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2
3 **NOT FOR PUBLICATION**
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5
6 **IN THE UNITED STATES DISTRICT COURT**
7 **FOR THE DISTRICT OF ARIZONA**
8

9 Bounlom Khamsonphou,

10 Plaintiff,

11 v.

12 Carolyn W. Colvin, Acting Commissioner
13 of the Social Security Administration,

14 Defendant.

No. CV-13-02239-PHX-SRB

ORDER

15 Plaintiff Bounlom Khamsonphou applied for, and was denied, a period of
16 disability and disability insurance benefits under the Social Security Act (“the Act”).
17 Plaintiff then filed a Complaint with this Court to challenge that denial. (Doc. 1). The
18 Court now considers Plaintiff’s Opeing [sic] Brief (“Pl.’s Br.”) (Doc. 19) and
19 Defendant’s Opposition to Plaintiff’s Opening Brief (“Def.’s Br.”) (Doc. 20). Plaintiff
20 did not file a reply.

21 **I. BACKGROUND**

22 Plaintiff filed an application for a period of disability and disability insurance
23 benefits on December 22, 2010, alleging that her disability began on September 9, 2009.
24 (R. at 15.)¹ Her claim was denied initially on June 13, 2011 and upon reconsideration on

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26 ¹ Plaintiff’s alleged onset date was originally September 9, 2009, which Plaintiff
27 later amended to August 31, 2010. (R. at 235.) However, Plaintiff’s counsel provided a
28 different alleged onset date at the hearing—October 9, 2010—confirmed by Plaintiff in
subsequent testimony. (R. at 52, 54.) Further confounding this issue is the ALJ’s
decision, which cites both September 9, 2009 and September 9, 2010 as the alleged onset
date, and records that indicate that Plaintiff was laid off in September 2010. (R. at 17-18;
see R. at 305.) Nevertheless, because the ALJ’s opinion appears to primarily use

1 September 8, 2011. (R. at 15.) Plaintiff then requested a hearing, which was held before
2 Administrative Law Judge (“ALJ”) Philip E. Moulaison on July 12, 2012. (R. at 15, 25.)
3 Plaintiff and Vocational Expert (“VE”) Thomas M. Mitchell testified at the hearing. (R.
4 at 15.) The ALJ issued an unfavorable decision on August 10, 2012 in which he found
5 that Plaintiff was not disabled from September 9, 2009 through the date of the decision.
6 (R. at 25.) The Appeals Council denied Plaintiff’s request for review on September 3,
7 2013, making the ALJ’s decision the final decision of the Commissioner. (R. at 1.)
8 Plaintiff now appeals.

9 **A. Relevant Medical Evidence**

10 Plaintiff asserts that she is disabled due to pain in her right hand and right wrist.
11 (Pl.’s Br. at 3, 13-14.)² Plaintiff does not appeal the ALJ’s determination that Plaintiff’s
12 psychological condition was not disabling, and the Court limits its summary of the record
13 to those portions relevant to Plaintiff’s right wrist and hand. (*See* R. at 17-19.)

14 **1. Treating Sources**

15 **a. Advanced Arthritis Care & Research**

16 Plaintiff visited Advanced Arthritis Care & Research throughout 2010 for
17 treatment of her right wrist, hand, and arm. (R. at 472-79.) On April 30, 2010, she
18 reported pain, swelling, and redness in her right wrist for the previous two months, and
19 rated her pain as a five out of ten. (R. at 478.) Examination by Nurse Practitioner Maria
20 Nasta revealed positive erythema, swelling, and edema in her right wrist, but negative
21 tenderness, erythema, and edema in the small joints of her hands. (R. at 479.) Plaintiff
22 had good range of motion in all joints except her right wrist, which was limited by
23 discomfort. (R. at 479.) She was assessed to have right de Quervain’s tenosynovitis and
24

25 Plaintiff’s original September 9, 2009 date and Plaintiff does not challenge this date on
26 appeal, the Court will review Plaintiff’s arguments based on the alleged onset date of
September 9, 2009. (*See* R. at 15-18, 25; Pl.’s Br. at 2.)

27 ² While Plaintiff testified at the hearing that she also suffered from pain in both
28 arms, and various records indicate that Plaintiff visited treating sources for complaints of
arm pain, Plaintiff limits her arguments to alleged disabilities in her right wrist and hand.
(*See* R. at 56-57, 313, 478; Pl.’s Br. at 13-14.)

