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| 8 | 3 UNITED STATES DISTRICT COURT | |
| 9 | CENTRAL DISTRICT OF CALIFORNIA | |
| 10 | CUAUHTEMOC FLORENTINO AYALA, |) No. CV 16-1506 FFM |
| 11 | Plaintiff, |) MEMORANDUM DECISION AND) ORDER |
| 12 | V. | |
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| 14 | NANCY A. BERRYHILL, Acting Commissioner of Social Security, | |
| 15 | Defendant. | |
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Plaintiff brings this action seeking to overturn the decision of the Commissioner 17 of the Social Security Administration¹ denying his application for disability insurance 18 benefits. Plaintiff and defendant consented to the jurisdiction of the undersigned United 19 States Magistrate Judge pursuant to 28 U.S.C. § 636(c). Pursuant to the August 22, 20 2016, Case Management Order, on May 8, 2017, the parties filed a Joint Stipulation 21 ("JS") detailing each party's arguments and authorities. The Court has reviewed the 22 administrative record (the "AR"), filed on January 17, 2017, and the Joint Stipulation. 23 For the reasons stated below, the decision of the Commissioner is reversed and this 24 matter is remanded for further proceedings. 25

 ¹ Nancy A. Berryhill became Acting Commissioner of the Social Security
 Administration on January 23, 2017, and is hereby substituted as defendant pursuant
 to Federal Rule of Civil Procedure 25(d).

PRIOR PROCEEDINGS

On or about June 14, 2013, plaintiff applied for disability insurance benefits, alleging disability as of January 1, 2008. After his application was denied initially and on reconsideration, plaintiff requested a hearing before an administrative law judge ("ALJ"). On December 18, 2014, ALJ Christine Long held a hearing. (AR 28-54.) Plaintiff was present with counsel and testified at the hearing.

On March 3, 2015, the ALJ denied plaintiff benefits in a written decision. (AR
12-27.) Therein, the ALJ reported that in 2003 plaintiff had been involved in a boating
accident that resulted in the amputation of his left leg below the knee, for which
plaintiff received a prosthesis. Additionally, the ALJ accurately noted that the record in
this case contains virtually no medical records documenting the treatment plaintiff
presumably received for his leg injury. Based on her review of the scant evidence in the
record, the ALJ determined that plaintiff possesses the residual functional capacity
("RFC") to perform "light work" subject to numerous accompanying limitations. (AR
20.) In determining plaintiff's RFC, the ALJ assigned little weight to certain opinions
of Dr. Ibrahim Yashruti, an examining physician and the only physician to render an
opinion about plaintiff's physical limitations. (AR 21.) Ultimately, the ALJ found that

On June 13, 2016, the Appeals Council denied review of the ALJ's decision. Thereafter, plaintiff initiated this action.

CONTENTIONS

Plaintiff raises the following contention in this action:

 Whether the ALJ failed to properly consider the opinions of Dr. Ibrahim Yashruti, an examining physician.

STANDARD OF REVIEW

Under 42 U.S.C. § 405(g), this Court reviews the Administration's decisions to
determine if: (1) the Administration's findings are supported by substantial evidence;
and (2) the Administration used proper legal standards. *Smolen v. Chater*, 80 F.3d

1273, 1279 (9th Cir. 1996) (citations omitted). "Substantial evidence is more than a
 scintilla, but less than a preponderance." *Reddick v. Chater*, 157 F.3d 715, 720 (9th Cir.
 1998) (citation omitted). To determine whether substantial evidence supports a finding,
 "a court must consider the record as a whole, weighing both evidence that supports and
 evidence that detracts from the [Commissioner's] conclusion." *Auckland v. Massanari*,
 257 F.3d 1033, 1035 (9th Cir. 2001) (internal quotation marks omitted).

If the evidence in the record can reasonably support either affirming or reversing
the ALJ's conclusion, the Court may not substitute its judgment for that of the ALJ. *Robbins v. Soc. Sec. Admin.*, 466 F.3d 880, 882 (9th Cir. 2006) (citing *Flaten v. Sec'y of Health & Human Servs.*, 44 F.3d 1453, 1457 (9th Cir. 1995). However, even if
substantial evidence exists to support the Commissioner's decision, the decision must
be reversed if the proper legal standard was not applied. *Howard ex rel. Wolff v. Barnhart*, 341 F.3d 1006, 1014-15 (9th Cir. 2003); *see also Smolen*, 80 F.3d at 1279.

DISCUSSION

Plaintiff was examined by Dr. Yashruti on September 30, 2013. (AR 333-36.)
Based on the examination, Dr. Yashruti concluded, among other things, that plaintiff
can stand or walk for only two hours each work-day and can not kneel, crouch, or crawl.
(AR 336.) In her decision denying benefits, the ALJ rejected Dr. Yashruti's opinions
based on the following:

[The limitations assigned by Dr. Yashruti] are inconsistent with
[plaintiff's] failure to seek treatment, as discussed above.
Further, in testimony and a disability report, [plaintiff] admitted
he did heavy work for several years after the amputation, which
indicates he had a greater functional capacity than Dr. Yashruti
determined.

