



1 for DIB on December 2, 2019, alleging a disability onset date of November 14, 2017. (AR 24).  
2 Plaintiff later amended his alleged onset date to December 2, 2019. (AR 24). In his application,  
3 he alleged disability based on his “ankle problem, varicose veins, knee problem, back problem, and  
4 high blood pressure.” (AR 249). Plaintiff has a 11th-grade education and previous work experience  
5 in restaurants and retail. (AR 250).

6 **A. Relevant Evidence of Record<sup>2</sup>**

7 Plaintiff consistently reports lower extremity pain, tightness and swelling. (*See, e.g.*, AR  
8 329). His legs are darkly pigmented with marked varicose veins. (AR 319, 323, 336). He has been  
9 diagnosed with bilateral lower extremity varicose veins with venous insufficiency (advanced). (AR  
10 323). Doctors referred Plaintiff to a vascular surgeon in June 2019 (AR 323). He underwent a  
11 lower extremity venous doppler/reflux study in October 2019. (AR 329). The final report found  
12 no evidence of deep vein thrombosis or deep venous insufficiency bilaterally. (AR 330). A 2022  
13 study revealed the same findings. (AR 377-78). To address his leg pain, doctors have prescribed  
14 that Plaintiff wear compression socks, elevate his legs above his heart for 15 minutes daily, and  
15 limit his salt intake. (*See, e.g.*, AR 332 (August 2019), AR 344 (January 2021), AR 346 (April  
16 2021)). Plaintiff intermittently wears compression socks. He reports that they sometimes help with  
17 his symptoms, while other times, they do not. (*See* AR 331 (stating in August 2010 that  
18 compression socks do not help with his symptoms)); *see also* AR 333 (stating in November 201  
19 that he wears compression socks daily, which seem to help with his symptoms).

20 Throughout the relevant period, Plaintiff weighed roughly 346 pounds (AR 319), which  
21 produced a Body Mass Index of 48, qualifying Plaintiff as morbidly obese. (AR 319, 322). Doctors  
22 often advised Plaintiff to lose weight (*see* AR 319) and referred him for weight loss surgery (AR  
23 321). Plaintiff has also reported knee pain, and an x-ray shows his right knee has moderate  
24 degenerative changes in the medial joint space, joint space narrowing, sclerosis, and osteophyte  
25 formation. (AR 363).

26 A November 2020 internal medicine evaluation found Plaintiff could stand and walk for up

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28 <sup>2</sup> Because the parties are familiar with the medical evidence, it is summarized here only to the extent relevant to the  
contested issues.

1 to six hours with no maximum sitting capacity. (AR 338). The evaluation also found Plaintiff  
2 could climb stairs and ladders frequently; he could stoop and crouch frequently; and he had no  
3 limitations related to balancing, kneeling or crawling. (AR 339). His gait was normal, and doctors  
4 noted he could move “fairly swiftly,” as well as stand on his toes, heels, one leg alone, and that he  
5 could squat. (AR 337). Plaintiff underwent a successful vein ablation in May 2021 (AR 342).

6 At the hearing, Plaintiff testified he could not stand on his feet for longer than 30 minutes  
7 because of a stabbing sensation in his feet and legs. (AR 48-50). He reported using a cane (AR  
8 51) and that he could walk between 0.25 and 0.5 miles. (AR 51). When asked what the biggest  
9 challenge would be to working a 40-hour week, Plaintiff testified, “I would probably have to . . .  
10 use a cane and move around, just move around to circulate my feet and my legs. But I wouldn’t be  
11 able to stand or withstand an eight-hour period.” (AR 53). In a function report, Plaintiff stated he  
12 prepares his meals, mows the law, washes dishes, and cleans. (AR 279). He also stated he goes  
13 outside “very often,” he does his shopping and that he drives, dances, goes to the park, and shops.  
14 (AR 280-81).