1 right wrist pain. (R. at 479.) Ms. Nasta diagnosed Naprosyn and injected Plaintiff's wrist
2 with bupivacaine and Celestone to help relieve some of her pain. (R. at 479.)

3 Plaintiff returned on June 23, 2010, reporting that "she had some minimal relief
4 with the injection" but still had difficulty working. (R. at 476.) Plaintiff was prescribed
5 prednisone and Vicodin and recommended to undergo an MRI for her right wrist. (R. at
6 476.)³ On July 19, 2010, Plaintiff reported increased pain in her right wrist, but noted that
7 the prednisone offered "mild relief." (R. at 474.) She continued to have trouble at work
8 and admitted that she was not resting or wearing a splint. (R. at 474.) Plaintiff received
9 another injection in her wrist and given a prescription "for modified work duty with the
10 right hand." (R. at 474.)

11 On August 5, 2010, Plaintiff reported a "significant decrease in right hand pain"
12 after her previous injection. (R. at 473.) She continued to wear a brace at work, but was
13 afraid of losing her job if she moved to "light" duty. (R. at 473.) Ms. Nasta noted that she
14 had a "significant language barrier" with Plaintiff, which caused some difficulty
15 explaining the medications, or understanding which medications Plaintiff was taking. (R.
16 at 473.) Plaintiff was continued on regular duty at work and she indicated that she would
17 use a wrist brace. (R. at 473.) Ms. Nasta again diagnosed Plaintiff with right
18 deQuervain's tenosynovitis and right wrist pain, along with tendinosis and osteoarthritis
19 of the first carpometacarpal joint. (R. at 473.)

20 **b. Southeast Valley Medical Group**

21 Plaintiff was also treated at Southeast Valley Medical Group from 2001 to 2010
22 for a variety of ailments. (*See, e.g.*, R. at 305-424.) Plaintiff's first visit relating to her
23 right wrist or hand in the relevant time period was on February 2, 2010, when she
24 complained of right arm and wrist pain radiating up her forearm, "which resulted while
25 [at] work." (R. at 313.) Plaintiff related to Physician Assistant Marti Neave that her

26 ³ Plaintiff completed the MRI at evdi Medical Imaging on July 9, 2010. (R. at
27 450.) The MRI revealed mild to moderate deQuervain's tenosynovitis with moderate
28 tendinosis, accounting for the area of Plaintiff's pain and swelling in the "radial aspect"
of her right wrist, along with mild to moderate osteoarthritis of the first carpometacarpal
joint. (R. at 450-51.)

1 condition began several weeks before and that her arm and wrist pain was aggravated by
2 walking and relieved by nothing. (R. at 313.) After an examination revealed swelling and
3 pain in her right wrist, Ms. Neave ordered an x-ray of Plaintiff's wrist and referred
4 Plaintiff to a hand surgeon. (R. at 314.) Plaintiff returned on April 6, 2010 complaining of
5 the same pain, but admitted that she did not visit the hand surgeon as recommended. (R.
6 at 311.) Plaintiff was assessed to have pain, tendonitis, a "[s]prain-[s]train" in her right
7 hand and wrist, and osteoporosis. (R. at 312.) She was prescribed vitamin D and calcium
8 and referred again to a hand surgeon and rheumatologist. (R. at 312.) On a visit for an
9 unrelated matter on August 2, 2010, she reported right wrist pain on a scale of six out of
10 ten, but a subsequent examination did not indicate the status of her right wrist or hand.
11 (R. at 308-09.) On September 17, 2010, Plaintiff returned for complaints of lower back
12 pain and right wrist pain and indicated that she was recently laid off. (R. at 305.) Plaintiff
13 reported that she had been going "off and on" her medication and that she was unsure that
14 she would continue to use her medications. (R. at 305.) A physical examination revealed
15 "good" range of motion in her hands. (R. at 306.)

