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8	UNITED STAT	'ES DISTRICT COURT
9	FOR THE EASTERN	DISTRICT OF CALIFORNIA
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11	JOHN MARC VAN DEN HEUVEL,	No. 2:13-cv-2187 KJN PS
12	Plaintiff,	
13	v.	<u>ORDER</u>
14	COMMISSIONER OF SOCIAL	
15	SECURITY, Defendant.	
16	Derendant.	
17		
18	<u>INTRODUCTION</u>	
19	In this case filed on October 21, 2013	, plaintiff, who proceeds without counsel, seeks
20	judicial review of a final decision by the Con	nmissioner of Social Security ("Commissioner")
21	denying plaintiff's application for Disability	Insurance Benefits ("DIB") under Title II of the
22	Social Security Act ("Act"). ¹ On February 1	8, 2014, the Commissioner filed an answer and
23	lodged the administrative record. (ECF Nos.	14, 15.) Ultimately, on November 13, 2014, after
24	receiving several extensions of time to file ar	n opening motion for summary judgment, plaintiff
25	filed a "Request for Courts [sic] Consideration	on," which the court liberally construed as a motion
26		ersigned pursuant to E.D. Cal. L.R. 302(c)(15), and
27	both parties voluntarily consented to proceed purposes. (ECF Nos. 6, 10.)	before a United States Magistrate Judge for all
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for summary judgment. (ECF No. 28; see also ECF No. 29.) Subsequently, on December 18,
 2014, the Commissioner filed an opposition to plaintiff's motion and a cross-motion for summary
 judgment. (ECF No. 31.) Finally, on December 30, 2014, plaintiff filed a "Request for Jury Trial
 & Damages from Social Security Administration Costs for Duration for Survival [sic]," which the
 court liberally construes as a reply brief. (ECF No. 32.)²

After carefully considering the applicable law, the parties' briefing and submissions, and
the administrative record, the court DENIES plaintiff's motion for summary judgment and
GRANTS the Commissioner's cross-motion for summary judgment, for the reasons outlined
below.

10 BACKGROUND

11 Plaintiff was born on April 18, 1957, has a high school education with two years of

12 college, is able to communicate in English, and previously worked as a cabinet maker and

13 carpenter.³ (Administrative Transcript ("AT") 18, 31, 172, 211, 213.) On February 8, 2011,

14 plaintiff applied for DIB, alleging that his disability began on August 15, 2010, and that he was

15 disabled primarily due to impairments of the lower back, lumbar muscle, and sciatic nerve

16 resulting in chronic back pain. (AT 12, 76, 91, 172, 212.) On June 9, 2011, the Commissioner

17 determined that plaintiff was not disabled. (AT 12, 92-95.) Upon plaintiff's request for

18 reconsideration, that determination was affirmed on September 22, 2011. (AT 12, 100-05.)

19 Thereafter, plaintiff requested a hearing before an administrative law judge ("ALJ"), which

20 ultimately took place on October 24, 2012, and at which both plaintiff, represented by an

21 attorney, and a vocational expert ("VE") testified. (AT 12, 25-65.)

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³ Because the parties are familiar with the factual background of this case, including plaintiff's medical history, the court does not exhaustively relate those facts here. The facts related to plaintiff's impairments and treatment will be addressed insofar as they are relevant to the issues presented by the parties' respective motions.

 ² The court denies plaintiff's requests for a jury trial and damages from the Commissioner, which are not available in an action seeking judicial review of the Commissioner's final decision denying disability benefits pursuant to 42 U.S.C. § 405(g).

In a decision dated November 28, 2012, the ALJ determined that plaintiff had not been under a disability, as defined in the Act, from August 15, 2010, plaintiff's alleged disability onset date, through the date of the ALJ's decision. (AT 12-19.) The ALJ's decision became the final decision of the Commissioner when the Appeals Council denied plaintiff's request for review on August 26, 2013. (AT 1-6.) Thereafter, plaintiff filed this action in federal district court on October 21, 2013, to obtain judicial review of the Commissioner's final decision. (ECF No. 1.) ISSUES PRESENTED

8 Apart from claiming entitlement to Social Security benefits, plaintiff's "Request for 9 Courts [sic] Consideration," liberally construed as a motion for summary judgment, does not raise 10 any specific legal issues for the court's review. However, whether or not required by applicable 11 law, the court, given plaintiff's *pro se* status and the court's desire to resolve the action on the 12 merits, conducts an independent review of the record to determine whether substantial evidence 13 supports the Commissioner's findings at each material step of the five-step sequential evaluation 14 process, outlined in greater detail below. Furthermore, because plaintiff also submitted additional 15 medical evidence to this court, the court considers whether plaintiff is entitled to a remand under 16 sentence six of 42 U.S.C. § 405(g) for administrative consideration of new medical evidence 17 outside of the present administrative record.

