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IN THE UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF CALIFORNIA

United States District Court
Northern District of California

NIKI JANE DUKELLIS,

Plaintiff,

v.

CAROLYN COLVIN, Acting
Commissioner of Social Security,

Defendant

Case No.: C-12-05534 JSC

**ORDER GRANTING DEFENDANT'S
CROSS-MOTION FOR SUMMARY
JUDGMENT; DENYING
PLAINTIFF'S MOTION FOR
SUMMARY JUDGMENT**

Plaintiff Niki Jane Dukellis ("Plaintiff") brings this action pursuant to 42 U.S.C. § 405, subdivision (g), seeking judicial review of a final decision by Defendant Carolyn W. Colvin ("Defendant" or "Commissioner"), the Commissioner of the Social Security Administration, denying her disability benefits. Now pending before the Court is Plaintiff's motion for summary judgment and Defendant's cross-motion for summary judgment. (Dkt. Nos. 21, 24.) After carefully considering the parties' submissions, the Court DENIES Plaintiff's Motion for Summary Judgment and GRANTS Defendant's Cross-motion for Summary Judgment. The ALJ did not err in the weight she chose to give to the various medical providers.

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1 **PROCEDURAL BACKGROUND**

2 Plaintiff applied for Supplemental Security Income (“SSI”) on January 9, 2009 and Disability
3 Insurance Benefits (“DIB”) on January 23, 2009. Plaintiff alleges that her disability began on
4 September 10, 2008. The Social Security Administration (“SSA”) denied her initial application and
5 also on reconsideration. Plaintiff then timely filed a request for a hearing before an administrative law
6 judge (“ALJ”).

7 A hearing was held before ALJ Caroline H. Beers on May 27, 2011 in Oakland, California.
8 Plaintiff and vocational expert (“VE”) Lynda Berkley testified at the hearing. The ALJ issued a
9 written decision denying Plaintiff’s application. After the Appeals Council denied review on August
10 13, 2012, the ALJ’s decision denying Plaintiff’s application for a period of disability, SSI, and DIB,
11 became the final decision of the commissioner. Plaintiff subsequently brought the current action,
12 seeking judicial review pursuant to 42 U.S.C. § 405(g).

13 **FACTUAL BACKGROUND**

14 Plaintiff, who was 34 years old when she filed for disability, is currently attending school part-
15 time at Diablo Valley College and has previously earned approximately 90 units at California
16 Polytechnic State University (“Cal Poly”). (Administrative Record (“AR”) 48.) Plaintiff alleges
17 disability on the basis of an auditory processing disorder, learning disability, and anxiety. (AR 138,
18 174.) Plaintiff previously worked as a drafter in computer-aided drafting and as a tutor assisting other
19 students in geology. Plaintiff engages in the following daily activities: attending school, driving,
20 going out alone, performing household chores, walking three miles, preparing meals, tutoring other
21 students in geology and math, handling finances, watching television, reading, attending religious
22 activities, listening to music, golfing, and walking to the gym.

23 **A. Medical Evaluations**

24 **1. Dr. Maier**

25 In July 2006, Plaintiff underwent a psychoeducational assessment by Arlee Maier, Ph.D., a
26 Licensed Educational Psychologist, in connection with Disabled Student Services at Cal Poly. (AR
27 262.) In addition to administering extensive testing, Dr. Maier reviewed Plaintiff’s prior
28 psychoeducational testing from Liberty Union High School, a Learning Ability Testing Summary

1 from Lindamood-Bell performed in 1995, a 1997 and 2006 Central Auditory Processing Disorder
2 (“CAPD”) Evaluation from Dr. Judith, and a Learning Assessment from The Hearing Advantage in
3 2000.

