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7 **IN THE UNITED STATES DISTRICT COURT**  
8 **FOR THE DISTRICT OF ARIZONA**  
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10 Cynthia Lannon,

11 Plaintiff,

12 v.

13 Commissioner of Social Security  
14 Administration,

15 Defendant.

No. CV-16-00052-PHX-DLR

**ORDER**

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17  
18 Plaintiff Cynthia Lannon applied for disability benefits and supplemental security  
19 income in July 2012, claiming to be disabled since May 25, 2010. (AR 205-15.) The  
20 applications were denied. (AR 81-82, 140-54.) A hearing before an Administrative Law  
21 Judge (ALJ) was held on April 2, 2014, at which Plaintiff and a vocational expert  
22 testified. (AR at 41-80.) The ALJ issued a written decision on May 27, 2014, finding  
23 Plaintiff not disabled under the Social Security Act. (AR 12-24.) This became  
24 Defendant's final decision when the Appeals Council denied review. (AR 1-6.)

25 Plaintiff then commenced this action for judicial review (Doc. 1.) After receipt of  
26 the administrative record (Doc. 12), the parties briefed the issues for review (Docs. 15,  
27 19, 22). For reasons stated below, Defendant's decision is reversed and the case  
28 remanded for an award of benefits.

1 **STANDARD OF REVIEW**

2 The district court reviews only those issues raised by the party challenging the  
3 Commissioner’s decision. *See Lewis v. Apfel*, 236 F.3d 503, 517 n.13 (9th Cir. 2001).  
4 The court may reverse the decision only where it is based on legal error or not supported  
5 by substantial evidence. *See Orn v. Astrue*, 495 F.3d 625, 630 (9th Cir. 2007).  
6 Substantial evidence is more than a scintilla but less than a preponderance, and “such  
7 relevant evidence that a reasonable mind might accept as adequate to support a  
8 conclusion.” *Id.* “Where the evidence is susceptible to more than one rational  
9 interpretation, one of which supports the ALJ’s decision, the ALJ’s conclusion must be  
10 upheld.” *Thomas v. Barnhart*, 278 F.3d 947, 954 (9th Cir. 2002).

11 The court, however, “must consider the entire record as a whole and may not  
12 affirm simply by isolating a ‘specific quantum of supporting evidence.’” *Orn*, 495 F.3d  
13 at 630 (quoting *Robbins v. Soc. Sec. Admin.*, 466 F.3d 880, 882 (9th Cir. 2006)). Nor  
14 may the court “affirm the ALJ on a ground upon which he did not rely.” *Id.* (citing  
15 *Connett v. Barnhart*, 340 F.3d 871, 874 (9th Cir. 2003)). The court’s review is limited  
16 solely to “the reasons provided by the ALJ in the disability determination[.]” *Id.*

17 **DISCUSSION**

18 Whether a claimant is disabled is determined using a five-step evaluation process.  
19 To establish disability, the claimant must show (1) she is not currently working, (2) she  
20 has a severe impairment, and (3) her impairment meets or equals a listed impairment or  
21 (4) her residual functional capacity (RFC) precludes her from performing past work. If  
22 the claimant meets her burden, the Commissioner must show at step five that the claimant  
23 is able to perform other work. 20 C.F.R. §§ 404.1520, 416.920(a)(4)(i)-(v).

24 Plaintiff has met her burden at steps one and two because she has not worked  
25 since before the alleged date of disability and has the following severe impairments:  
26 cervical degenerative disc disease, status post laminectomy and suboccipital craniotomy,  
27 rheumatoid arthritis, osteoarthritis, obesity, and hypertension. (AR 16.) The ALJ found  
28 at step three that the impairments do not meet or equal a listed impairment. (AR 16-17.)

1 The ALJ then determined that Plaintiff has the RFC to perform sedentary work with the  
2 following abilities and limitations: lifting and carrying less than 10 pounds frequently  
3 and 20 pounds occasionally; unlimited sitting, standing and walking, frequent stooping  
4 and crouching, occasional kneeling and climbing ramps and stairs, but no crawling or  
5 climbing ladders; frequent reaching except for overhead, and frequent handling,  
6 fingering, and feeling. (AR 17-23.) Based on this RFC and the testimony of the  
7 vocational expert, the ALJ determined at step four that Plaintiff is not disabled because  
8 she can perform her past work as an administrative assistant, accounting clerk, and  
9 customer service representative. (AR 23-24.)

10 Plaintiff challenges the RFC and step four determinations. Plaintiff argues that the  
11 ALJ improperly weighed medical opinions, particularly with respect to her arthritis and  
12 headaches. (Docs. 15 at 7-17, 22 at 1-8.) Plaintiff further argues that the ALJ erred in  
13 rejecting her testimony about her symptoms and limitations. (*Id.* at 17-20, 8-11.)

14 Defendant counters that the ALJ properly resolved conflicts in the medical  
15 opinions based on substantial evidence (Doc. 19 at 6-14), and provided sufficient reasons  
16 for discrediting Plaintiff's testimony (*id.* at 15-20). The parties disagree as to whether  
17 any remand should be for an award of benefits or further proceedings. (Docs. 15 at  
18 21-22, 19 at 20-21.)