18 <u>LEGAL STANDARD</u>

19 The court reviews the Commissioner's decision to determine whether (1) it is based on 20 proper legal standards pursuant to 42 U.S.C. § 405(g), and (2) substantial evidence in the record 21 as a whole supports it. Tackett v. Apfel, 180 F.3d 1094, 1097 (9th Cir. 1999). Substantial 22 evidence is more than a mere scintilla, but less than a preponderance. Connett v. Barnhart, 340 23 F.3d 871, 873 (9th Cir. 2003) (citation omitted). It means "such relevant evidence as a reasonable 24 mind might accept as adequate to support a conclusion." Orn v. Astrue, 495 F.3d 625, 630 (9th 25 Cir. 2007), quoting Burch v. Barnhart, 400 F.3d 676, 679 (9th Cir. 2005). "The ALJ is responsible for determining credibility, resolving conflicts in medical testimony, and resolving 26 27 ambiguities." Edlund v. Massanari, 253 F.3d 1152, 1156 (9th Cir. 2001) (citation omitted). "The 28 court will uphold the ALJ's conclusion when the evidence is susceptible to more than one rational

1	interpretation." Tommasetti v. Astrue, 533 F.3d 1035, 1038 (9th Cir. 2008).
2	DISCUSSION
3	Summary of the ALJ's Findings
4	The ALJ evaluated plaintiff's entitlement to DIB pursuant to the Commissioner's standard
5	five-step analytical framework. ⁴ As an initial matter, the ALJ found that plaintiff met the insured
6	status requirements of the Act through December 31, 2014. (AT 14.) At the first step, the ALJ
7	concluded that plaintiff had not engaged in substantial gainful activity since August 15, 2010,
8	plaintiff's alleged disability onset date. (Id.) At step two, the ALJ determined that plaintiff had
9	the following severe impairments: obesity, degenerative disc disease of the lumbar spine with
10	intermittent pain, bilateral shoulder tendinitis, and hypertension. (Id.) However, at step three, the
11	⁴ Disability Insurance Benefits are paid to disabled persons who have contributed to the Social
12	Security program. 42 U.S.C. §§ 401 et seq. Supplemental Security Income is paid to disabled
13	persons with low income. 42 U.S.C. §§ 1382 et seq. Both provisions define disability, in part, as an "inability to engage in any substantial gainful activity" due to "a medically determinable
14	physical or mental impairment " 42 U.S.C. §§ 423(d)(1)(a) & 1382c(a)(3)(A). A parallel five-step sequential evaluation governs eligibility for benefits under both programs. See 20
15	C.F.R. §§ 404.1520, 404.1571-76, 416.920 & 416.971-76; <u>Bowen v. Yuckert</u> , 482 U.S. 137, 140-42 (1987). The following summarizes the sequential evaluation:
16 17	Step one: Is the claimant engaging in substantial gainful activity? If so, the claimant is found not disabled. If not, proceed to step two.
18 19	Step two: Does the claimant have a "severe" impairment? If so, proceed to step three. If not, then a finding of not disabled is appropriate.
20	Step three: Does the claimant's impairment or combination of impairments meet or
21	equal an impairment listed in 20 C.F.R., Pt. 404, Subpt. P, App. 1? If so, the claimant is automatically determined disabled. If not, proceed to step four.
22	Step four: Is the claimant capable of performing his past relevant work? If so, the
23	claimant is not disabled. If not, proceed to step five.
24	Step five: Does the claimant have the residual functional capacity to perform any
25	other work? If so, the claimant is not disabled. If not, the claimant is disabled.
26	Lester v. Chater, 81 F.3d 821, 828 n.5 (9th Cir. 1995).
27	The claimant bears the burden of proof in the first four steps of the sequential evaluation
28	process. <u>Bowen</u> , 482 U.S. at 146 n.5. The Commissioner bears the burden if the sequential evaluation process proceeds to step five. <u>Id.</u>
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1	ALJ determined that plaintiff did not have an impairment or combination of impairments that met
2	or medically equaled the severity of an impairment listed in 20 C.F.R. Part 404, Subpart P,
3	Appendix 1. (AT 15.)
4	Before proceeding to step four, the ALJ assessed plaintiff's residual functional capacity
5	("RFC") as follows:
6	After careful consideration of the entire record, the undersigned
7	finds that the claimant has the residual functional capacity to perform light work as defined in 20 CFR 404.1567(b) except the
8	claimant can lift and carry thirty pounds occasionally and ten pounds frequently, can sit for eight hours in an eight-hour day, can
9	stand and walk for six hours in an eight-hour day, can occasionally climb ramps and stairs, cannot climb ladders, ropes or scaffolds,
10	can occasionally balance, stoop, kneel, crouch and/or crawl, can occasionally reach overhead bilaterally.
11	(AT 16.)
12	At step four, the ALJ found that plaintiff was unable to perform any past relevant work.
13	(AT 18.) Finally, at step five, the ALJ determined, based on the VE's testimony, that,
14	considering plaintiff's age, education, work experience, and RFC, plaintiff had acquired work
15	skills from past relevant work that were transferable to other occupations with jobs existing in
16	significant numbers in the national economy. (Id.)
17	Accordingly, the ALJ concluded that plaintiff had not been under a disability, as defined
18	in the Act, from August 15, 2010, plaintiff's alleged disability onset date, through the date of the
19	ALJ's decision. (AT 19.)
20	Whether Substantial Evidence Supports the ALJ's Findings
21	As noted above, whether or not required by applicable law, the court here conducts an
22	independent review of the present administrative record to determine whether substantial
23	evidence supports the Commissioner's findings at each material step of the five-step sequential
24	evaluation process.
25	<u>Step One</u>
26	At step one, the ALJ determined that plaintiff had not engaged in substantial gainful
27	activity since August 15, 2010, plaintiff's alleged disability onset date. (AT 14.) Because the
28	ALJ's step one finding was favorable to plaintiff, it was inconsequential to the ultimate non- 5