4 Dr. Maier diagnosed Plaintiff with a learning disability, adjustment disorder, and a CAPD.
5 Despite these disorders, Dr. Maier concluded that Plaintiff could function satisfactorily because she
6 was majoring in structural engineering, was taking three classes per quarter with tutors, and was an
7 individual of average to above average intellectual ability who has great difficulty with language
8 oriented tasks. According to Dr. Maier, Plaintiff does not “play it by ear well” and requires clear and
9 specific instructions, double time on tasks with a limited time frame, and needs to know what will
10 happen next. (AR 269.) Dr. Maier therefore suggested that Plaintiff be placed in highly structured
11 classroom settings where she will feel comfortable in following an established routine in addition to
12 participating in individual psychotherapy, at least once weekly, to help her identify the nature of her
13 problems and develop appropriate coping strategies. Dr. Maier opined that Plaintiff would benefit
14 from an accommodation plan under section 504 of the Rehabilitation Act of 1973 (“Section 504”). 29
15 U.S.C. § 701.

16 **2. Ms. Paton**

17 In June 2006, Plaintiff was presented to Judith W. Paton, M.A., an audiologist, for an
18 evaluation because Plaintiff was “experiencing striking difficulty taking in ordinary verbal instruction
19 in her work towards a Structural Engineering degree.” (AR 302.) Ms. Paton assessed Plaintiff with a
20 central hearing impairment consistent with CAPD and suggested that Plaintiff be placed with
21 instructors (as well as workplace supervisors and management) who are willing to accommodate her
22 disability and special needs. For example, Plaintiff would need a quiet work area and triple time on
23 tests.

24 **3. Ms. Berry**

25 Plaintiff referred herself in April 2007 to Barbara Berry, M.S., a state-licensed Speech
26 Language Pathologist, to obtain “support services from the Disabled Student Center at Cal Poly
27 including printed transcripts of lectures and other possible support to help her access her education.”
28

1 (AR 287.) Ms. Berry opined that due to a language processing disorder, Plaintiff qualified for, and
2 would benefit from, Section 504 benefits.

3 **4. Dr. Hood**

4 Dr. Robert Y. Hood is a non-examining state agency physician. On May 12, 2009, Dr. Hood
5 reviewed the medical evidence of record and concluded that Plaintiff had no medically determinable
6 mental impairments and provided no limitations. (AR 327-39.)

7 **5. Dr. Khoi**

8 On April 21, 2009, Dr. Sokley Khoi, Ph.D., on referral from the state agency responsible for
9 making determinations in disability matters, reviewed Plaintiff's 2006 test results and administered
10 psychological disability evaluation testing to Plaintiff. The results ranged from average to superior,
11 with the exception of the Auditory Immediate on WMS-II, which was low average. (AR 324-25.)
12 Dr. Khoi reported that Plaintiff was alert and oriented, displayed normal short-delay recall and
13 concentration, and, although she appeared slightly anxious, she had a logical and coherent thought
14 process. He diagnosed Plaintiff with a learning disorder (by history), but found no impairment in
15 Plaintiff's ability to follow simple or complex/detailed instructions, maintain adequate pace to
16 perform one or two-step simple or complex tasks, adapt to changes in job routine, or interact
17 appropriately with co-workers, supervisors, and the public on a regular basis. (AR 326.) Likewise,
18 Dr. Khoi concluded that Plaintiff had no impairment in the ability to withstand the stress of a routine
19 workday, or interact appropriately with coworkers, supervisors, or the public on a regular basis.

20 **6. Dr. Kalich**

21 In May 2011, Plaintiff was referred by her attorney to Lisa Kalich, Psy.D., ABPP, for a
22 psychological evaluation. (AR 384.) Dr. Kalich is a licensed Clinical Psychologist and is board
23 certified in Forensic Psychology. On May 24, 2011, Dr. Kalich evaluated Plaintiff, reviewed
24 Plaintiff's medical and psychological records, conducted a clinical interview with Plaintiff, and
25 conducted a collateral interview with Plaintiff's therapist, Mr. Mark Estrada.