19 The Court agrees with Plaintiff that the ALJ erred in weighing medical opinions  
20 and discrediting her testimony. The ALJ's decision therefore must be reversed and, for  
21 reasons stated below, remanded for an award of benefits.

## 22 **I. The ALJ Improperly Weighed Medical Opinions.**

23 Dr. Richard Kelly has treated Plaintiff since 1990. He completed an RFC  
24 questionnaire indicating that Plaintiff suffers from daily neck pain and headaches, pain in  
25 her hands due to rheumatoid arthritis, and chronic fatigue. (AR 400.) He opined that due  
26 to these impairments, Plaintiff has significant limitations in reaching, handling, and  
27 fingering, would need frequent and lengthy breaks during the workday, would miss work  
28 more than four times a month, and otherwise is not physically capable of working eight

1 hours a day, five days a week on a sustained basis. (AR 400-01.) In a separate migraine  
2 headache questionnaire, Dr. Kelly opined that Plaintiff experiences throbbing headaches  
3 in the back of her head and neck and the headaches interfere with her ability to work.  
4 (AR 403.)

5 Despite the fact that Dr. Kelly had been treating Plaintiff for more than 20 years,  
6 the ALJ gave his opinion no weight. (AR 22.) This constitutes legal error, Plaintiff  
7 argues, because the ALJ failed to provide sufficient reasons for rejecting the opinion.  
8 The Court agrees.

### 9 **A. Standard for Weighing Medical Opinions**

10 The Commissioner is responsible for determining whether a claimant meets the  
11 statutory definition of disability and is not bound by a physician's ultimate conclusion  
12 that the claimant is "unable to work" or "disabled." 20 C.F.R. §§ 404.1527,  
13 416.927(d)(1). But the Commissioner generally must defer to a physician's medical  
14 opinion, such as statements concerning the nature or severity of the claimant's  
15 impairments, the claimant's physical or mental limitations, and what the claimant can still  
16 do despite the impairments and limitations. 20 C.F.R. §§ 404.1527, 416.927(a)(2).

17 The regulations make clear that opinions of treating doctors generally should be  
18 given more weight than the opinions of other doctors. *Id.*, §§ 404.1527, 416.927(c)(2).  
19 "If the ALJ wishes to disregard the opinion of the treating physician, he or she must make  
20 findings setting forth specific, legitimate reasons for doing so that are based on  
21 substantial evidence in the record." *Murray v. Heckler*, 722 F.2d 499, 502 (9th Cir.  
22 1983). To meet this requirement, the ALJ must provide "a detailed and thorough  
23 summary of the facts and conflicting clinical evidence, stating his interpretation thereof,  
24 and making findings." *Cotton v. Bowen*, 799 F.2d 1403, 1408 (9th Cir. 1986).

### 25 **B. The ALJ Erred in Rejecting the Treating Physician's Opinion**

26 In this case, the ALJ impermissibly rejected Dr. Kelly's opinion in conclusory  
27 fashion. He gave the opinion no weight because it purportedly is "inconsistent with the  
28 greater objective medical record." (AR 22.) This conclusory assertion falls far short of

1 the standard required for rejecting the opinion of a treating physician. *See* 20 C.F.R. §§  
2 404.1527, 416.927; *Cotton*, 799 F.2d at 1408. The law is clear that the ALJ must do  
3 more than offer his conclusions. “He must set forth his own interpretations and explain  
4 why they, rather than the doctors’, are correct.” *Embrey v. Bowen*, 849 F.2d 418, 421-22  
5 (9th Cir. 1988). The ALJ did not satisfy this burden in concluding, without explanation,  
6 that Dr. Kelly’s opinion is inconsistent with the “greater objective medical record.”  
7 (AR 22.)

8 The ALJ further concluded that Dr. Kelly’s opinion was “inconsistent with other  
9 treatment records” (AR 22), but he does not explain why this is so. The “other treatment  
10 records” span more than 100 pages. (*Id.*, citing Exs. 6F, 9F, 19F, & 24F.) In rejecting  
11 Dr. Kelly’s opinion, however, the ALJ failed to cite to a single individual record that is  
12 inconsistent with the opinion. (*Id.*)

13 The ALJ noted that Dr. Kelly contradicted himself by indicating that Plaintiff can  
14 walk eight blocks without rest but can stand and walk less than one hour in a normal  
15 workday. (AR 22.) Dr. Kelly clarified, however, that Plaintiff can stand and walk for  
16 only fifteen minutes at a time. (AR 400.) Moreover, the apparent contradiction does not  
17 relate to the most relevant impairments and limitations, namely, Plaintiff’s headaches and  
18 arthritis, and her limited ability to handle, finger, and feel things and maintain a regular  
19 work schedule on a sustained basis. In short, the ALJ failed to explain how any  
20 contradiction regarding Plaintiff’s ability to walk renders the rest of Dr. Kelly’s opinion  
21 worthy of no deference.