26 (AR 21.) Plaintiff contends that the ALJ impermissibly rejected the opinions of Dr.
27 Yashruti.

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The Court agrees with plaintiff that the ALJ did not permissibly reject any of Dr. 1 Yashruti's opinions. Because Dr. Yashruti was the only physician to offer an opinion about plaintiff's physical limitations, the ALJ was required to offer clear and convincing 3 reasons, supported by substantial evidence, for rejecting Dr. Yashruti's opinions. See 4 Carmickle v. Comm'r, Soc. Sec. Admin., 533 F.3d 1155, 1164 (9th Cir. 2008) (citations 5 omitted). Neither reason provided by the ALJ satisfies that standard. 6

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The ALJ's first reason for discrediting Dr. Yashruti's opinions — plaintiff's 7 failure to seek treatment — is improper for several reasons. First, plaintiff explained at 8 the hearing that he was unable to afford medical treatment.² (AR 40.) The ALJ was not 9 permitted to penalize plaintiff for his financial inability to create a medical record that 10 supports Dr. Yashruti's findings. See Gamble v. Chater, 68 F.3d 319, 321 (9th Cir. 11 1995) ("Disability benefits may not be denied because of the claimant's failure to obtain 12 treatment he cannot obtain for lack of funds.").³ Second, because Dr. Yashruti's 13 opinions are adequately supported by his observations of plaintiff during the 14 examination, plaintiff's failure to seek treatment prior to the examination would seem 15 irrelevant to Dr. Yashruti's conclusions. See Orn v. Astrue, 495 F.3d 625, 632 (9th Cir. 16 2007) ("[W]hen an examining physician provides independent clinical findings . . . such 17 findings are substantial evidence." (internal quotation marks omitted)). Based on the 18 foregoing, the Court concludes that plaintiff's failure to seek treatment was not a clear 19 and convincing reason for rejecting Dr. Yashruti's opinions. 20

The ALJ's second reason for rejecting Dr. Yashruti's opinions — that plaintiff 21 performed heavy work for several years after his injury — is also not clear and 22 convincing. The ALJ's determination in this regard necessarily assumes that plaintiff 23

² The ALJ faulted plaintiff for failing to find free medical treatment.

²⁶ ³ Ordinarily, a claimant's inability to afford treatment has been applied to reject an ALJ's finding that a claimant is not credible. However, because the ALJ relied on 27 plaintiff's failure to seek treatment to discredit the examining physician's opinion, the 28 reasoning in *Gamble* is applicable to these circumstances.

would not have been able to perform heavy work from 2003 to 2008 if he were as limited
as Dr. Yashruti found. However, plaintiff testified the use of the prosthesis in
combination with the heavy work required by his job worsened his condition. (AR 36,
42-43.) Accordingly, the Court rejects the ALJ's conclusion that plaintiff's ability to
perform heavy work five years prior to Dr. Yashruti's examination suggests that plaintiff
is not as limited as Dr. Yashruti described.

Notwithstanding the Court's determination that the ALJ incorrectly rejected Dr. 7 Yashruti's opinions, the Court declines to find that plaintiff is disabled. Even assuming 8 that fully crediting Dr. Yashruti's opinions would render plaintiff unable to perform any 9 work, the record is insufficient to establish that plaintiff was disabled prior to December 10 31, 2012, plaintiff's date last insured.⁴ Additionally, even if plaintiff were disabled prior 11 to the date last insured, it is unclear exactly when he became so, a necessary 12 determination for any retroactive calculation of benefits. See Aranda v. Comm'r Soc. 13 Sec. Admin., 405 F. App'x 139, 141 n.2 (9th Cir. 2010). Dr. Yashruti's opinions are not 14 very helpful in either regard, as they were rendered after plaintiff's date last insured and 15 approximately five years after the alleged onset date. Accordingly, if the ALJ 16 determines on remand that plaintiff's limitations, as described by Dr. Yashruti, preclude 17 all work, the ALJ *must* call a medical expert to testify about plaintiff's onset date. 18 Armstrong v. Comm'r of Soc. Sec. Admin., 160 F.3d 587, 590 (9th Cir. 1998) (requiring 19 ALJs to seek testimony of medical expert to determine disability onset date where the 20 medical evidence is not conclusive as to the onset date). Additionally, the 21 ALJ should seek any other evidence about plaintiff's medical history that might help the 22 medical expert make a determination about plaintiff's onset date. 23

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⁴ A claimant is ineligible to receive disability insurance benefits if he cannot prove that he was disabled during the period that he was "insured," *i.e.* prior to the date last insured. *See* 42 U.S.C. § 423(c).

| 1 | CONCLUSION | |
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| 2 | 2 For the foregoing reasons, the judgement of the Commissioner is reversed and this | |
| 3 | matter is remanded for further proceedings consistent with this opinion. | |
| 4 | IT IS SO ORDERED. | |
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| 6 | DATED: November 9, 2017 | |
| 7 | /S/FREDERICK F. MUMM FREDERICK F. MUMM | |
| 8 | United States Magistrate Judge | |
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