified Plaintiff’s past relevant work and responded to a hypothetical question from the  
9 ALJ that mirrored Dr. Glodek’s assessment. *See* Tr. 516-23. Dr. Mitchell testified that  
10 Plaintiff could perform a job as a security guard at the light exertional level. Tr. 51. On  
11 cross examination by Plaintiff’s attorney, Dr. Mitchell testified that the cumulative effect  
12 of the psychological limitations assessed by Dr. Strickland would preclude sustained  
13 work. Tr. 52. Dr. Mitchell also testified that the physical limitations assessed by Dr.  
14 DeCastro would preclude sustained work. Tr. 53.

### 15 **II. Standard of Review.**

16 Defendant’s decision to deny benefits will be vacated “only if it is not supported  
17 by substantial evidence or is based on legal error.” *Robbins v. Soc. Sec. Admin.*,  
18 466 F.3d 880, 882 (9th Cir. 2006). “‘Substantial evidence’ means more than a mere  
19 scintilla, but less than a preponderance, i.e., such relevant evidence as a reasonable mind  
20 might accept as adequate to support a conclusion.” *Id.* To determine whether substantial  
21 evidence supports Defendant’s decision, the Court must review the administrative record  
22 as a whole, weighing both the evidence that supports the decision and the evidence that  
23 detracts from it. *Reddick v. Charter*, 157 F.3d 715, 720 (9th Cir. 1998). If there is  
24 sufficient evidence to support Defendant’s determination, the Court cannot substitute its  
25 own determination. *See Young v. Sullivan*, 911 F.2d 180, 184 (9th Cir. 1990).

### 26 **III. Analysis.**

27 Plaintiff claims that the ALJ erred by (1) rejecting the assessment of the treating  
28 physician, Dr. DeCastro, (2) rejecting the assessment of the examining psychologist,

1 Dr. Strickland, (3) rejecting Plaintiff’s symptom testimony, and (4) finding Plaintiff’s  
2 mental impairments “nonsevere.” Doc. 16, at 1-2. Plaintiff asks the Court to exercise its  
3 discretion to remand for a determination of disability benefits. *Id.* at 2.

4 **A. The ALJ did not err by rejecting Dr. DeCastro’s pain assessment.**

5 Dr. DeCastro was Plaintiff’s treating physician. He rated Plaintiff’s pain at  
6 “moderately severe,” which “seriously affects ability to function.” Tr. 560. He opined  
7 that Plaintiff’s pain would frequently interfere with attention and concentration, and that  
8 Plaintiff would constantly experience deficiencies of concentration, persistence, or pace  
9 resulting in failure to complete tasks in a timely manner. Tr. 561. Dr. Mitchell, the  
10 vocational expert at Plaintiff’s hearing, testified that the limitations noted by  
11 Dr. DeCastro in his July 2008 RFC assessment would prevent Plaintiff from sustaining  
12 work. Tr. 53. The ALJ considered Dr. DeCastro’s RFC assessment. Tr. 24. The ALJ  
13 gave Dr. DeCastro’s opinion “little weight as it appears to be based primarily on  
14 subjective complaints and is not supported by clinical signs, diagnostic examinations and  
15 other evidence[.]” Tr. 25.

16 The opinions of treating physicians are given greater weight than the opinions of  
17 non-treating physicians. *Lester v. Chater*, 81 F.3d 821, 830 (9th Cir. 1996). An ALJ is  
18 not bound to accept a treating physician’s opinion; however, “[w]here the treating  
19 doctor’s opinion is not contradicted by another doctor, it may be rejected only for ‘clear  
20 and convincing’ reasons.” *Reddick v. Chater*, 157 F.3d 715, 725 (9th Cir. 1998). Where  
21 there is conflicting medical evidence, the ALJ must state specific and legitimate reasons  
22 supported by substantial evidence in the record. *Orn v. Astrue*, 495 F.3d 625, 632  
23 (9th Cir. 2007). The ALJ can meet this burden by setting out a detailed and thorough  
24 summary of the facts and conflicting clinical evidence, stating his own interpretation  
25 thereof, and making findings. *Reddick*, 157 F.3d at 725 (citing *Magallanes v. Bowen*,  
26 881 F.2d 747, 751 (9th Cir. 1989)). Plaintiff argues that the clear and convincing  
27 standard should apply “because the ALJ did not rely on any *substantial* evidence that  
28 contradicted the treating physician’s assessment.” Doc. 16, at 19. Plaintiff correctly