22 Under Social Security Ruling (SSR) 96-2p, which provides guidance for the  
23 weighing of medical opinions, a treating physician’s opinion is still entitled to some  
24 deference and must be given appropriate weight even where it is not supported by clinical  
25 findings and is inconsistent with other evidence. SSR 96-2p, 1996 WL 362211 (July 2,  
26 1996). The ruling provides, in pertinent part:

27 [ALJ’s] must remember that a finding that a treating source medical  
28 opinion is not well-supported by medically acceptable clinical and

1 laboratory diagnostic techniques or is inconsistent with the other substantial  
2 evidence in the case record means only that the opinion is not entitled to  
3 “controlling weight,” *not that the opinion should be rejected*. Treating  
4 source medical opinions are still entitled to deference and *must be weighed*  
*using all of the factors provided in 20 C.F.R. 404.1527 and 416.927*.

5 *Id.* at \*4 (emphasis added). “These factors include the ‘length of the treatment  
6 relationship and the frequency of examination’ by the treating physician, [and] the  
7 ‘nature and extent of the treatment relationship’ between the patient and the treating  
8 physician[.]” *Ghanim v. Colvin*, 763 F.3d 1154, 1161 (9th Cir. 2014) (citing 20 C.F.R.  
9 §§ 404.1527, 416.927(c)(2)(i)-(ii)).

10 As noted above, Dr. Kelly has been treating Plaintiff for more than 20 years.  
11 (AR 400.) This longtime treating relationship “provides a ‘unique perspective’ on  
12 [Plaintiff’s] condition,” and the nature and extent of the relationship “adds significant  
13 weight to [Dr. Kelly’s] opinions.” *Orn v. Astrue*, 495 F.3d 625, 633 (9th Cir. 2007)  
14 (quoting § 404.1527(c)(2)(i)-(ii)). Similarly, the “subjective judgments of [Dr. Kelly] are  
15 important, and properly play a part in [his] medical evaluations.” *Embrey*, 849 F.2d  
16 at 422. The ALJ’s decision to reject Dr. Kelly’s opinion without giving due weight to the  
17 length and nature of the treating relationship and his subjective judgments about  
18 Plaintiff’s impairments constitutes legal error. *See id.* at 633-35.

19 With respect to the migraine headache questionnaire (AR 403), the ALJ gave it  
20 “little or no weight” because it purportedly shows that Plaintiff’s headaches “are under  
21 control with medication and are not disabling” (AR 22). Dr. Kelly indicated that Plaintiff  
22 took Tramadol and her response to the medication was good, but he immediately  
23 thereafter opined that the migraine headaches would still interfere with her ability to  
24 work and cause her to miss work more than one day a week. (AR 403.) Given this  
25 specific opinion as to the limiting effects of the headaches, after noting that Plaintiff took  
26 Tramadol for them, the ALJ’s conclusion that the headaches were “under control with  
27 medication” is a mischaracterization of the evidence.

28 For reasons discussed above, the also ALJ erred in rejecting Dr. Kelly’s opinion

1 about the headaches based on the “greater objective record” without citing to, or  
2 discussing, specific medical evidence. *See Cotton*, 799 F.2d at 1408; *Embrey*, 849 F.2d  
3 at 421-22. Similarly, the fact that Plaintiff received no emergency room treatment for the  
4 headaches is not a sufficient reason for giving little or no weight to Dr. Kelly’s opinion.  
5 Neither hospitalization nor emergency room treatment is necessary to render an  
6 impairment disabling, and Defendant cites no authority to the contrary. *See Perry v.*  
7 *Astrue*, No. 07cv276 L(JMA), 2009 WL 435123, at \*13 (S.D. Cal. Feb. 19, 2009).

8 The ALJ noted that Dr. Kelly is a primary care physician and not a rheumatologist  
9 or other specialist. (AR 22.) Although more weight generally is to be given to the  
10 opinion of a specialist, *see* §§ 404.1527, 404.927(c)(5), this does not mean that the  
11 primary care physician’s opinion should be given no weight. *See Perry v. Astrue*, No.  
12 2:11-cv-3121-KJN, 2012 WL 6555074, at \*4 (E.D. Cal. Dec. 14, 2012) (noting that the  
13 opinion of a primary care physician about the claimant’s mental impairments could not  
14 be rejected solely because the physician was not a psychologist or psychiatrist).

15 The Court finds that the ALJ offered nothing more than unsupported conclusions  
16 in rejecting Dr. Kelly’s opinion, and only referred generally to its purported contradiction  
17 with other evidence in the record rather than identifying and interpreting the alleged  
18 contradictory evidence. “This is not sufficient to meet the standard required by the Ninth  
19 Circuit.” *Smith v. Colvin*, No. CV-13-00507-PHX-DGC, 2014 WL 359074, at \*2 (Feb.  
20 3, 2014). “The ALJ must do more than offer his conclusions. He must set forth his own  
21 interpretations and explain why they, rather than the doctors’, are correct.” *Embrey*, 849  
22 F.2d at 421-22.