15 **B. The ALJ’s Decision**

16 The Commissioner denied Plaintiff’s application for benefits initially on December 3, 2020,  
17 and again upon reconsideration on June 30, 2021. (AR 24). Plaintiff requested a telephonic hearing  
18 before an Administrative Law Judge (an “ALJ”), and the parties attended a hearing on March 1,  
19 2022. (AR 24). Plaintiff was represented by counsel. (AR 24). Jeff Komar, an impartial vocational  
20 expert, also testified at the hearing. (AR 24). In a decision dated May 18, 2022, the ALJ found  
21 that Plaintiff was not disabled as defined by the Act after conducting the five-step disability analysis  
22 set forth in 20 C.F.R. § 404.1520. (AR 24-33).

23 At step one, the ALJ found Plaintiff had not engaged in substantial gainful activity since  
24 December 2, 2019 (step one). (AR 27). At step two, the ALJ found that Plaintiff suffers from the  
25 following severe impairments: chronic venous insufficiency (CVI) and obesity (20 CFR  
26 416.920(c)). (AR 27). Plaintiff did not have an impairment or combination of impairments that  
27 met or medically equaled one of the listed impairments in 20 C.F.R. Part 404, Subpart P, Appendix  
28 1 (“the Listings”) (step three). (AR 27).

1 The ALJ then assessed Plaintiff’s residual functional capacity (RFC)<sup>3</sup> and applied the  
2 assessment at steps four and five. *See* 20 C.F.R. § 404.1520(a)(4) (“Before we go from step three  
3 to step four, we assess your residual functional capacity . . . . We use this residual functional  
4 capacity assessment at both step four and step five when we evaluate your claim at these steps.”).  
5 The ALJ found Plaintiff perform “medium work as defined in 20 CFR 416.967(c) except he can  
6 frequently climb ramps, occasionally climb ladders, ropes or scaffolds and must avoid concentrated  
7 exposure to heights and dangerous moving machinery.” (AR 28). At steps four and five, the ALJ  
8 found that Plaintiff had no past relevant work, and therefore, the transferability of job skills was  
9 not at issue. (AR 32). The ALJ concluded that considering his age, education, work experience  
10 and RFC, there were jobs that existed in significant numbers in the national economy that Plaintiff  
11 could perform. (AR 32). The ALJ based this finding on the testimony of the Vocational Expert  
12 (“VE”), who testified Plaintiff could perform the following jobs: Meat Clerk (Dictionary of  
13 Occupational Titles (“DOT”) 222.684-010); Industrial Cleaner (DOT 381.687-018); and Courtesy  
14 Clerk (DOT 920.687-014). (AR 32). The ALJ concluded Plaintiff was not disabled under the  
15 Social Security Act. (AR 32-33).

16 Plaintiff sought review of this decision before the Appeals Council, which denied review  
17 on March 14, 2023. (AR 1-4). Therefore, the ALJ’s decision became the final decision of the  
18 Commissioner. 20 C.F.R. § 404.981.

### 20 III. LEGAL STANDARDS

#### 21 A. Applicable Law

22 An individual is considered “disabled” for purposes of disability benefits if he or she is  
23 unable “to engage in any substantial gainful activity by reason of any medically determinable  
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25 <sup>3</sup> RFC is an assessment of an individual’s ability to do sustained work-related physical and mental activities in a work  
26 setting on a regular and continuing basis of 8 hours a day, for 5 days a week, or an equivalent work schedule. TITLES  
27 II & XVI: ASSESSING RESIDUAL FUNCTIONAL CAPACITY IN INITIAL CLAIMS, Social Security Ruling (“SSR”) 96-8P  
28 (S.S.A. July 2, 1996). The RFC assessment considers only functional limitations and restrictions that result from an  
individual’s medically determinable impairment or combination of impairments. *Id.* “In determining a claimant’s  
RFC, an ALJ must consider all relevant evidence in the record including, inter alia, medical records, lay evidence, and  
‘the effects of symptoms, including pain, that are reasonably attributed to a medically determinable impairment.’”  
*Robbins v. Soc. Sec. Admin.*, 466 F.3d 880, 883 (9th Cir. 2006).