26 Dr. Kalich opined that the following diagnoses best characterize Plaintiff's functioning: (1)
27 mood disorder; (2) anxiety disorder; (3) learning disability; (4) auditory processing disorder; (5)
28 personality disorder with obsessive-compulsive; (6) narcissistic; and (7) negative features. Dr. Kalich

1 opined that Plaintiff experienced multiple episodes of decompensation and had functional mild to
2 moderate limitations in social functioning, concentration, persistence, and pace. Dr. Kalich opined
3 that Plaintiff “likely experiences no impairment with regard to most activities of daily living.” (AR.
4 391.) With respect to social functioning, however, Dr. Kalich noted that:

5 Ms. Dukellis appears to have moderate to marked impairment in social interactions.
6 Throughout her life, Ms. Dukellis has encountered great difficulty forming and
7 sustaining interpersonal relationships, likely as the result of a personality disorder. It is
8 the evaluator’s opinion that a personality disorder, rather than her learning disability
9 (which appears to be valid), is the primary cause of her inability to maintain
10 employment. However, her learning disability may also exacerbate or contribute to her
11 difficulty managing relationships. Ms. Dukellis’ problems processing auditory
12 information may cause or worsen her difficulties in communicating clearly with
13 others. Her inability to get along with co-workers and supervisors has led her to quit or
14 be terminated from almost all of her prior jobs. Ms. Dukellis’ negativistic demeanor
15 would also make her a poor candidate for a job dealing with the public.

12 (AR 391.)

13 **7. Dr. Tomsky**

14 Jana Tomsky, M.D., is Plaintiff’s primary care physician at Clayton Valley Medical Group.
15 Plaintiff first visited Dr. Tomsky on September 11, 2009, three days after Plaintiff was involved in a
16 motor vehicle accident. Plaintiff subsequently visited Dr. Tomsky on November 8, 2010 in
17 connection with her disability paperwork, CAPD, and anxiety. Dr. Tomsky’s progress notes indicate
18 that Plaintiff has a short attention span, difficulty waiting for her turn, that Plaintiff’s behavior causes
19 problems at school and work, and that Plaintiff’s symptoms are aggravated by deadlines, distractions,
20 and stress. Dr. Tomsky diagnosed Plaintiff with a learning disability and anxiety, and stated that,
21 since the alleged onset date, Plaintiff’s auditory processing disorder has contributed to her disability
22 and that she would benefit from supplemental services, such as having tutoring and transcribed tests
23 or recordings from class. Dr. Tomsky also commented that Plaintiff has a need for Social Security
24 disability while at school and has “no ability to work and study at the same time.” (AR 310.)

25 **8. Ms. Criscoe**

26 Sabrina Criscoe is Plaintiff’s roommate. Ms. Criscoe filled out a Third-Party Function Report
27 stating that Plaintiff has difficulty hearing, concentrating, understanding, following instructions,
28 completing tasks, handling changes in routine, and is better in a structured routine. Ms. Criscoe stated

1 that Plaintiff has mood swings (from happy and motivated to sad and sleeping all day), has poor
2 boundaries, often rambles in interactions, doesn't follow through with instructions, and argues when
3 in conversation or instruction. However, Ms. Criscoe also stated that Plaintiff has no problem with
4 personal care, preparing her own meals, performing basic cleaning, shopping in stores, handling her
5 own money, walking, driving, reading, or playing golf. (AR 204-11.)

6 **B. The Hearing**

7 At the hearing on Plaintiff's claim, Plaintiff testified along with the Vocational Expert ("VE")
8 Lynda Berkley. The ALJ posed the following hypothetical to the VE:

9 Let's assume an individual with no—there are no exertional limitations—who is of the
10 claimant's age, education and work history, who can have no exposure to loud
11 background noises, can perform simple tasks consistent with SVP: 2 entry-level work,
12 who can make simple work-related decisions with few workplace changes and who
13 can have occasional contact—or interaction actually—with coworkers and the public.