### 23 **C. The ALJ Erred in Adopting the Opinion of the Examining Physician**

24 Plaintiff was examined once by Dr. Keith Cunningham, a physician with the  
25 Arizona Disability Determination Services. Dr. Cunningham completed an assessment  
26 form opining that Plaintiff can lift and carry less than 10 pounds frequently and 20  
27 pounds occasionally, can frequently stoop and crouch and occasionally kneel and climb,  
28 can sit, stand, and walk without limitation, and can frequently handle, finger, and feel

1 things. (AR 434-40.) The ALJ gave this opinion “significant weight” and used it as the  
2 basis for his RFC determination. (AR 17-18, 23.)

3 Plaintiff argues, correctly, that the ALJ erred in adopting the opinion of Dr.  
4 Cunningham over that of the treating physician, Dr. Kelly. (Doc. 15 at 13-14.) An ALJ  
5 may disregard a treating physician’s opinion in favor of one from an examining doctor if  
6 he provides valid reasons for doing so. This can be done by “setting out a detailed and  
7 thorough summary of the facts and conflicting clinical evidence, stating [the ALJ’s]  
8 interpretations thereof, and making findings.” *Cotton*, 799 F.2d at 1408. “But any such  
9 detailed summary and analysis is conspicuously missing here.” *Birkenstein v. Colvin*,  
10 No. CV-12-1525-SP, 2013 WL 3870298, at \*6 (C.D. Cal. July 25, 2013).

11 The ALJ gave significant weight to Dr. Cunningham’s opinion based on the  
12 “objective nature” of his exam and “consistency with the greater objective record.”  
13 (AR 23.) The ALJ, however, does not explain what specific evidence the opinion is  
14 consistent with or why the exam was more objective than exams performed by Dr. Kelly.  
15 Interestingly, although Dr. Cunningham – like Dr. Kelly – is not rheumatologist, the ALJ  
16 did not discount his opinion for being less “qualified to assess the functional effects of  
17 [Plaintiff’s] arthritis.” (AR 22.) The Court finds that the ALJ erred in giving significant  
18 weight to Dr. Cunningham’s opinion without providing the requisite detailed discussion  
19 and analysis. *See Cotton*, 799 F.2d at 1408.

20 **D. The ALJ Erred in Giving Weight to the Opinions of Non-Examiners**

21 “The weight afforded a non-examining physician’s testimony depends ‘on the  
22 degree to which they provide supporting explanations for their opinions.’” *Ryan*  
23 *v. Comm’r, Soc. Sec. Admin.*, 528 F.3d 1194, 1201-02 (9th Cir.2008) (quoting 20 C.F.R.  
24 § 404.1527(c)(3)). In this case, ALJ gave partial weight to the opinions of non-  
25 examining state agency physicians on the ground that their opinions “were not  
26 inconsistent with the greater objective medical record[.]” (AR 23.) But to the extent this  
27 is a legitimate basis for accepting the opinions over that of the treating physician, the ALJ  
28 still fails to explain the purported lack of inconsistency.

1           Moreover, the non-examining physicians’ opinions are conclusory and therefore  
2 not worthy of credence. The doctors gave “lesser or no weight” to Dr. Kelly’s opinion  
3 because “the totality of the circumstances does not support the opinion” and it  
4 purportedly “contains inconsistencies” and “contrasts sharply with the other evidence in  
5 the record[.]” (AR 100, 103, 132, 136.) But the evidence and circumstances that  
6 purportedly render Dr. Kelly’s opinion meritless are not discussed and interpreted by  
7 the non-examining physicians. The ALJ’s conclusory reliance on opinions that are  
8 themselves conclusory constitutes clear legal error.

9           **E. Defendant’s Arguments**

10           Defendant cites to specific record evidence in arguing that Dr. Kelly’s opinion is  
11 not supported by the record as a whole. (Doc. 19 at 8-10.) But the ALJ did not rely on  
12 this specific evidence in support of his conclusion or otherwise state that the evidence  
13 rendered Dr. Kelly’s opinion worthy of no weight.

14           The Court “is powerless to affirm the [ALJ’s decision] by substituting what it  
15 considers to be a more adequate or proper basis.” *SEC v. Chenery Corp.*, 332 U.S. 194,  
16 196 (1947). Indeed, this Circuit has made clear that reviewing courts are “constrained to  
17 review the reasons the ALJ asserts.” *Connett v. Barnhart*, 340 F.3d 871, 874 (9th Cir.  
18 2003). It would be improper for the Court to affirm the ALJ’s decision “based on  
19 evidence that the ALJ did not discuss.” *Id.*; *see Burrell v. Colvin*, 775 F.3d 1133, 1140  
20 (9th Cir. 2014) (same); *Pinto v. Massanari*, 249 F.3d 840, 847-48 (9th Cir. 2001)  
21 (“[I]f the Commissioner’s contention invites this Court to affirm the denial of benefits on  
22 a ground not invoked by the Commissioner in denying the benefits originally, then we  
23 must decline.”).