16 **2. Examining Physicians**

17 **a. Dr. Jeffrey Levison, M.D.**

18 Dr. Jeffrey Levison examined Plaintiff on May 11, 2011 and completed an
19 accompanying "Medical Source Statement of Ability to Do Work-Related Activities
20 ("Physical")" ("MSS"). (R. at 486-91.) Dr. Levison noted that Plaintiff "ha[d] a very
21 normal examination from head to toe," and that he "closely examined both [of] her
22 hands." (R. at 487.) Dr. Levison observed "no soft tissue swelling, no joint effusions, and
23 no ligamentous laxity whatsoever" in her hands and a "Finkelstein sign was negative
24 bilaterally." (R. at 487.) She had "no abnormalities about her wrists or hands," full range
25 of motion in her wrists, and five out of five grip strength. (R. at 487.) Dr. Levison
26 concluded that while Plaintiff had a history of deQuervain's tenosynovitis, it "appear[ed]
27 to be resolved at this point in time," and that there was "nothing limiting about her hands
28 and wrists." (R. at 487-88.) His MSS reflected this conclusion. (R. at 488.)

1 hours per eight-hour workday, sit more than six hours per workday, and had unlimited
2 ability to push and/or pull. (R. at 79.) She noted that Plaintiff could never climb ladders,
3 ropes, or scaffolds and should avoid jumping from heights, but otherwise had no postural
4 limitations. (R. at 80.) Plaintiff also had no manipulative, visual, communicative, or
5 environmental limitations, except that Plaintiff should avoid concentrated exposure to
6 vibration and all exposure to hazards. (R. at 80-81.) Dr. Goerss opined that Plaintiff's de
7 Quervain's tenosynovitis "was not a repetitive motion injury but was inflammatory," and
8 that "[h]er work assembling should not have any effect on this condition." (R. at 81.) In
9 addition, there was no evidence of arthritis in any joint, except for the right wrist. (R. at
10 81.) Dr. Goerss concluded that Plaintiff was not disabled and could perform her past
11 relevant work as an electronic assembler. (R. at 81-82.)

12 **b. Dr. Melvin Roberts, M.D.**

13 Dr. Melvin Roberts also reviewed Plaintiff's record and completed a Physical
14 Residual Functional Capacity Assessment on September 6, 2011, which largely echoed
15 the conclusions of Dr. Goerss's report. (R. at 91-95.) The only notable difference was Dr.
16 Roberts's assessment that Plaintiff was able to lift and/or carry twenty pounds
17 occasionally and ten pounds frequently. (R. at 92.)

18 **B. Other Evidence**

19 **1. Plaintiff's Function Reports**

20 Plaintiff's first Function Report, completed on April 16, 2011 by her husband,
21 Manisakone Nadenbousch, indicated that Plaintiff's daily activities involved taking
22 multiple medications to limit inflammation in her hands, legs, and knees, and limiting her
23 work around the house. (R. at 203; *see* R. at 194, 201, 210.) Plaintiff had no problem with
24 her personal care, but she did not prepare her own meals because she had trouble holding
25 utensils. (R. at 204.) Plaintiff noted that she would shop for groceries one day a week for
26 thirty minutes, but that she would not go out alone for fear of "sporadic inflammation."
27 (R. at 205.) In part, Plaintiff noted that her condition affected her ability to lift, complete
28 tasks, and use her hands, each of which she could do for only "about five minutes" at a

1 time. (R. at 207.) She revealed that she could lift only about five pounds. (R. at 207.)

2 Plaintiff submitted a second Function Report, also completed by her husband, on
3 May 21, 2011. (R. at 211, 219.) While very similar to her first Function Report, Plaintiff
4 indicated a few minor differences, including that she did light exercise during the day and
5 that she could lift up to ten pounds. (R. at 212-13, 216.)

6 **2. Third Party Function Report**

7 Plaintiff's husband completed his own Third Party Function Report on April 15,
8 2011 that did not differ substantially from Plaintiff's Function Reports. (R. at 194-201.)

9 **C. Hearing Testimony**

10 **1. Plaintiff's Testimony**

11 Plaintiff testified at the hearing held on her application for benefits on July 12,
12 2012. (R. at 51.)⁴ She testified that she was fifty-eight years old, married, and right-
13 handed. (R. at 53.) The highest grade completed by Plaintiff was fourth grade, in Laos.
14 (R. at 53.) Plaintiff last worked on October 9, 2010, and testified that her current source
15 of income was unemployment benefits that expired "about two or three weeks" prior to
16 the hearing. (R. at 54.) Plaintiff's husband also did not work, but received disability
17 benefits. (R. at 54-56.) She testified that she previously worked as an assembler at
18 Rockford Fosgate and Comtech EF Data. (R. at 56.)