14 (AR 58-59.) The VE concluded that Plaintiff's past work was "highly skilled" and the hypothetical
15 person could not do Plaintiff's past work. (*Id.*) The VE, however, concluded that the hypothetical
16 person could do jobs at a lower-skill level.

17 **C. The ALJ's Findings**

18 An ALJ conducts a five-step sequential inquiry to determine whether a claimant is entitled to
19 benefits. 20 C.F.R. § 416.920. At the first step, the ALJ considers whether the claimant is currently
20 engaged in substantial gainful activity (i.e., if the plaintiff is currently working); if the claimant is not,
21 the second step asks if the claimant has a severe impairment or combination of impairments (i.e., an
22 impairment that has a significant effect on the claimant's ability to function); if the claimant has a
23 severe impairment, the third step asks if the claimant has a condition which meets or equals the
24 conditions outlined in the Listings of Impairments in Appendix 1 of the SSR; if the claimant does not
25 have such a condition, the fourth step assesses the claimant's RFC and determines whether he is still
26 capable of performing past relevant work. 20 C.F.R. §§ 404.1520, subd. (b), 404.1520, subd. (f).

27 If the claimant is not capable of performing his past relevant work, the fifth and final step asks
28 whether, based on his RFC, age, education, and work experience, the claimant can perform any other
existing work in the national economy. 20 C.F.R. §§ 404.1520, subd. (g), 416.920; *Andrews*, 53 F.3d

1 at 1040. At the fifth step, the burden shifts to the defendant to demonstrate the existence of a
2 significant number of jobs in the national economy that could be performed by the claimant.
3 *Andrews*, 53 F.3d at 1040.

4 Here, after conducting the hearing and considering the testimony and evidence, the ALJ
5 followed the above five-step sequential evaluation process. First, the ALJ found that Plaintiff meets
6 the SSA’s insured status requirements through December 31, 2011 and has not engaged in substantial
7 gainful activity since the alleged disability onset date. Although Plaintiff “worked after the alleged
8 disability onset date, her earnings did not rise to the level of substantial gainful activity.” (AR 20.)

9 Second, the ALJ determined that Plaintiff has two severe impairments that significantly limit
10 her ability to perform basic work activities: (1) auditory processing disorder; and (2) a learning
11 disability. (AR 20-21.) The ALJ found no severe back or neck impairment¹ nor any severe
12 depressive disorder or anxiety disorder. Regarding Plaintiff’s alleged depressive and anxiety disorder,
13 the ALJ stated that she finds “no more than mild limitation in activities of daily living and social
14 functioning and moderate limitation in concentration, persistence, or pace.” (AR 21.)

15 Third, the ALJ found that Plaintiff does not have “an impairment or combination of
16 impairments that meets or medically equals one of the listed impairments in 20 C.F.R. Part 404,
17 Subpart P.” (AR 21.) The ALJ considered Plaintiff’s mental impairment under listing 12.05 and
18 concluded that the “evidence does not demonstrate mental incapacity evidenced by dependence upon
19 others for personal needs (e.g. toileting, eating, dressing, or bathing) and inability to follow directions,
20 such that the use of standardized measures of intellectual functioning is precluded, nor do the
21 claimant’s I.Q. scores fall into the range contemplated by the listing.” (AR 21-22.)

22 Fourth, the ALJ considered the opinions of Dr. Maier, Dr. Khoi, Dr. Hood, Dr. Kalich, Dr.
23 Tomsky, Ms. Berry, and Ms. Criscoe, as well as Plaintiff’s daily activities, testimony, and appearance
24 at the hearing. The ALJ concluded that Plaintiff “has the residual functional capacity to perform a full
25 range of work at all educational levels,” but “cannot be exposed to loud background noise, is limited
26 to performing simple tasks consistent with [specific vocational preparation two (“SVP-2”)] entry-level

27 ¹ Although Plaintiff reported back and neck complaints in 2009 after being involved in a car accident,
28 she stipulated that she has no current back or neck impairments. (AR 21.) Plaintiff’s motion does not
challenge the ALJ’s determination with respect to any physical impairment.