24           Where an ALJ explains a finding with less than ideal clarity, Defendant contends,  
25 “reviewing courts must uphold it if the ALJ’s path ‘may reasonably be discerned.’”  
26 (Doc. 19 at 11 (quoting *Molina v. Astrue*, 674 F.3d 1104, 1121 (9th Cir. 2012).) The  
27 problem here, however, is that the ALJ did not sufficiently explain his conclusions for the  
28 Court to be able to reasonably discern the basis for them. The Court cannot “be expected

1 to chisel that which must be precise from what the [ALJ] has left vague[.]” *SEC*, 332  
2 U.S. at 197.

3 Defendant further contends that the medical records Plaintiff relies on do not  
4 render the ALJ’s conclusions “irrational.” (Doc. 19 at 10.) But this is not the standard.  
5 Plaintiff need not show that the ALJ’s conclusions are irrational. Rather, the ALJ must  
6 affirmatively set forth specific and legitimate reasons for rejecting or accepting medical  
7 opinions, and those reasons must be supported by substantial evidence. *See Cotton*, 799  
8 F.2d at 1408. The ALJ’s decision fails to meet this standard.

#### 9 **F. Medical Opinion Summary**

10 In interpreting the rules and regulations for the weighing of medical opinions, this  
11 Circuit made clear more than 30 years ago that an ALJ may disregard the opinion of a  
12 treating physician only by providing specific and legitimate reasons supported by  
13 substantial evidence. *Murray*, 722 F.2d at 502. Conclusory statements are not enough.  
14 Instead, the ALJ must provide “a detailed and thorough summary of the facts and  
15 conflicting clinical evidence, *stating his interpretation thereof, and making findings.*”  
16 *Cotton*, 799 F.2d at 1408 (emphasis added). This requirement has been affirmed many  
17 times over the past few decades.<sup>1</sup>

18 Although the ALJ recounted much of the medical evidence (AR 19-21), he failed  
19 to explain why the evidence supported his conclusion that the treating physician’s  
20 opinion should be given no weight. Similarly, the ALJ did not explain what specific  
21 evidence supported his decision to give significant weight to the examining physician’s  
22 opinion and partial weight to those of the non-examining doctors. In short, the ALJ erred  
23 in failing to weigh all relevant factors and rejecting the treating physician’s opinion

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24 <sup>1</sup> *See, e.g., Magallanes v. Bowen*, 881 F.2d 747, 751 (9th Cir. 1989); *Andrews v. Shalala*,  
25 53 F.3d 1035, 1041 (9th Cir. 1995); *Reddick v. Chater*, 157 F.3d 715, 725 (9th Cir.  
26 1998); *Holohan v. Massanari*, 246 F.3d 1195, 1203 (9th Cir. 2001); *Thomas v.*  
27 *Barnhart*, 278 F.3d 947, 957 (9th Cir. 2002); *Bayliss v. Barnhart*, 427 F.3d 1211, 1216  
28 (9th Cir. 2005); *Orn v. Astrue*, 495 F.3d 625, 631 (9th Cir. 2007); *Burrell v. Colvin*, 775  
F.3d 1133, 1140 (9th Cir. 2014).

1 without adequate explanation supported by substantial evidence. *See Burrell*, 775 F.3d at  
2 1140 (ALJ erred in rejecting treating physician’s opinion and adopting the consensus  
3 view where the ALJ failed to give specific and legitimate reasons for the rejection);  
4 *Embrey*, 849 F.2d at 421-22 (noting that it is not enough for the ALJ to simply recount  
5 the medical evidence in seriatim fashion and then reach unexplained conclusions).

## 6 **II. The ALJ Erred in Discrediting Plaintiff’s Symptom Testimony**

7 The ALJ must engage in a two-step analysis to determine whether a claimant’s  
8 testimony regarding subjective pain or other symptoms is credible. The ALJ first  
9 determines whether the claimant presented objective medical evidence of an impairment  
10 that reasonably could be expected to produce some degree of the symptoms alleged.  
11 If the claimant makes this showing and there is no evidence of malingering, “the ALJ  
12 can reject the claimant’s testimony about the severity of her symptoms only by  
13 offering specific, clear and convincing reasons for doing so.” *Smolen v. Chater*, 80 F.3d  
14 1273, 1281 (9th Cir. 1996); *see* 20 C.F.R. § 404.1529(c)(2); SSR 96-7p, 1996 WL  
15 374186, at \*1 (July 2, 1996).

16 Plaintiff testified that because of her arthritis, she has swelling in her hands, little  
17 feeling in her fingertips, severe pain in her hands and wrists throughout the day even with  
18 medication, and much difficulty holding and gripping things. (AR 55-57, 60.) Various  
19 forms of therapy, including hot wax and cold mittens, provide temporary relief when her  
20 hands are really bad, but she was not able to continue out-patient therapy due to difficulty  
21 driving and other transportation problems. (AR 58-59.) The arthritis in her back limits  
22 her to sitting 30-45 minutes, standing 10-15 minutes, and walking 5 minutes at a time.  
23 (AR 60-61.) She still experiences pain after her neck and head surgery, and has difficulty  
24 with overhead reaching. (AR 59.) Since the surgery, she has had difficulty sleeping in  
25 her normal position and her hands and wrists begin to feel like bricks during the night.  
26 (AR 61-62.) She often takes a one to two hour nap during the day. (AR 62.) On a scale  
27 of one to ten, her pain level on a good morning is three but during the course of the day it  
28 often goes as high as seven. (AR 64.)