1 notes that the opinion of a nonexamining physician cannot by itself constitute substantial  
2 evidence that justifies the rejection of an examining or treating physician. *Ryan v.*  
3 *Comm’r of Soc. Sec’y*, 528 F.3d 1194, 1202 (9th Cir. 2008). The ALJ did rely in part on  
4 the opinion of Dr. Glodek, a nonexamining physician, that Plaintiff could perform  
5 physical activity at the light exertional level. Tr. 24. But he also comprehensively  
6 discussed medical evidence in the record that conflicted with Dr. DeCastro’s assessment,  
7 and therefore only needed to state specific and legitimate reasons for discounting Dr.  
8 DeCastro’s opinion.

9 The ALJ noted that Dr. DeCastro’s opinion “appears to be based primarily on  
10 subjective complaints[.]” Tr. 25. Dr. DeCastro did not assess Plaintiff’s ability to do  
11 work-related physical activities and left much of the form blank. Tr. 557-59. He  
12 explained, “I do not do functional capacity evaluation.” Tr. 557. The ALJ need not  
13 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.*  
15 *Barnhart*, 278 F.3d 947, 957 (9th Cir. 2002). Given that Dr. DeCastro did not perform a  
16 physical functional capacity evaluation, the ALJ reasonably inferred that the pain  
17 functional capacity assessment was based on Plaintiff’s subjective complaints. *See*  
18 *Batson v. Comm’r of Soc. Sec’y*, 359 F.3d 1190, 1195 (9th Cir. 2004) (permitting an ALJ  
19 to give minimal weight to a treating physician’s opinion when it was based on subjective  
20 complaints without supportive objective evidence).

21 The ALJ cited clinical evidence that contradicted Dr. DeCastro’s assessment.  
22 Specifically, the ALJ considered a June 2008 treatment note following Plaintiff’s right  
23 knee surgery, which reported that the knee appeared “well-healed with no focal  
24 tenderness,” “minimal soft tissue swelling and no effusion or deformity,” and “no sign of  
25 anterior, posterior, varus, or valgus instability[.]” Tr. 23-24. In a February 2009  
26 treatment note entered after Dr. DeCastro’s evaluation, Dr. Sirounian reported that the  
27 Plaintiff still had some pain and stiffness, but that he “was ambulatory and full weight  
28 bearing,” and that he now alleged that his left knee was starting to hurt him more than the

1 right knee, though he had not yet sought specific treatment for the left knee. Tr. 24.  
2 “The [Plaintiff] denied locking and instability and the pain was essentially with weight  
3 bearing activities, and not much pain at rest.” *Id.*

4 The ALJ discussed the facts and medical evidence in detail, provided his own  
5 interpretation of the evidence – that Dr. DeCastro’s opinion was inconsistent with the  
6 medical record – and made findings accordingly. *See Reddick*, 157 F.3d at 725. The  
7 Court concludes that the ALJ met his burden of providing specific and legitimate reasons  
8 for discounting Dr. DeCastro’s assessment.

9 **B. The ALJ did not err by rejecting Dr. Strickland’s psychological**  
10 **assessment.**

11 Dr. Strickland, Plaintiff’s examining psychologist, opined that Plaintiff could not  
12 perform work activities on a consistent basis or complete a normal workday and  
13 workweek “both due to his physical condition as well as his psychiatric condition.”  
14 Tr. 393. Dr. Mitchell, the vocational expert, testified that the cumulative effect of the  
15 moderate limitations assessed by Dr. Strickland would preclude sustained work. Tr. 52.  
16 Plaintiff argues that the ALJ erred by rejecting Dr. Strickland’s assessment. Doc. 16,  
17 at 23.

18 **1. Plaintiff’s GAF Scores.**

19 First, Plaintiff argues that the ALJ should not have consulted medical texts outside  
20 the record and should not have treated the GAF scores as predictors of ability to work  
21 because they were not assessed in a work setting. Doc. 16, at 24. Plaintiff does not cite  
22 any evidence in the record indicating that the ALJ did either of these things, nor does the  
23 Court’s review of the ALJ’s opinion reveal support for either of Plaintiff’s assertions.  
24 The ALJ did not consider Plaintiff’s GAF scores in isolation, but rather considered  
25 Plaintiff’s entire mental health treatment record. Examinations indicated that Plaintiff  
26 was fully oriented and that his memory appeared normal. *See, e.g.*, Tr. 447, 452, 772.  
27 Plaintiff had no problems with grooming, dressing, and hygiene, and was able to take  
28 care of his girlfriend’s children and household pets. Tr. 155-57. He could prepare simple