1 work, and can make simple work-related decisions with few workplace changes.” (AR 22.) The
2 written RFC did not include the particular limitation identified in the hypothetical given to the VE at
3 the hearing of “occasional contact—or interaction actually—with coworkers and the public.” (AR
4 59.)

5 The ALJ accorded great weight to Dr. Khoi’s report because “it contains testing of the basic
6 skills necessary to perform basic work activities” and is consistent with Plaintiff’s admissions. (AR
7 23.) The ALJ also gave some weight to Dr. Hood, who found no medically determinable impairments
8 and provided no limitations. (AR 23.) “[V]iew[ing] the evidence in a light most favorable to the
9 claimant,” however, the ALJ found that Plaintiff can perform simple work in a low stress
10 environment. (*Id.*)

11 The ALJ gave little weight to Ms. Berry’s statement that the claimant qualified for support
12 services from the Disabled Services Center at Cal Poly, because Ms. Berry “is not a medical source
13 and because her statement was made in connection [with] higher learning assistance rather than basic
14 work activities.” (AR 24.) Similarly, the ALJ gave little weight to Dr. Tomsky’s statement that
15 Plaintiff “has no ability to work and study at the same time due to her impairments” because it “is not
16 an opinion that reflects the claimant’s functional capacity or limitations and . . . does not say the
17 claimant cannot work.” (*Id.*) The ALJ also found that Dr. Tomsky’s letter was written just to get
18 Plaintiff special services while attending college and that Dr. Tomsky’s own progress notes indicate
19 that Plaintiff is contemplating graduate school to obtain a Ph.D. (*Id.*) Finally, the ALJ initially
20 accorded “no weight” (AR 21) and then “little weight” (AR 24) to Dr. Kalich’s report, reasoning that
21 it is an advocacy report not supported by the longitudinal record and is an “evaluation of the
22 claimant’s ability to perform activities that are more complex than basic work activities.” (AR 21,
23 24.)

24 After considering all of the evidence, the ALJ found that Plaintiff’s medically determinable
25 impairments could reasonably be expected to cause the alleged symptoms, but that Plaintiff’s
26 statements concerning the “intensity, persistence and limiting effects” of these symptoms “are not
27 credible to the extent they are inconsistent with the RFC assessment.” (AR 24.) The ALJ noted that
28 Plaintiff’s daily activities, college attendance, and high scores on Dr. Khoi’s evaluation undermine her

1 credibility. In addition, the ALJ found that Plaintiff’s presentation at the ALJ hearing and her
2 involvement in submitting her “good cause statement for untimely filing” papers further undermine
3 her credibility and indicate that Plaintiff’s ability to perform auditory processing skills is “certainly
4 much more sophisticated than is required to perform basic, work-related activities, consisting of one
5 and two-step instructions.” (AR 24.) The ALJ then compared Plaintiff’s RFC with her limitations
6 and concluded, based on the VE’s testimony, that “the demands of the claimant’s past relevant work
7 exceeds the residual function capacity (“RFC”).” (AR 25.)

8 At the fifth step, the ALJ relied on the VE’s testimony in concluding that Plaintiff is “capable
9 of making a successful adjustment to other work that exists in significant numbers in the national
10 economy.” (AR 26.) Thus, the ALJ ultimately concluded that Plaintiff was “not disabled” under SSA
11 section 1614, subdivision (a)(3)(A). (*Id.*)