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disability determination.

Step Two

At step two, the ALJ found that plaintiff had severe impairments – more specifically,
obesity, degenerative disc disease of the lumbar spine with intermittent pain, bilateral shoulder
tendinitis, and hypertension. (AT 14.) Because the ALJ's step two finding was favorable to
plaintiff, it was likewise inconsequential to the ultimate non-disability determination.

<u>Step Three</u>

8 At step three, the ALJ found that plaintiff did not have an impairment or combination of
9 impairments that met or medically equaled the severity of an impairment listed in 20 C.F.R. Part
10 404, Subpart P, Appendix 1. (AT 15.)

11 The claimant "bears the burden of proving that ... [h]e has an impairment that meets or 12 equals the criteria of an impairment listed in Appendix 1 of the Commissioner's regulations." 13 Burch v. Barnhart, 400 F.3d 676, 683 (9th Cir. 2005). "For a claimant to show that his 14 impairment matches a listing, it must meet *all* of the specified medical criteria. An impairment 15 that manifests only some of those criteria, no matter how severely, does not qualify...For a 16 claimant to qualify for benefits by showing that his unlisted impairment, or combination of 17 impairments, is 'equivalent' to a listed impairment, he must present medical findings equal in 18 severity to *all* the criteria for the one most similar listed impairment." Sullivan v. Zebley, 493 19 U.S. 521, 530-31 (1990). A determination of medical equivalence must rest on objective medical 20 evidence. See Lewis v. Apfel, 236 F.3d 503, 514 (9th Cir. 2001) ("A finding of equivalence must 21 be based on medical evidence only."); Tackett v. Apfel, 180 F.3d 1094, 1100 (9th Cir. 1999) 22 ("Medical equivalence must be based on medical findings...A generalized assertion of functional 23 problems is not enough to establish disability at step three."); 20 C.F.R. § 404.1529(d)(3) ("In 24 considering whether your symptoms, signs, and laboratory findings are medically equal to the 25 symptoms, signs, and laboratory findings of a listed impairment, we will look to see whether your 26 symptoms, signs, and laboratory findings are at least equal in severity to the listed criteria. 27 However, we will not substitute your allegations of pain or other symptoms for a missing or 28 deficient sign or laboratory finding to raise the severity of your impairment(s) to that of a listed

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impairment.").