1 meals, perform light chores, drive, shop, and manage his own finances. *Id.* He attended  
2 weekly club meetings, socialized, and attended appointments. Tr. 158. He did not have  
3 difficulty paying attention or following instructions. Tr. 159. Dr. Strickland noted that  
4 Plaintiff had linear and goal-directed thoughts, did not exhibit looseness of association,  
5 denied auditory or visual hallucinations, appeared to have intact recent memory, could  
6 think abstractly, and appeared to have good judgment. *Id.* Dr. Strickland noticed that  
7 Plaintiff's past memory appeared somewhat suspect in that he recalled one out of three  
8 recent presidents, but could recite his phone number and birthday from memory. *Id.*  
9 Dr. Strickland diagnosed Plaintiff with a GAF scale score of 63, which indicates only  
10 mild symptoms or mild difficulty in social or occupational functioning. Tr. 19-20.  
11 Plaintiff's mental health treatment record showed that he was generally assessed with a  
12 GAF scale score of 60. Tr. 20.

13 The Court concludes that the ALJ properly gave little weight to Dr. Strickland's  
14 opinion after finding it inconsistent with Plaintiff's GAF scores and overall mental health  
15 treatment record. *See Thomas v. Barnhart*, 278 F.3d at 956-57 (an ALJ need not accept a  
16 treating doctor's opinion that is unsupported by clinical findings).

## 17 **2. Dr. Strickland's Qualifications.**

18 Second, Plaintiff argues that the ALJ misread Dr. Strickland's statement that  
19 Plaintiff could not perform work activities on a consistent basis or complete a normal  
20 workday and workweek "both due to his physical condition as well as his psychiatric  
21 condition." Doc. 16, at 25; Tr. 393. The ALJ found that "Dr. Strickland's qualification  
22 and specialty to make an assessment with regard to physical limits is unclear and this  
23 particular assessment is not given any weight." Tr. 25. Plaintiff concedes that, as a  
24 psychologist, Dr. Strickland was not qualified to opine as to the effects of Plaintiff's  
25 physical condition. Doc. 16, at 25. Plaintiff argues instead that the intended meaning of  
26 Dr. Strickland's statement was that Plaintiff's psychiatric impairments were intertwined  
27 with his physical impairments. *Id.*

28 This Circuit has made clear that courts "must uphold the ALJ's decision where the

1 evidence is susceptible to more than one rational interpretation.” *Andrews v. Shalala*, 53  
2 F.3d 1035, 1039 (9th Cir. 1995) (citing *Magallanes v. Bowen*, 881 F.2d 747, 750 (9th Cir.  
3 1989)). The Court therefore defers to the ALJ’s interpretation of Dr. Strickland’s  
4 statement. The ALJ properly discounted Dr. Strickland’s opinion because he was not  
5 qualified to make an assessment of Plaintiff’s physical condition.

6 **C. The ALJ did not err by rejecting Plaintiff’s symptom testimony.**

7 The ALJ found that Plaintiff’s medically determinable impairments could  
8 reasonably be expected to cause his alleged symptoms, but that his statements concerning  
9 the intensity, persistence, and limiting effects of those symptoms were not credible.  
10 Tr. 22. Once Plaintiff produces objective medical evidence of an underlying impairment,  
11 the ALJ may not reject his subjective complaints based solely on lack of objective  
12 medical evidence to fully corroborate the alleged severity of the pain. *Moisa v. Barnhart*,  
13 367 F.3d 882, 884 (9th Cir. 2004). If the ALJ finds that Plaintiff’s pain testimony is not  
14 credible, the ALJ must make findings that support this conclusion, and the findings must  
15 be sufficiently specific to allow a reviewing court to conclude that the ALJ rejected the  
16 Plaintiff’s testimony on permissible grounds and did not arbitrarily discredit Plaintiff’s  
17 testimony. *Id.* “If there is no affirmative evidence that [Plaintiff] is malingering, the ALJ  
18 must provide clear and convincing reasons for rejecting [Plaintiff’s] testimony regarding  
19 the severity of symptoms.” *Id.* Plaintiff argues that the ALJ simply discussed the  
20 medical evidence without specifying how those findings contradicted Plaintiff’s  
21 testimony, and thus failed to meet the clear and convincing standard. Doc. 16, at 27.