19 Plaintiff reported that her "most severe" medical issue was with her right hand and
20 right and left arms, and that she was currently taking only two medications: ibuprofen
21 and hydrocodone. (R. at 56-58.) Plaintiff had problems at work using equipment as a
22 result of her condition. (R. at 57.) When asked to describe her limitations, in relevant
23 part, she explained could lift one pound with her arms, and that she had pain in her arms
24 and right wrist, which Plaintiff opined was due to working with her hands. (R. at 59-60.)⁵

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26 ⁴ During the hearing, Plaintiff's counsel indicated that Plaintiff was seeing a new
27 treating physician, Dr. Cazares, but Plaintiff did not present those records to the ALJ. (R.
at 57.)

28 ⁵ Plaintiff also relayed a number of limitations that appear unrelated to her
complaints of wrist and hand pain, including that she could climb a flight of stairs "but
not very often," walk about "one block" before needing to rest, stand up less than five

1 Plaintiff would take medicine and get massages to relieve her pain. (R. at 60.)

2 She testified that she started seeing a doctor for problems with her right hand and
3 wrist that developed at work. (R. at 61.) She claimed that the pain would start to flare up
4 after about ten to fifteen minutes at work, at which time she would use her other arm to
5 complete her work and take breaks. (R. at 62.) Plaintiff testified that this problem caused
6 her to slow down at work, and she believed that it ultimately led to her termination. (R. at
7 62.) Plaintiff confirmed that she did constant precise work with her hands, and that this
8 caused her radiating pain up her arms. (R. at 63-64.) She claimed that she could not clean,
9 cook, or do laundry, understood only a “little bit” of English, and could write only her
10 name. (R. at 64.) When asked if she looked for work after she was laid off, Plaintiff
11 responded “[y]es, I look[ed], but nobody hire[d] me,” and that she received
12 unemployment benefits during that time. (R. at 65.)

13 **2. The VE’s Testimony**

14 VE Thomas Mitchell also testified at the hearing. (R. at 65-69.) He classified
15 Plaintiff’s past work as an assembler as semi-skilled and light. (R. at 67.) He opined that
16 Plaintiff would not be able to perform her past work with the difficulties that she
17 described in her hands, but would be able to perform assembly work at the sedentary,
18 unskilled level. (R. at 67.) The VE testified that according to the limitations in Dr.
19 Valeros’s RFC Questionnaire, she would not be able to perform her past relevant work
20 because “her right hand would be too limited.” (R. at 68.) He opined that Dr. Valeros’s
21 medical opinion would prevent all work, because “[s]he needs to be able to use her upper
22 extremities, at least on a frequent basis . . . bilaterally.” (R. at 69.)

23 **D. The ALJ’s Decision**

24 The ALJ determined that Plaintiff met the insured status requirements of the
25 Social Security Act through December 31, 2014, and had not engaged in substantial
26 gainful activity since the alleged onset date. (R. at 17.) Plaintiff was determined to have

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28 minutes at a time, sit for about five minutes before needing to move around, and that she
had trouble bending over and tying her shoes. (R. at 58-59.)

1 the following severe impairments: osteoporosis, osteoarthritis of the first carpometacarpal
2 joint of the right hand, and de Quervain’s tenosynovitis in her right thumb. (R. at 18.) The
3 ALJ concluded that Plaintiff did not have any impairment that met or medically equaled a
4 listed impairment in 20 CFR Part 404, Subpart P, Appendix 1. (R. at 20.) According to
5 the ALJ’s RFC, Plaintiff was able to lift and carry ten pounds frequently and twenty
6 pounds occasionally, stand, walk, and sit for six hours (out of an eight-hour day), but
7 could not climb ladders, ropes, or scaffolds, should not be required to jump from any
8 height, and should avoid concentrated exposure to vibration and all hazards. (R. at 20.)

9 In making this finding, the ALJ found Plaintiff to lack credibility, listing several
10 specific reasons for this determination. (R. at 22-23.) The ALJ also weighed the medical
11 opinion evidence, assigning little weight to Dr. Valeros’s opinion, little weight to Dr.
12 Levinson, and considerable weight to Drs. Goerss and Roberts. (R. at 23-24.) The ALJ
13 concluded that Plaintiff was capable of performing her past relevant work as an electronic
14 assembler and that she had not been under a disability from the alleged onset date
15 through the date of his opinion.