In this case, plaintiff points to no medical source that actually opined that plaintiff met or equaled the criteria of a particular Listing. Moreover, plaintiff does not articulate any plausible theory of how the specific criteria of a potentially applicable Listing were met or equaled based on the medical evidence of record. Therefore, the ALJ's determination at step three is supported by the record.

Even if a claimant does not receive a favorable finding at step three, disability under the
Act may still be established at later steps. Before proceeding to step four and five, an ALJ must
first assess a claimant's RFC.

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The ALJ's RFC Assessment

11 In this case, plaintiff's treating providers did not furnish an assessment of plaintiff's

12 physical or mental functional capacity. In formulating the physical component of the RFC,

13 outlined above, the ALJ substantially relied on the opinion of consultative examiner Dr. Walter

14 Miller, who interviewed and examined plaintiff on May 12, 2011, and opined that plaintiff could

15 walk/stand for 6 hours per day; sit without restriction; lift/carry 30 pounds occasionally and 10

16 pounds frequently; occasionally bend and stoop; climb stairs, but not ladders or scaffolding; and

17 could not reach overhead. (AT 286-88.) Because Dr. Miller personally examined plaintiff and

18 made independent clinical findings, his opinion constitutes substantial evidence on which the ALJ

- 19 was entitled to rely. <u>Tonapetyan v. Halter</u>, 242 F.3d 1144, 1149 (9th Cir. 2001).⁵ Additionally,
- 20 Dr. Miller's opinion was actually more restrictive than the other medical opinions in the record

26 shoulder impairment, the clinical findings and plaintiff's activities documented in Dr. Miller's report are more consistent with the ALJ's limitation to only *occasional* overhead reaching. <u>See</u>
 27 <u>Magallanes v. Bowen</u>, 881 F.2d 747, 753 (9th Cir. 1989) ("It is not necessary to agree with

⁵ The ALJ adopted all of Dr. Miller's assessed functional limitations, except for the limitation concerning no overhead reaching. However, Dr. Miller provided no clinical findings or rationale supporting a *complete* prohibition of overhead reaching. During his examination of plaintiff's shoulders, Dr. Miller found crepitus (crackling) and limited range of motion in plaintiff's left shoulder, but full range of motion in plaintiff's right shoulder. (AT 287.) Furthermore, Dr. Miller noted that plaintiff did his own grocery shopping, cooking, cleaning, bathing, and driving, and that plaintiff had worked doing some siding installation about 3 weeks prior to the examination. (AT 286.) Thus, while plaintiff undoubtedly had limitations associated with his

everything an expert witness says in order to hold that his testimony contains substantial evidence.").

concerning plaintiff's physical functional capacity – the state agency physicians concluded that
 plaintiff was capable of performing medium work. (AT 70, 83.) Furthermore, the ALJ justifiably
 did not include any specific mental limitations into plaintiff's RFC, because a mental functional
 assessment by consultative examiner and licensed psychologist, Dr. Travis Owens, who
 personally interviewed and evaluated plaintiff on April 21, 2011, revealed at most mild
 impairment in some mental functioning domains. (AT 281-85.)

7 To the extent that plaintiff himself claimed to be more limited, the ALJ provided specific, 8 clear, and convincing reasons for discounting plaintiff's credibility. See Lingenfelter v. Astrue, 9 504 F.3d 1028, 1035-36 (9th Cir. 2007); see also Molina v. Astrue, 674 F.3d 1104, 1112 (9th Cir. 10 2012) (observing that "the ALJ is not required to believe every allegation of disabling pain, or 11 else disability benefits would be available for the asking...."). In weighing a claimant's credibility, an ALJ may consider, among other things, the "[claimant's] reputation for 12 13 truthfulness, inconsistencies either in [claimant's] testimony or between [her] testimony and [her] 14 conduct, [claimant's] daily activities, [her] work record, and testimony from physicians and third 15 parties concerning the nature, severity, and effect of the symptoms of which [claimant] 16 complains." Thomas v. Barnhart, 278 F.3d 947, 958-59 (9th Cir. 2002) (modification in 17 original) (quoting Light v. Soc. Sec. Admin., 119 F.3d 789, 792 (9th Cir. 1997)). If the ALJ's 18 credibility finding is supported by substantial evidence in the record, the court "may not engage 19 in second-guessing." Id. at 959.