22 The ALJ considered evidence from Plaintiff’s treatment record, diagnostic  
23 examinations, and clinical signs that contradict his testimony. The treatment record  
24 indicates that after Plaintiff’s February 2008 right knee replacement surgery, he  
25 experienced some stiffness but that the pain was much better than prior to surgery.  
26 Tr. 22. Plaintiff still required his usual pain medications, but denied problems with the  
27 surgical incision and was ambulatory with no specific complaints. *Id.* Plaintiff then  
28 alleged that his left knee began to hurt him more than his right knee, and received

1 injections on the left knee as well as medication that was effective in alleviating the pain  
2 symptoms. *Id.* Diagnostic examinations revealed that Plaintiff's knee replacement  
3 surgery was largely successful. His knee components were well-positioned and fixed  
4 without any evidence of problems after the surgery. Tr. 23. Clinical signs showed that  
5 Plaintiff appeared healthy and experienced no acute distress. *Id.* The right hip was  
6 normal, and the right knee had moderate to severe tenderness, but no swelling. *Id.*  
7 Although Plaintiff testified that he had back problems and was treated for back pain,  
8 Plaintiff's spine appeared normal and had a full range of motion. *Id.* The record does not  
9 contain objective evidence of any severe back impairment beyond Plaintiff's subjective  
10 complaints. Tr. 22. Additionally, Plaintiff's daily activities are inconsistent with his pain  
11 testimony. He has no problems with grooming, dressing, and hygiene, and is able to  
12 prepare simple meals, perform light chores, and attend motorcycle club meetings and  
13 appointments. Tr. 24.

14 The Court concludes that the ALJ has stated clear and convincing reasons for  
15 finding Plaintiff not credible with respect to his statements regarding the intensity,  
16 persistence, and limiting effects of his symptoms. The Court is satisfied that the ALJ has  
17 provided sufficiently specific reasons showing that Plaintiff's testimony was rejected on  
18 permissible grounds and was not arbitrarily discredited.

19 **D. The ALJ did not err by finding Plaintiff's mental impairments**  
20 **"nonsevere."**

21 Plaintiff claims that the ALJ erred by finding that Plaintiff's mental impairments  
22 were "nonsevere" because Plaintiff's mental impairments surpass a *de minimus* threshold.  
23 Tr. 16, at 28. Plaintiff argues that a GAF score of 60 reflects moderate, not nonsevere,  
24 limitations. *Id.*

25 The ALJ assessed four function areas in determining that Plaintiff's mental  
26 impairments were nonsevere: activities of daily living; social functioning; concentration,  
27 persistence, or pace; and episodes of decompensation. 20 C.F.R. § 404.1520a(c)(3).

28 In daily living, the ALJ found that Plaintiff has no limitation. Tr. 19. He has no

1 problem with grooming, dressing, and hygiene, and is able to take care of his girlfriend's  
2 children and household pets. *Id.* He is able to prepare simple meals, perform light  
3 chores, drive a vehicle, shop, and manage finances. *Id.*

4 In social functioning, the ALJ likewise found that Plaintiff has no limitation. *Id.*  
5 He lives with his girlfriend and her children, attends motorcycle club meetings once a  
6 week, socializes with others, and attends appointments. *Id.*

7 In concentration, persistence, or pace, the ALJ found that Plaintiff has mild  
8 limitations. *Id.* In so finding, the ALJ noted that Plaintiff does not need reminders to  
9 take care of personal needs and grooming, or to take medication. *Id.* He does not have  
10 problems paying attention and can follow written and oral instructions, but cannot handle  
11 stress or changes to routine well. *Id.*

12 In episodes of decompensation, the ALJ found that Plaintiff has experienced no  
13 episodes of decompensation which have been of extended duration. Tr. 20.

14 The ALJ then concluded that because Plaintiff's medically determinable mental  
15 impairment causes no more than "mild" limitations in any of the first three functional  
16 areas and no episodes of decompensation in the fourth area, the mental impairment is  
17 nonsevere. *Id.* Because there is substantial evidence supporting the ALJ's finding, the  
18 Court will not substitute its own determination.

19 **IT IS ORDERED:**

20 1. Defendant's decision denying disability insurance benefits and  
21 supplemental security income (Tr. 16-27) is **affirmed**.

22 2. The Clerk is directed to terminate this action.

23 Dated this 18th day of January, 2012.

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27 \_\_\_\_\_  
28 David G. Campbell  
United States District Judge