1 physical or mental impairment which can be expected to result in death or which has lasted or can  
2 be expected to last for a continuous period of not less than 12 months.” 42 U.S.C. § 423(d)(1)(A).  
3 However, “[a]n individual shall be determined to be under a disability only if [their] physical or  
4 mental impairment or impairments are of such severity that he is not only unable to do [their]  
5 previous work but cannot, considering [their] age, education, and work experience, engage in any  
6 other kind of substantial gainful work which exists in the national economy.” *Id.* § 423(d)(2)(A).

7 “The Social Security Regulations set out a five-step sequential process for determining  
8 whether a claimant is disabled within the meaning of the Social Security Act.” *Tackett v. Apfel*,  
9 180 F.3d 1094, 1098 (9th Cir. 1999) (citing 20 C.F.R. § 404.1520). The Ninth Circuit has provided  
10 the following description of the sequential evaluation analysis:

11 In step one, the ALJ determines whether a claimant is currently engaged in  
12 substantial gainful activity. If so, the claimant is not disabled. If not, the ALJ  
13 proceeds to step two and evaluates whether the claimant has a medically severe  
14 impairment or combination of impairments. If not, the claimant is not disabled. If  
15 so, the ALJ proceeds to step three and considers whether the impairment or  
16 combination of impairments meets or equals a listed impairment under 20 C.F.R. pt.  
17 404, subpt. P, [a]pp. 1. If so, the claimant is automatically presumed disabled. If  
18 not, the ALJ proceeds to step four and assesses whether the claimant is capable of  
19 performing [their] past relevant work. If so, the claimant is not disabled. If not, the  
20 ALJ proceeds to step five and examines whether the claimant has the [RFC] . . . to  
21 perform any other substantial gainful activity in the national economy. If so, the  
22 claimant is not disabled. If not, the claimant is disabled.

23 *Burch v. Barnhart*, 400 F.3d 676, 679 (9th Cir. 2005). “If a claimant is found to be ‘disabled’ or  
24 ‘not disabled’ at any step in the sequence, there is no need to consider subsequent steps.” *Tackett*,  
25 180 F.3d at 1098 (citing 20 C.F.R. § 404.1520).

26 “The claimant carries the initial burden of proving a disability in steps one through four of  
27 the analysis.” *Burch*, 400 F.3d at 679 (citing *Swenson v. Sullivan*, 876 F.2d 683, 687 (9th Cir.  
28 1989)). “However, if a claimant establishes an inability to continue [their] past work, the burden  
shifts to the Commissioner in step five to show that the claimant can perform other substantial  
gainful work.” *Id.* (citing *Swenson*, 876 F.2d at 687).

## **B. Scope of Review**

“This court may set aside the Commissioner’s denial of [social security] benefits [only]

1 when the ALJ’s findings are based on legal error or are not supported by substantial evidence in  
2 the record as a whole.” *Tackett*, 180 F.3d at 1097 (citation omitted). “Substantial evidence . . . is  
3 ‘more than a mere scintilla,’” and means only “such relevant evidence as a reasonable mind might  
4 accept as adequate to support a conclusion.” *Biestek v. Berryhill*, 139 S. Ct. 1148, 1154 (2019)  
5 (quoting *Consol. Edison Co. v. NLRB*, 305 U.S. 197, 229 (1938)); see also *Ford v. Saul*, 950 F.3d  
6 1141, 1154 (9th Cir. 2020).