20 Here, the ALJ reasonably found that plaintiff's alleged functional limitations were 21 inconsistent with the medical opinion evidence, as discussed above. (AT 16-17.) Additionally, 22 objective imaging studies of plaintiff's back and shoulders largely indicated mild to moderate 23 findings of a degenerative nature, which undermine plaintiff's allegations of impairment at a 24 disabling level. (AT 14-15, 304, 327-28, 347-48.) Furthermore, as the ALJ noted, physical 25 examinations conducted by plaintiff's treating providers generally rendered fairly benign findings. (AT 17; see, e.g., AT 278-80, 298-99, 316-17, 340-41.) Even though plaintiff was 26 27 often noted to have high blood pressure, there was no evidence that his blood pressure resulted in 28 functional limitations beyond the ALJ's RFC during the relevant period. Notably, plaintiff also

unsuccessfully solicited his primary treating provider to complete disability documentation on
several occasions. (See AT 278 ["need to have LBP eval, 'county told me to have it evaluated so
I could get social security early"]; AT 325 ["would like additional eval of back 'too help me get
social security early"]; AT 333 ["since I got turned down for social security my attorney wants
you to fill out these occupational health forms saying that I can't work any more …but eventually
I'd like to go back to work.""].

7 The ALJ further pointed to inconsistencies between plaintiff's testimony, statements, and 8 conduct. (AT 17.) As the ALJ observed, despite claiming disability as of August 15, 2010, 9 plaintiff continued to seek employment and actually performed work after that date. (Id.) For 10 example, on May 3, 2011, plaintiff told his treating provider that he "got laid off from recent 11 carpentry job 'cause of some disagreements." (AT 325.) At the October 24, 2012 hearing, 12 plaintiff also testified regarding his recent efforts to find carpentry-type jobs, and stated that he 13 occasionally performed small jobs, such as deck repair, making small stairs, or making an 14 individual custom cabinet. (AT 32-36.) Interestingly, plaintiff indicated that he had been offered 15 a job as an appliance salesman with Home Depot in Sacramento, a job he believed he could have 16 done, but had to turn it down because of the commuting costs. (AT 62-63.) Additionally, 17 although plaintiff testified that he could only walk 100 yards before sitting down, he had actually 18 walked for 14 minutes during a stress echocardiogram, in the course of which plaintiff 19 experienced no chest pain, and after which his back was only "a little bit sore." (AT 43-44, 335-20 36.) Based on that test, the cardiologist opined that plaintiff had a very high exercise capacity 21 with a low likelihood of ischemic heart disease. (AT 336.)

Finally, plaintiff's daily activities were inconsistent with his allegations of disabling
symptoms and functional limitations. For example, on April 21, 2011, plaintiff told consultative
psychologist Dr. Owens that plaintiff vacuums, dusts, cleans, mows the lawn, cooks, does
laundry, does the grocery shopping, likes to play guitar for recreation, and consumes about 7-10
beers a day. (AT 281, 283.) At the administrative hearing, plaintiff likewise testified that he did
his own cooking, cleaning, and grocery shopping, and indicated that, although he did not actually
do yard work where he then lived at his friend's place, he could probably mow the lawn, edge the