1           There is no dispute that Plaintiff suffers from rheumatoid arthritis, osteoarthritis,  
2 cervical degenerative disc disease, obesity, and hypertension. (AR 16.) Plaintiff  
3 underwent cervical laminectomy and suboccipital craniotomy surgery in June 2011 to  
4 help relieve compression on her spinal cord. (AR 321.) The ALJ found that Plaintiff’s  
5 impairments reasonably could be expected to cause her alleged symptoms, but  
6 nonetheless concluded that her symptom testimony was not entirely credible. (AR 19.)

7           Because the ALJ made no finding of malingering, he was required to give clear  
8 and convincing reasons for his adverse credibility finding. “This is not an easy  
9 requirement to meet: ‘The clear and convincing standard is the most demanding required  
10 in Social Security cases.’” *Garrison v. Colvin*, 759 F.3d 995, 1015 (9th Cir. 2014)  
11 (quoting *Moore v. Comm’r of Soc. Sec. Admin.*, 278 F.3d 920, 924 (9th Cir. 2002)). For  
12 reasons explained below, the ALJ has not met this high burden.

13           The ALJ found Plaintiff to be more active than she claimed, asserting several  
14 reasons for this finding. (AR 19.) None has merit.

15           The ALJ first noted that a treatment record (AR 569), indicates Plaintiff was  
16 looking for work in September 2010 (AR 19, 569). But this job search occurred more  
17 than three years before the hearing, and even then Plaintiff complained that it was painful  
18 to hold or open things like a bottle of water, that she often drops things, that her hand  
19 pain had worsened over the past six months, and sometimes her “hands feel like cement.”  
20 (AR 569.) The ALJ ignored these complaints and instead selectively picked the  
21 statement that Plaintiff was looking for work.

22           ALJs, however, “must review the whole record; they cannot cherry-pick evidence  
23 to support their findings.” *Bostwick v. Colvin*, No. 13-cv-1936-LAB, 2015 WL  
24 12532350, at \*2 (S.D. Cal. Mar. 30, 2015) (citing *Holohan v. Massanari*, 246 F.3d 1195,  
25 1207 (9th Cir. 2001)); *see Garrison*, 759 F.3d at 1017 & n.23 (noting that ALJs may not  
26 cherry-pick from mixed results). Moreover, the fact that Plaintiff unsuccessfully sought  
27 to return to work despite her impairments is “not, by itself, a clear and convincing reason  
28 for discounting her testimony.” *Quarles v. Astrue*, No. CV-09-01015-PHX-ROS, 2010

1 WL 3614654, at \*5 (D. Ariz. Sept. 10, 2010); *see Lingenfelter v. Astrue*, 504 F.3d 1028,  
2 1036 (9th Cir. 2007) (“That Lingenfelter, after the relevant time period during which he  
3 claimed to be disabled and facing difficult economic circumstances, tried to work for nine  
4 weeks and, because of his impairments, failed, is not a clear and convincing reason for  
5 [the adverse credibility determination].”).

6 The ALJ also stated that Plaintiff shops, cooks, and drives independently. (AR  
7 19.) An ALJ “may reject a claimant’s symptom testimony if the claimant is able to spend  
8 a substantial part of her day performing household chores or other activities that are  
9 transferable to a work setting.” *Smolen*, 80 F.3d at 1284 & n.7. Here, the ALJ did not  
10 address the limited nature of Plaintiff’s daily activities or determine whether such  
11 activities were transferable to the work place. Moreover, an examination of the entire  
12 record “shows that the ALJ has erred in characterizing statements and documents  
13 contained therein to reach the conclusion that [Plaintiff] exaggerated her symptoms.”  
14 *Reddick v. Chater*, 157 F.3d 715, 722 (9th Cir. 1998).

15 Plaintiff testified that because her hands “like to be straight [and] don’t like to  
16 curl,” she has trouble gripping the steering wheel and “can’t drive for any long period.”  
17 (AR 56.) She explained that although she can go up the street to the Fry’s grocery store  
18 to “pick up a couple things, that is it” because she “can’t go and get a week’s worth of  
19 groceries.” (*Id.*) With respect to cooking, Plaintiff stated that she can scramble eggs and  
20 also makes a lot of sandwiches, in part because they are not too hard to clean up when  
21 she drops them. (AR 56-57.) She has trouble lifting even a half-gallon of milk and uses  
22 scissors to open things. (AR 55.) Plaintiff also made clear that her “son does some of the  
23 cooking” and will “bring over meals occasionally.” (AR 57.)

24 The ALJ ignored these limitations in finding that Plaintiff’s ability to “shop, cook,  
25 and drive” renders her symptom testimony not credible. (AR 19.) Moreover, this Circuit  
26 has “repeatedly asserted that the mere fact that a plaintiff has carried on certain daily  
27 activities, such as grocery shopping [and] driving a car, . . . does not in any way detract  
28 from her credibility as to her overall disability. One does not need to be ‘utterly

1 incapacitated' in order to be disabled.” *Vertigan v. Halter*, 260 F.3d 1044, 1050 (9th Cir.  
2 2001) (quoting citing *Fair v. Bowen*, 885 F.2d 597, 603 (9th Cir. 1989)); *see Reddick*,  
3 157 F.3d at 722.