7 “This is a highly deferential standard of review . . . .” *Valentine v. Comm’r of Soc. Sec.*  
8 *Admin.*, 574 F.3d 685, 690 (9th Cir. 2009). “The ALJ’s findings will be upheld if supported by  
9 inferences reasonably drawn from the record.” *Tommasetti v. Astrue*, 533 F.3d 1035, 1038 (9th  
10 Cir. 2008) (citation omitted). Additionally, “[t]he court will uphold the ALJ’s conclusion when the  
11 evidence is susceptible to more than one rational interpretation.” *Id.*; see, e.g., *Edlund v.*  
12 *Massanari*, 253 F.3d 1152, 1156 (9th Cir. 2001) (“If the evidence is susceptible to more than one  
13 rational interpretation, the court may not substitute its judgment for that of the Commissioner.”  
14 (citations omitted)).

15 Nonetheless, “the Commissioner’s decision ‘cannot be affirmed simply by isolating a  
16 specific quantum of supporting evidence.’” *Tackett*, 180 F.3d at 1098 (quoting *Sousa v. Callahan*,  
17 143 F.3d 1240, 1243 (9th Cir. 1998)). “Rather, a court must ‘consider the record as a whole,  
18 weighing both evidence that supports and evidence that detracts from the [Commissioner’s]  
19 conclusion.’” *Id.* (quoting *Penny v. Sullivan*, 2 F.3d 953, 956 (9th Cir. 1993)).

20 Finally, courts “may not reverse an ALJ’s decision on account of an error that is harmless.”  
21 *Molina v. Astrue*, 674 F.3d 1104, 1111 (9th Cir. 2012) (citing *Stout v. Comm’r, Soc. Sec. Admin.*,  
22 454 F.3d 1050, 1055–56 (9th Cir. 2006)). Harmless error “exists when it is clear from the record  
23 that ‘the ALJ’s error was inconsequential to the ultimate nondisability determination.’”  
24 *Tommasetti*, 533 F.3d at 1038 (quoting *Robbins v. Soc. Sec. Admin.*, 466 F.3d 880, 885 (9th Cir.  
25 2006)). “[T]he burden of showing that an error is harmful normally falls upon the party attacking  
26 the agency’s determination.” *Shinseki v. Sanders*, 556 U.S. 396, 409 (2009) (citations omitted).

#### 27 IV. DISCUSSION

28 Plaintiff contends, *inter alia*, that the ALJ’s RFC determination is not supported by

1 substantial evidence because (1) the ALJ failed to provide specific, clear, and convincing reasons  
2 for discounting his allegations of lower extremity pain; and (2), the ALJ formulated a residual  
3 functional capacity that failed to fully account for the functional impact of Plaintiff’s morbid  
4 obesity. The Court concludes the ALJ did not err in any of these respects.

5 **A. The ALJ Offered Sufficient Reasons to Discount Plaintiff’s Subjective Complaints**

6 **1. Legal Standard**

7 In evaluating the credibility of a claimant’s testimony regarding subjective pain, an ALJ  
8 must engage in a two-step analysis. *Vasquez v. Astrue*, 572 F.3d 586, 591 (9th Cir. 2009). First,  
9 the ALJ must determine whether the claimant has presented objective medical evidence of an  
10 underlying impairment that could reasonably be expected to produce the pain or other symptoms  
11 alleged. *Id.* The claimant is not required to show their impairment “could reasonably be expected  
12 to cause the severity of the symptom [they] ha[ve] alleged; [they] need only show that it could  
13 reasonably have caused some degree of the symptom.” *Id.* (quoting *Lingenfelter v. Astrue*, 504  
14 F.3d 1028, 1036 (9th Cir. 2007)). If the claimant meets the first test and there is no evidence of  
15 malingering, the ALJ can only reject the claimant’s testimony about the severity of the symptoms  
16 if they give “specific, clear and convincing reasons” for the rejection.<sup>4</sup> *Id.* As the Ninth Circuit  
17 has explained:

18 The ALJ may consider many factors in weighing a claimant’s credibility, including  
19 (1) ordinary techniques of credibility evaluation, such as the claimant’s reputation  
20 for lying, prior inconsistent statements concerning the symptoms, and other  
21 testimony by the claimant that appears less than candid; (2) unexplained or  
22 inadequately explained failure to seek treatment or to follow a prescribed course of  
23 treatment; and (3) the claimant’s daily activities. If the ALJ’s finding is supported  
24 by substantial evidence, the court may not engage in second-guessing.