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1	lawn, and trim bushes. (AT 36-37, 46-47.)
2	To be sure, the record also contains some other evidence suggesting that plaintiff may
3	have been more limited. However, it is the function of the ALJ to resolve any ambiguities, and
4	the court finds the ALJ's assessment to be reasonable and supported by substantial evidence. See
5	Rollins v. Massanari, 261 F.3d 853, 857 (9th Cir. 2001) (affirming ALJ's credibility
6	determination even where the claimant's testimony was somewhat equivocal about how regularly
7	she was able to keep up with all of the activities and noting that the ALJ's interpretation "may not
8	be the only reasonable one"). As the Ninth Circuit explained:
9	It may well be that a different judge, evaluating the same evidence, would have found [the claimant's] allegations of disabling pain
10	credible. But, as we reiterate in nearly every case where we are called upon to review a denial of benefits, we are not triers of fact.
11	Credibility determinations are the province of the ALJWhere, as here, the ALJ has made specific findings justifying a decision to
12 13	disbelieve an allegation of excess pain, and those findings are supported by substantial evidence in the record, our role is not to second-guess that decision.
14	Fair v. Bowen, 885 F.2d 597, 604 (9th Cir. 1989); see also Jamerson v. Chater, 112 F.3d 1064,
15	1067 (9th Cir. 1997) ("the key question is not whether there is substantial evidence that could
16	support a finding of disability, but whether there is substantial evidence to support the
17	Commissioner's actual finding that [the] claimant is not disabled.").
18	In sum, the court finds that the ALJ properly considered the medical evidence and
19	plaintiff's own subjective testimony in formulating the RFC, and that the RFC is thus based on
20	substantial evidence in the record as a whole. ⁶
21	<u>Step Four</u>
22	At step four, the ALJ determined that plaintiff was unable to perform his past relevant
23	work as a cabinet maker and carpenter. (AT 18.) Because the ALJ's step four finding was
24	$\frac{1}{6}$ In his briefing, plaintiff also suggests that he did not have the financial resources or adequate
25	insurance coverage to develop, and timely obtain, medical evidence for his claim. However, in
26	this case, the Commissioner obtained evaluations of both plaintiff's physical and mental functioning at no cost to plaintiff. Additionally, plaintiff was represented by counsel at the
27 28	administrative level, who could have requested further development of the record concerning specified medical issues, if warranted. Instead, plaintiff's attorney declined the opportunity to submit additional medical records. (AT 64.)
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favorable to plaintiff, it was inconsequential to the ultimate non-disability determination.

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<u>Step Five</u>

At step five, the ALJ found that, considering plaintiff's age, education, work experience,
and RFC, plaintiff had acquired work skills from past relevant work that were transferable to
other occupations with jobs existing in significant numbers in the national economy. (AT 18.)

Here, the record does not reveal any material dispute concerning plaintiff's age, education,
work experience, or skills acquired from work experience. Such skills included the ability to read
and understand building/construction plans and blueprints; knowledge of tools, machines, and
materials; and a proficiency at dealing with homeowners and other interpersonal skills. (AT 18,
59-60.) Furthermore, the ALJ's RFC was supported by substantial evidence for the reasons
outlined above.

At the administrative hearing, the ALJ provided the VE with a hypothetical that encompassed plaintiff's age, education, work experience, and RFC. (AT 19, 54-57.) Based on that hypothetical, the VE testified that plaintiff could perform the following representative occupations: (1) general hardware sales clerk, with approximately 40,000 positions in California and 400,000 positions nationwide; (2) fast food worker, with approximately 280,000 positions in California and 2,000,000 positions nationwide; and (3) "cashier II," with approximately 100,000 positions in California and 1,000,000 positions nationwide. (AT 19, 54-60.)

19 "An ALJ may take administrative notice of any reliable job information, including 20 information provided by a VE...A VE's recognized expertise provides the necessary foundation 21 for his or her testimony. Thus, no additional foundation is required." Bayliss v. Barnhart, 427 22 F.3d 1211, 1218 (9th Cir. 2005). The VE's testimony here plainly demonstrates that the other 23 work plaintiff could perform is available in significant numbers. See, e.g., Gutierrez v. Comm'r 24 of Soc. Sec., 740 F.3d 519, 527-29 (9th Cir. 2014) (finding 2,500 jobs in California and 25,000 25 jobs nationally to be a significant number of jobs). Therefore, the ALJ's step five finding was 26 supported by substantial evidence.

Having found plaintiff capable of performing other work at step five, the ALJ thenjustifiably determined that plaintiff had not been under a disability, as defined in the Act, from

August 15, 2010, plaintiff's alleged disability onset date, through the date of the ALJ's decision. 2 (AT 19.)

New Evidence

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The above analysis was based on the record evidence before the ALJ. However, as noted 4 above, plaintiff also submitted additional medical evidence to this court.⁷ As such, the court 5 6 considers whether plaintiff is entitled, under applicable law, to a remand under sentence six of 42 7 U.S.C. § 405(g) for administrative consideration of new medical evidence outside of the present 8 administrative record.