16 **II. LEGAL STANDARDS AND ANALYSIS**

17 **A. Judicial Review of Agency Decisions**

18 The Social Security Act confines judicial review to evidence within the record to
19 determine whether the Commissioner’s findings are supported by substantial evidence
20 and whether the Commissioner applied the correct legal standards. 42 U.S.C. § 405(g);
21 *Batson v. Comm’r of Soc. Sec. Admin.*, 359 F.3d 1190, 1193 (9th Cir. 2004). Substantial
22 evidence means “such relevant evidence as a reasonable mind might accept as adequate
23 to support a conclusion.” *Moncada v. Chater*, 60 F.3d 521, 523 (9th Cir. 1995). “The ALJ
24 is responsible for determining credibility and resolving conflicts in medical testimony.”
25 *Id.* If the evidence can reasonably support either affirming or reversing the ALJ’s
26 decision, the court must uphold the decision. *Id.* Reviewing courts cannot accept post hoc
27 rationalizations for agency action and must limit their review to the grounds articulated in
28 the agency’s opinion. *Bray v. Comm’r of Soc. Sec. Admin.*, 554 F.3d 1219, 1225-26 (9th

1 Cir. 2009) (citing *SEC v. Chenery Corp.*, 332 U.S. 194, 196 (1947)).

2 The Social Security Regulations set forth a five-step sequential process for
3 evaluating disability claims. See 20 C.F.R. § 404.1520(a)(4). “If a claimant is found to be
4 ‘disabled’ or ‘not disabled’ at any step in the sequence, there is no need to consider
5 subsequent steps.” *Tackett v. Apfel*, 180 F.3d 1094, 1098 (9th Cir. 1999) (citing 20
6 C.F.R. § 404.1520). The claimant bears the burden of proof at steps one through four of
7 the sequential process. *Id.*; *Reddick v. Chater*, 157 F.3d 715, 721 (9th Cir. 1998). At step
8 five, the burden shifts to the Commissioner to show that the claimant can perform other
9 substantial gainful work that exists in the national economy. *Tackett*, 180 F.3d at 1098;
10 *Reddick*, 157 F.3d at 721.

11 Here, Plaintiff argues that the ALJ erred at step four by making an adverse
12 credibility finding, improperly weighing Dr. Valeros’s medical opinion, and by failing to
13 question the VE on certain limitations. (Pl.’s Br. at 12-22.)

14 **B. Analysis**

15 **1. Adverse Credibility Finding**

16 The ALJ found Plaintiff incredible for five specific reasons: (1) her allegations
17 regarding limitations with walking, standing, sitting, or climbing were not supported by
18 any impairment; (2) she responded well to conservative treatment; (3) Plaintiff did not
19 give full effort during a July 2012 examination by Dr. Valeros; (4) Plaintiff continued to
20 receive unemployment benefits after she was laid off; and (5) Plaintiff did not stop
21 working because of her condition, but was laid off. (R. at 23.) Plaintiff challenges only
22 reasons three and four. (See Pl.’s Br. at 14-17.) Plaintiff does not dispute the
23 Commissioner’s argument that the remaining reasons are clear and convincing, and the
24 Court agrees with the Commissioner. See *Tommasetti v. Astrue*, 533 F.3d 1035, 1040 (9th
25 Cir. 2008) (finding that a favorable “response to conservative treatment undermines
26 [claimant’s] reports regarding the disabling nature of his pain”); *Brackett v. Comm’r of*
27 *Soc. Sec. Admin.*, 468 F. App’x 754, 755 (9th Cir. 2012) (affirming adverse credibility
28 determination based, in part, on the fact that the claimant “stopped working only when he

1 was laid off due to a plant closure and told his physician that was the reason why he had
2 stopped working”).⁶ Even if the ALJ erred in using reasons three and four as a basis for
3 rejecting Plaintiff’s credibility, the ALJ provided enough other clear and convincing
4 reasons for rejecting Plaintiff’s symptom testimony to make such error harmless. *See*
5 *Carmickle v. Comm’r Soc. Sec. Admin.*, 533 F.3d 1155, 1162 (9th Cir. 2008).