25 *Tommasetti*, 533 F.3d at 1039 (citations and internal quotation marks omitted); *see also Bray v.*  
26 *Comm’r of Soc. Sec. Admin.*, 554 F.3d 1219, 1226–27 (9th Cir. 2009). Other factors the ALJ may  
27 consider include a claimant’s work record and testimony from physicians and third parties  
28 concerning the nature, severity, and effect of the symptoms of which he complains. *Light v. Social*  
*Sec. Admin.*, 119 F.3d 789, 792 (9th Cir. 1997). The clear and convincing standard is “not an easy

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<sup>4</sup> The Court rejects the Commissioner’s contention that a lesser standard of review applies. (*See* Doc. 14 at 13).

1 requirement to meet,” as it is “the most demanding required in Social Security cases.” *Garrison*  
2 *v. Colvin*, 759 F.3d 995, 1015 (9th Cir. 2014) (quoting *Moore v. Comm’r of Social Sec. Admin.*,  
3 278 F.3d 920, 924 (9th Cir. 2002)). General findings are not enough to satisfy this standard; the  
4 ALJ “must identify what testimony is not credible and what evidence undermines the claimant’s  
5 complaints.” *Burrell v. Colvin*, 775 F.3d 1133, 1138 (9th Cir. 2014) (quoting *Lester*, 81 F.3d at  
6 834).

7 An RFC is “an assessment of an individual’s ability to do sustained work-related physical  
8 and mental activities in a work setting on a regular and continuing basis.” Social Security Ruling  
9 (“SSR”) 96-8p, 1996 WL 374184, at \*1 (1996); *see also* 20 C.F.R. § 416.945(a). It reflects the  
10 most a claimant can do despite their limitations. SSR 96-8p, 1996 WL 374184, at \*1. In  
11 formulating the RFC, the ALJ must account for all the claimant’s medically determinable  
12 impairments, including those that are not “severe,” and evaluate “all of the relevant medical and  
13 other evidence.” 20 C.F.R. § 416.945(a); *see also* *Valentine v. Comm’r Soc. Sec. Admin.*, 574 F.3d  
14 685, 690 (9th Cir. 2009) (holding that “an RFC that fails to take into account a claimant’s limitations  
15 is defective”). Therefore, an ALJ errs when they provide an incomplete RFC ignoring “significant  
16 and probative evidence.” *Hill v. Astrue*, 698 F.3d 1153, 1161-2 (9th Cir. 2012).

17 An RFC assessment is ultimately an administrative finding reserved to the Commissioner.  
18 20 C.F.R. § 416.946. The RFC does not need to directly correspond to a specific medical opinion;  
19 rather, “the ALJ is responsible for translating and incorporating clinical findings into a succinct  
20 RFC.” *Rounds v. Comm’r of Soc. Sec. Admin.*, 807 F.3d 996, 1006 (9th Cir. 2015); *see also* *Stubbs-*  
21 *Danielson v. Astrue*, 539 F.3d 1169, 1174 (9th Cir. 2008) (noting the ALJ’s responsibility to weigh  
22 conflicting medical evidence and translate accepted medical opinions into “concrete restrictions”).  
23 “ALJs are, at some level, capable of independently reviewing and forming conclusions about  
24 medical evidence to discharge their statutory duty to determine whether a claimant is disabled and  
25 cannot work.” *Farlow v. Kijakazi*, 53 F.4th 485, 488 (9th Cir. 2022) (citing *Sousa v. Callahan*, 143  
26 F.3d 1240, 1244 (9th Cir. 1998)). The ALJ’s RFC assessment should be affirmed if the ALJ has  
27 applied the proper legal standard and their decision is supported by substantial evidence in the  
28 record. *Bayliss v. Barnhart*, 427 F.3d 1211, 1217 (9th Cir. 2005).