9 Sentence six of 42 U.S.C. § 405(g) provides, in part, that: "The court may...at any time 10 order additional evidence to be taken before the Commissioner of Social Security, but only upon 11 a showing that there is new evidence which is material and that there is good cause for the failure to incorporate such evidence into the record in a prior proceeding...." 42 U.S.C. § 405(g). 12 13 "Thus, a so-called 'sentence-six remand' may be ordered 'where new, material evidence is 14 adduced that was for good cause not presented before the agency." Gibb v. Comm'r of Soc. Sec., 420 Fed. App'x 767, 768 n.1 (9th Cir. 2011) (quoting Shalala v. Schaefer, 509 U.S. 292, 15 16 297 n.2 (1993)).

17 "To be material under section 405(g), the new evidence must bear directly and 18 substantially on the matter in dispute" and the claimant "must additionally demonstrate that there 19 is a reasonable possibility that the new evidence would have changed the outcome of the 20 administrative hearing." Mayes v. Massanari, 276 F.3d 453, 462 (9th Cir. 2001). Furthermore, 21 the new evidence must relate to the relevant time period to be material. Sanchez v. Sec'y of 22 Health & Human Servs., 812 F.2d 509, 511-12 (9th Cir. 1987) ("The new evidence indicates, at 23 most, mental deterioration after the hearing, which would be material to a new application, but 24 not probative of [the claimant's] condition at the hearing.").

²⁵ ⁷ Plaintiff submitted additional medical evidence in multiple court filings. In a previous August 8, 2014 order, the court indicated that it would disregard evidence improperly submitted in filings 26 preceding plaintiff's motion for summary judgment (ECF Nos. 7, 12, 16, and 18). (See ECF No. 19.) Nevertheless, in light of plaintiff's pro se status, and whether or not required by applicable 27 law, the court exercised its discretion to review all new evidence submitted by plaintiff for

²⁸ purposes of determining whether a sentence six remand is warranted.

1	In this case, plaintiff has not shown that the new evidence is material for purposes of 42	
2	U.S.C. § 405(g). The additional medical records, which include <i>inter alia</i> physical therapy	
3	referrals, blood pressure logs, prescriptions for high blood pressure and depression medication,	
4	and other medical notes, most significantly document that plaintiff underwent right rotator cuff	
5	surgery in July 2014 and suffered a stroke in August 2014. (See ECF Nos. 7, 12, 16, 18, 24, 28,	
6	30, 32.) However, such records do not relate to the relevant period under review here, which	
7	extends from August 15, 2010, plaintiff's alleged disability onset date, to November 28, 2012, the	
8	date of the ALJ's decision. To be sure, plaintiff suffered from shoulder impairments and high	
9	blood pressure during the relevant period, but, as noted above, substantial evidence supports the	
10	ALJ's determination that those impairments, individually or in combination, were not disabling at	
11	that time. As such, the new medical evidence indicates, at most, deterioration of those	
12	impairments after the ALJ's decision. Such deterioration may well potentially be relevant to a	
13	new application for benefits, but it does not bear directly and substantially on the period under	
14	review in this case.	
15	Accordingly, the court declines to remand the action pursuant to sentence six of 42 U.S.C.	
16	§ 405(g).	
17	V. <u>CONCLUSION</u>	
18	For the foregoing reasons, the court concludes that the ALJ's decision was free from	
19	prejudicial error and supported by substantial evidence in the record as a whole. Accordingly, IT	
20	IS HEREBY ORDERED that:	
21	1. Plaintiff's motion for summary judgment (ECF No. 28) is DENIED.	
22	2. The Commissioner's cross-motion for summary judgment (ECF No. 31) is	
23	GRANTED.	
24	3. Plaintiff's request for a jury trial and damages from the Commissioner (ECF No. 32) is	
25	DENIED.	
26	4. Judgment is entered for the Commissioner.	
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1	5. The Clerk of Court shall close this case.
2	IT IS SO ORDERED.
3	Dated: February 5, 2015
4	Ferdal P Akurmun
5	KENDALL J. NEWMAN
6	UNITED STATES MAGISTRATE JUDGE
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