4 The ALJ also found Plaintiff’s symptom testimony not credible because she  
5 reported being her mother’s caregiver and sometimes helping her mother get up and  
6 move around. (AR 19.) Plaintiff denied being her mother’s caregiver, stating that she  
7 did not know why this is reflected in the treatment note. (AR 64-65, 68.) But even if this  
8 were an accurate reflection, the treatment note otherwise supports Plaintiff’s hearing  
9 testimony about her pain and other symptoms. The treatment note, dated March 22,  
10 2012, shows that Plaintiff presented with complaints of hand swelling and pain that began  
11 two years earlier. (AR 523.) She reported limitations including trouble driving and  
12 gripping the steering wheel, problems opening things without the use of scissors, and  
13 difficulty performing tasks like typing or using a computer. (*Id.*) She also stated that her  
14 pain level was at three in the morning and could increase to seven depending on her  
15 activity level. (AR 523-24.)

16 These reports of pain and limitations are entirely consistent with Plaintiff’s  
17 hearing testimony. (AR 55-64.) The ALJ selectively focused on one statement – that  
18 Plaintiff was her mother’s caregiver – and ignored the rest. Moreover, the treatment note  
19 itself makes clear that when Plaintiff did help her mother get up, “she has more pain.”  
20 (AR 523; *see* AR 543 (“more sore” when she helps her mother.)

21 Finally, the ALJ found the symptom testimony not credible because Plaintiff  
22 “reported an exercise routine consisting of swimming 3-4 times per week.” (AR 19.)  
23 The ALJ specifically inquired about this activity at the hearing, and Plaintiff made clear  
24 that she merely walked in the pool rather than swimming laps (AR 65):

25 Q. Now, the notes, there’s notes that said you swim three to four times a week?

26 A. Yeah. I like to swim in the summer, it really helps. It’s not a heated pool but I  
27 try and get as much out of the season as I can.

28 Q. Okay. Now, when you say swim, some people say swim and it means just

1 getting in the water, floating around. Other people swim [and it] means you're actually  
2 taking strokes and swimming. What, how are you defining swimming?

3 A. Walking.

4 Q. Okay.

5 A. I walk in the pool.

6 Q. Okay. So you're not swimming laps, overhead strokes, that type of thing?

7 A. No. I go down and I walk back and forth in the pool.

8 Despite this colloquy, the ALJ found Plaintiff's symptom testimony not credible because  
9 she could "swim." (AR 19.) This reason clearly is not convincing, nor is it supported by  
10 the record.

11 The ALJ summarized numerous treatment records and exam results (AR 19-20),  
12 but gave no reasons – let alone clear and convincing ones – as to why they support his  
13 adverse credibility finding. Moreover, "[o]nce a claimant produces objective medical  
14 evidence of an underlying impairment, an ALJ may not reject a claimant's subjective  
15 complaints based solely on lack of objective medical evidence to fully corroborate the  
16 alleged severity of pain." *Moisa v. Barnhart*, 367 F.3d 882, 885 (9th Cir. 2004); see 20  
17 C.F.R. §§ 404.1529, 416.929(c)(2). Here, the ALJ specifically found that Plaintiff's  
18 "medically determinable impairments could reasonably be expected to cause the alleged  
19 symptoms[.]" (AR 19.) His recounting of the medical evidence therefore does not  
20 support an adverse credibility finding.

21 The ALJ also erred in failing to cite to the specific testimony he found not  
22 credible. (AR 19.) "General findings are insufficient; rather, the ALJ must identify  
23 what testimony is not credible and what evidence undermines the claimant's  
24 complaints.'" *Reddick*, 157 F.3d at 722 (quoting *Lester v. Chater*, 81 F.3d 821, 834 (9th  
25 Cir.1995)).

26 Defendant acknowledges that Plaintiff's activities do not demonstrate an ability to  
27 work, but argues that the purported inconsistencies between her testimony and claimed  
28 limitations support the ALJ's adverse credibility finding. (Doc. 19 at 18.) As explained

1 above, however, there is no material inconsistency when the testimony is viewed as a  
2 whole and in the proper context. In addition to her testimony that she has difficulty  
3 shopping, cooking, and driving due pain and other symptoms, Plaintiff also explained  
4 that she has trouble doing housework and cannot vacuum or mop, and uses “little tricks”  
5 to dress herself but does not wear anything with buttons or zippers due to the swelling  
6 and loss of feeling in her hands and fingers. (AR 55-56.) On the whole, Plaintiff’s  
7 testimony about her daily activities is not inconsistent with her alleged disabling  
8 impairments.