1           **2.     Analysis**

2           Because the ALJ found Plaintiff’s “medically determinable impairments reasonably could  
3 be expected to cause the alleged symptoms,” (AR 29) the only remaining issue is whether the ALJ  
4 provided “specific, clear and convincing reasons” for Plaintiff’s adverse credibility finding. *See*  
5 *Vasquez*, 572 F.3d at 591. Plaintiff contends the ALJ failed to state clear and convincing reasons  
6 to discount his subjective complaints of lower extremity pain. These arguments are unavailing.

7           The ALJ first cited Plaintiff’s medical records, which largely contradicted Plaintiff’s  
8 testimony of disabling pain and showed no acute distress, no calf tenderness, a normal gait, normal  
9 motor strength, and symmetric reflexes. (AR 30 (citing Exs. 1F:3; 3F:3; 9F:3, 5, 7, 9)). “While a  
10 *lack* of objective medical evidence may not be the sole basis for rejection of symptom testimony,  
11 inconsistency with the medical evidence or medical opinions can be sufficient.” *Woods v. Comm’r*  
12 *of Soc. Sec. (Woods I)*, No. 1:20-cv-01110-SAB, 2022 WL 1524772, at \*10 n.4 (E.D. Cal. May 13,  
13 2022) (emphasis in original). This alone is sufficient to discount Plaintiff’s subjective complaints.  
14 *Id.*

15           The ALJ also found that Plaintiff’s daily activities contradicted his testimony that his lower  
16 extremity pain prevented him from working. A Plaintiff’s daily activities may allow an ALJ to  
17 discount his subjective complaints where (1) those activities “contradict his other testimony” or (2)  
18 they “meet the threshold for transferable work skills.” *Orn v. Astrue*, 495 F.3d 625, 639 (9th Cir.  
19 2007). The ALJ noted Plaintiff “is able to live with others, handle his finances, attend to his  
20 personal care, prepare simple meals, mow the lawn, sweep, mop, vacuum, wash dishes, do laundry,  
21 clean [a] bathroom, drive, go out alone, shop in and socialize in person and on the phone. These  
22 relatively intact daily activities are consistent with the above medium residual functional capacity.”  
23 (AR 31). Plaintiff contends there was no clear connection between the identified activities and  
24 Plaintiff’s ability to perform medium full-time level work. (Doc. 14 at 7).<sup>5</sup> Plaintiff further  
25 contends these activities “were not inconsistent with his allegations that he could stand for 20 to 30

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26           <sup>5</sup> Plaintiff also suggests the ALJ improperly relied on daily activities such as Plaintiff’s ability to count change,  
27 handle a savings account, and use a checkbook/money orders, because those activities had no logical connection to  
28 the severity of Plaintiff’s lower extremity pain. (*See* AR 28). The ALJ, however, did not rely on these activities  
when discrediting Plaintiff’s subjective complaints, but rather, merely noted these activities while summarizing the  
record. (*See* AR 28).

1 minutes at a time, sit for 20 to 30 minutes at a time, and walk 100 feet before taking a break.” (Doc.  
2 14 at 7).