6 **2. Dr. Valeros’s Medical Opinion**

7 Plaintiff also challenges the ALJ’s assignment of little weight to Dr. Valeros’s
8 medical opinion. (Pl.’s Br. at 17-19.) Because other medical opinions contradicted Dr.
9 Valeros’s opinion, the ALJ was required to provide specific and legitimate reasons for
10 rejecting his opinion. *See Bayliss v. Barnhart*, 427 F.3d 1211, 1216 (9th Cir. 2005). In
11 part, the ALJ gave little weight to Dr. Valeros’s opinion because it was inconsistent with
12 other medical records. (R. at 23-24.) Specifically, the ALJ noted that Dr. Valeros’s
13 diagnosis of edema in the small joints of Plaintiff’s right hand was inconsistent with the
14 fact that Plaintiff had not been diagnosed with inflammatory arthritis and with Dr.
15 Levison’s examination that revealed no swelling of her joints. (R. at 23-24.) The ALJ
16 also noted that the severity of Dr. Valeros’s opinion was inconsistent with treating
17 records that showed improvement with treatment. (R. at 24.)⁷ The Court finds that these
18 reasons are specific, legitimate, and supported by the record and the Court will not
19 second-guess them on appeal. *See Tommasetti v. Astrue*, 533 F.3d 1035, 1041 (9th Cir.
20 2008) (upholding the rejection of a physician’s opinion because it was inconsistent with
21

22
23 ⁶ The Commissioner argues that the clear and convincing standard does not apply
24 in this situation because Ninth Circuit Panels that have articulated that standard did not
25 have the power to overturn existing precedent in *Bunnell v. Sullivan*, 947 F.2d 341, 345-
26 46 (9th Cir. 1991). (Def.’s Br. at 10 n.7.) This Court has repeatedly rejected this
27 argument and does so again here. *See, e.g., Nelson v. Colvin*, No. CV-12-1514-PHX-
28 GMS, 2013 WL 4010860, at *8 (D. Ariz. Aug. 6, 2013); *Stewart v. Astrue*, 852 F. Supp.
2d 1153, 1160 n.1 (D. Ariz. 2012).

⁷ Plaintiff does not contest these specific reasons, maintaining only that the ALJ’s
conclusion that “[e]dema in the small joints of only one hand is inconsistent [with] the
claimant’s known diagnoses of deQuervain’s and mild to moderate osteoarthritis of the
first carpometacarpal joint,” was an improper medical conclusion. (R. at 24; Pl.’s Br. at
18.)

1 the medical record).⁸

2 **3. VE Testimony**

3 Plaintiff's final argument is that the ALJ erred by failing to ask VE Mitchell about
4 limitations (e.g., ladders, ropes, scaffolds, heights, or concentrated exposure to hazards
5 (including machinery)) that would have precluded Plaintiff from performing her past
6 work as an electronics assembler. (Pl.'s Br. at 21.) However, as the Commissioner
7 argues, the ALJ was not required to use the VE at step four. *See Ellis v. Astrue*, No. 2:11-
8 CV-00922-KJN, 2012 WL 4207458, at *8 (E.D. Cal. Sept. 18, 2012) ("Case law is in
9 accord that at step four an ALJ's determination that a claimant can perform past work
10 need not be supported by the testimony of a vocational expert.").

11 **III. CONCLUSION**

12 The Court affirms the decision of the Commissioner of Social Security. The ALJ
13 did not err in making an adverse credibility finding, weighing the medical evidence, and
14 questioning the VE. The ALJ applied the correct legal standards and his decision is
15 supported by substantial evidence.

16 **IT IS ORDERED** affirming the decision of the Commissioner of the Social
17 Security Administration.

18 **IT IS FURTHER ORDERED** directing the Clerk to enter judgment accordingly.

19 Dated this 31st day of July, 2014.

20
21 
22 _____
23 Susan R. Bolton
United States District Judge

24 ⁸ Plaintiff also argues that because non-examining physicians Drs. Goerss and
25 Roberts never examined Plaintiff, nor reviewed Dr. Valeros's examination, "their
26 opinions cannot be considered substantial evidence and were not sufficient to rebut the
27 opinions of Dr. Valero[s] [n]or support the ALJ's RFC." (Pl.'s Br. at 20.) But Drs. Goerss
28 and Roberts conducted their reviews almost one year before Dr. Valeros, and Plaintiff
cites no authority that required the doctors to review Dr. Valeros's findings. (*See* R. at 81,
95, 504.) Moreover, non-examining physicians' opinions may be considered substantial
evidence even though they did not examine or treat the plaintiff. *See Magallanes*, 881
F.2d at 752 ("[T]he reports of consultative physicians called in by the Secretary may
serve as substantial evidence.").