9 Defendant’s reliance on *Molina v. Astrue*, 674 F.3d 1104 (9th Cir. 2012), is  
10 misplaced. (Doc. 19 at 18.) The claimant in that case alleged a complete inability to  
11 tolerate even minimal human contact without suffering from debilitating panic attacks,  
12 but yet her daily activities included walking her grandchildren to and from school, taking  
13 walks, attending church, and shopping. 674 F.3d at 1113. Given the clear disconnect  
14 between the alleged disability and daily activities, ALJ did not error in discrediting  
15 the claimant’s testimony to the extent it contradicted claims of a totally debilitating  
16 impairment. *Id.*

17 In summary, the record shows that Plaintiff’s daily activities are quite limited and  
18 carried out with much difficulty, and the medical evidence is not clearly inconsistent with  
19 Plaintiff’s complaints of pain. Considering the record as a whole and in the proper  
20 context, the Court concludes that the ALJ failed to provide clear and convincing reasons  
21 for finding Plaintiff’s symptom testimony not credible. *See Benecke v. Barnhart*, 379  
22 F.3d 587, 594 (9th Cir. 2004).

### 23 REMAND

24 Having decided to reverse Defendant’s decision, the Court has discretion to  
25 remand the case for further development of the record or for an award benefits.  
26 *See Reddick*, 157 F.3d at 728. In *Smolen*, the Ninth Circuit held that evidence should be  
27 credited as true and the case remanded for an award of benefits when the following three  
28 conditions are met: (1) the ALJ has failed to provide legally sufficient reasons for

1 rejecting evidence, (2) the record has been fully developed and further proceedings would  
2 serve no useful purpose, and (3) it is clear from the record that the ALJ would be required  
3 to find the claimant disabled were such evidence credited. 80 F.3d at 1292; *see Varney v.*  
4 *Sec. of HHS*, 859 F.2d 1396, 1400 (9th Cir. 1988); *Hammock v. Bowen*, 879 F.2d 498,  
5 503 (9th Cir. 1989) (extending *Varney's* “credit as true” rule to a case with outstanding  
6 issues where the claimant already had experienced a long delay and a treating doctor  
7 supported the claimant’s testimony).

8 The Court has found that the ALJ failed to provide legally sufficient reasons for  
9 discrediting Plaintiff’s testimony concerning her symptoms and limitations. The Court  
10 has further found that the ALJ erred in rejecting the opinion of Dr. Kelly, one of  
11 Plaintiff’s treating physicians. The uncontroverted testimony of the vocational expert  
12 makes clear that if Plaintiff had the limitations opined to by Dr. Kelly (AR 400-01),  
13 which are consistent with Plaintiff’s own testimony, the ALJ would be required to find  
14 Plaintiff incapable of past or other full time work and therefore disabled (AR 71-79).  
15 Thus, crediting Dr. Kelly’s opinion as true, as the Court must under Ninth Circuit law,  
16 “it is clear from the record that the ALJ would be required to find [Plaintiff] disabled[.]”  
17 *Benecke*, 379 F.3d at 593. Because the record in this case has been fully developed and  
18 further proceedings would serve no useful purpose, remand for an award of benefits is  
19 appropriate.

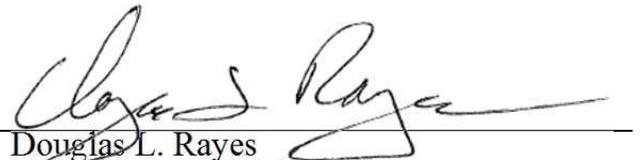
20 Defendant argues that such a remand is unwarranted because “conflicts in the  
21 evidence must be resolved based on careful consideration of the entire record[.]” (Doc.  
22 19 at 21.) But Defendant had ample opportunity during the administrative proceedings  
23 below to carefully review the record and resolve conflicts. This Circuit’s “precedent and  
24 the objectives of the credit-as-true rule foreclose the argument that a remand for the  
25 purpose of allowing the ALJ to have a mulligan qualifies as a remand for a ‘useful  
26 purpose[.]’” *Garrison*, 759 F.3d at 1021. Allowing the ALJ “to decide the issue again  
27 would create an unfair ‘heads we win; tails, let’s play again’ system of disability benefits  
28 adjudication.” *Benecke*, 379 F.3d at 593. Defendant, “having lost this appeal, should not

1 have another opportunity . . . any more than [Plaintiff], had [she] lost, should have an  
2 opportunity for remand and further proceedings to establish [disability].” *Moisa*, 367  
3 F.3d at 887.

4 Moreover, it already has been more than four years since Plaintiff applied for  
5 benefits. (AR 205-15.) Remanding a disability claim for further proceedings can delay  
6 much needed income for claimants who are unable to work and are entitled to benefits,  
7 often subjecting them to “tremendous financial difficulties while awaiting the outcome of  
8 their appeals and proceedings on remand.” *Varney*, 859 F.2d at 1398. Because it is clear  
9 from the record that the ALJ would be required to find Plaintiff disabled, further delay in  
10 the issuance of benefits is unwarranted.

11 **IT IS ORDERED** that the final decision of the Commissioner of Social Security  
12 is **REVERSED** and the case **REMANDED** for an award of benefits. The Clerk shall  
13 enter judgment accordingly and terminate this action.

14 Dated this 9th day of February, 2017.

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19 Douglas L. Rayes  
20 United States District Judge  
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