3 Plaintiff’s arguments largely suggest the ALJ should have come to a different conclusion  
4 when evaluating the evidence, but “[i]f the evidence is susceptible to more than one rational  
5 interpretation, the court may not substitute its judgment for that of the Commissioner.” *Massanari*,  
6 253 F.3d 1152, 1156 (9th Cir. 2001). While Plaintiff contends there is no connection between the  
7 claimed activities and medium work, the ALJ used Plaintiff’s list of daily activities to conclude that  
8 Plaintiff’s day-to-day life was largely unimpeded by his lower extremity pain, which would  
9 subsequently translate to being able to perform medium work. *See* 20 C.F.R. § 404.1529(c)(3)(i)  
10 (activities of daily living are relevant to the symptom testimony evaluation); *Tommasetti v. Astrue*,  
11 533 F.3d 1035, 1039 (9th Cir. 2008) (“The ALJ may consider many factors in weighing a  
12 claimant’s subjective complaints,” including “the claimant’s daily activities”). The ALJ reasonably  
13 considered these daily activities to be inconsistent with Plaintiff’s alleged inability to work, and  
14 such inconsistency was another clear and convincing reason to find his testimony not credible. *See*  
15 *Stubbs-Danielson v. Astrue*, 539 F.3d 1169, 1175 (9th Cir. 2008); 20 C.F.R. § 404.1529(c)(3).

16 The ALJ also found Plaintiff’s limited treatment supported the fact that Plaintiff was not as  
17 hindered as he claimed. *See* 20 C.F.R. § 404.1529(c)(3)(iv), (v) (treatment history is a valid factor  
18 for evaluating a claimant’s symptom testimony). For instance, Plaintiff inconsistently wore  
19 compression stockings, and there was no evidence of cane use in the record. (AR 30). The ALJ  
20 also noted that Plaintiff continued to smoke, despite being counseled to quit. (AR 30). An ALJ  
21 may discount a claimant’s subjective complaints based on inconsistent treatment (*Burch v.*  
22 *Barnhart*, 400 F.3d 676, 681 (9th Cir. 2005)), and the ALJ did so here. For all of these reasons, the  
23 ALJ did not err by discounting Plaintiff’s testimony.

## 24 **B. The ALJ Properly Accounted for Plaintiff’s Obesity When Formulating the RFC**

### 25 **1. Legal Standard**

26 An ALJ must consider the limiting effects of a claimant’s obesity when assessing their RFC.  
27 Social Security Ruling 19-2p (“SSR 19-2p”), *Titles II and XVI: Evaluating Cases Involving*  
28 *Obesity*, 84 FR 22924-01, 2019 WL 2161798 (May 20, 2019). Obesity is defined as a BMI of 30.0

1 or higher. *Id.* at 22924–25. Signs and lab findings from an accepted medical source may establish  
2 obesity, including measured height and weight and BMI measurements over time. *Id.* A person is  
3 considered to have obesity if his or her weight or BMI shows a “consistent pattern of obesity.”  
4 While obesity is not a listed impairment, “[o]besity in combination with another impairment(s) may  
5 or may not increase the severity or functional limitations of the other impairment(s).” *Id.* “As with  
6 any other impairment, [the ALJ] will explain how [the Administration] reached our conclusion on  
7 whether obesity causes any limitations.” *Id.* Each case is evaluated based on the facts in the record.  
8 *Id.*

## 9 **2. Analysis**

10 Plaintiff contends the ALJ did not properly consider his obesity when formulating his RFC.  
11 He contends the ALJ “failed to provide any specific evaluation of Plaintiff’s obesity, the functional  
12 effects arising therefrom, or the exacerbating effects of obesity on Plaintiff’s lower extremity  
13 impairments.” (Doc. 14 at 11). As discussed below, the ALJ sufficiently considered Plaintiff’s  
14 obesity when formulating his RFC.

15 In *Santiago v. Saul*, 777 F. App’x 237, 238 (9th Cir. 2019), the Court determined that the  
16 ALJ did not err in failing to consider the impact of the plaintiff’s obesity on his functional  
17 limitations where “the ALJ considered obesity in conjunction with [the plaintiff’s] other severe  
18 impairments and [the plaintiff] pointed to no functional limitations that the ALJ failed to consider”.  
19 Here, at step two, the ALJ found Plaintiff’s obesity amounted to a severe impairment. (AR 27). In  
20 her decision, the ALJ found the following related to Plaintiff’s obesity:

21 The record also reflects that the claimant was diagnosed with morbid obesity (Ex.  
22 1F:3). The claimant’s weight was documented in the medical records from a low of  
23 237 pounds to a high of approximately 346 pounds (Exs. 1F:3, 6; 4F:4, 6). At a  
24 reported height of 5’11”, the claimant has a body mass index (BMI) of 33.1 to 48.3.  
25 In accordance with SSR 19-2p, the undersigned has considered the impact obesity  
26 has on limitation of function including the claimant’s ability to perform routine  
27 movement and necessary physical activity within the work environment, as well as  
28 to sustain a function over time, and its potentially exacerbating effect on the  
claimant’s subjective symptoms, including pain.

(AR 30). The ALJ noted Plaintiff’s weight and BMI, and she considered its impact on his ability  
to work, to perform routine movement, and to function over time. (AR 30). While Plaintiff

1 contends the ALJ's failed to articulate *how* she considered Plaintiff's obesity in connection with  
2 his other ailments, this argument is unavailing. *See Keyes v. Comm'r*, No. 1:21-CV-01779-EPG,  
3 2023 WL 2166917, at \*5 (E.D. Cal. Feb. 22, 2023) (“nothing in SSR 19-2p requires an ALJ to  
4 articulate specific findings regarding any impairment”); *see also Despas v. Colvin*, No. C-14-0681  
5 DMR, 2015 WL 899953, at \*9 (N.D. Cal. Mar. 2, 2015) (concluding that ALJ adequately  
6 considered Plaintiff's obesity where they specifically noted they did so in accordance with SSR 02-  
7 01p and where Plaintiff failed to identify any further necessary limitations).

8 The Plaintiff has also not identified any evidence in the record which suggests Plaintiff's  
9 obesity limits his functioning. Plaintiff asserts that “[c]onsidering that Plaintiff already had severe  
10 venous insufficiency and moderate degenerative changes in his right knee, the additional impact  
11 of morbid obesity would certainly preclude him from standing/walking up to 6 hours in an 8-hour  
12 workday without additional breaks to rest and elevate his legs.” There are no treatment notes or  
13 other diagnoses that address how Plaintiff's obesity may exacerbate his other conditions, nor do  
14 any other medical records back Plaintiff's assertion. Absent any indication that the ALJ failed to  
15 account for specific limitations related to Plaintiff's obesity, Plaintiff has not demonstrated any  
16 error. *See Valentine v. Comm'r Soc. Sec. Admin.*, 574 F.3d 685, 693 (9th Cir. 2009) (finding the  
17 ALJ did not fail to account for a claimant's injuries “in some unspecified way” when the claimant  
18 did not detail what other limitations followed his condition); *Hoffman v. Astrue*, 266 Fed. Appx.  
19 623, 625 (9th Cir. 2008) (finding the ALJ did not err in failing to consider Plaintiff's obesity when  
20 Plaintiff how obesity increased the severity of other limitations); *Burch*, 400 F.3d at 684 (“[Plaintiff  
21 has not set forth, and there is no evidence in the record, of any functional limitations as a result of  
22 her obesity that the ALJ failed to consider.”). As such, the ALJ adequately evaluated Plaintiff's  
23 obesity when formulating his RFC.

## 24 V. CONCLUSION AND ORDER

25 For the foregoing reasons, the Court finds that the ALJ's decision is supported by substantial  
26 evidence in the record as a whole and is based on proper legal standards. Accordingly, the Court  
27 DENIES Plaintiff's appeal from the administrative decision of the Commissioner of Social Security.  
28 The Clerk of this Court is DIRECTED to enter judgment in favor of Defendant Martin O'Malley,

1 Commissioner of Social Security, and against Plaintiff Jose Maldonado.

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3 IT IS SO ORDERED.

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5 Dated: June 5, 2024

*/s/ Sheila K. Oberto*  
UNITED STATES MAGISTRATE JUDGE

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