12 STANDARD OF REVIEW

13 Pursuant to 42 U.S.C. § 405(g), this Court has authority to review the Commissioner’s
14 decision to deny benefits. A district court may overturn a decision to deny benefits only if it is not
15 supported by substantial evidence or if the decision is based on legal error. *See Andrews v. Shalala*,
16 53 F.3d 1035, 1039 (9th Cir. 1995); *Magallenes v. Bowen*, 881 F.2d 747, 750 (9th Cir. 1989). The
17 Ninth Circuit defines substantial evidence as “more than a mere scintilla but less than a
18 preponderance; it is such relevant evidence as a reasonable mind might accept as adequate to support
19 a conclusion.” *Andrews*, 53 F.3d at 1039. Determinations of credibility, resolution of conflicts in
20 medical testimony and all other ambiguities are to be resolved by the ALJ. *See id.*; *Magallenes*, 881
21 F.2d at 750. “The ALJ is entitled to draw inferences logically flowing from the evidence.” *Gallant v.*
22 *Heckler*, 753 F.2d 1450 (9th Cir. 1984) (internal citations omitted); *see Batson v. Commissioner*, 359
23 F.3d 1190, 1198 (9th Cir. 2004) (“When the evidence before the ALJ is subject to more than one
24 rational interpretation, we must defer to the ALJ’s conclusion.”). “The court may not engage in
25 second-guessing.” *Tommasetti v. Astrue*, 533 F.3d 1035, 1039 (9th Cir. 2008). “It is immaterial that
26 the evidence would support a finding contrary to that reached by the Commissioner; the
27 Commissioner’s determination as to a factual matter will stand if supported by substantial evidence
28

1 because it is the Commissioner’s job, not the Court’s, to resolve conflicts in the evidence.” *Bertrand*
2 *v. Astrue*, No. 108CV00147, 2009 WL 3112321 at *4 (E.D. Cal. Sept. 23, 2009)

3 **LEGAL STANDARD**

4 A claimant will be considered “disabled” under the SSA if he meets two requirements. *See* 42
5 U.S.C. § 423(d); *Tackett v. Apfel*, 180 F.3d 1094, 1098 (9th Cir. 1999). First, the claimant must
6 demonstrate “an inability to engage in any substantial gainful activity by reason of any medically
7 determinable physical or mental impairment which can be expected to result in death or which has
8 lasted or can be expected to last for a continuous period of not less than 12 months.” 42 U.S.C. § 423,
9 subd. (d)(1)(A). Second, the impairment or impairments must be severe enough that he is unable to
10 do his previous work and cannot, based on his age, education, and work experience “engage in any
11 other kind of substantial gainful work which exists in the national economy.” 42 U.S.C. § 423, subd.
12 (d)(2)(A).

13 **DISCUSSION**

14 Plaintiff argues that the ALJ (1) improperly rejected the opinions of Dr. Kalich, Dr. Maier,
15 Ms. Berry, and Ms. Paton; (2) failed to explain her consideration of Ms. Criscoe’s lay testimony; (3)
16 improperly discredited Plaintiff’s testimony; (4) failed to properly assess Plaintiff’s severe
17 impairments; (5) failed to properly assess Plaintiff’s RFC.

18 **A. Consideration of Medical Sources**

19 Plaintiff maintains that the ALJ erred by rejecting the opinions of Dr. Kalich, Ms. Berry, Dr.
20 Maier, and Ms. Patton.

21 An opinion from a treating physician is entitled to more weight than an opinion from non-
22 treating physicians, and an opinion from an examining physician is entitled to more weight than an
23 opinion from a non-examining physician. *See* 20 C.F.R. §§ 404.1527(c); *Andrews*, 53 F.3d at 1040-
24 41. If uncontroverted by another opinion, the ALJ must provide clear and convincing reasons for
25 rejecting the opinions of examining physicians; if controverted, the ALJ must only provide specific
26 and legitimate reasons. *See Lester v. Chater*, 81 F.3d 821, 830–31 (9th Cir. 1995) (“[T]he
27 Commissioner must provide clear and convincing reasons for rejecting the uncontradicted opinion of
28 an examining physician. . . . [T]he opinion of an examining doctor, even if contradicted by another

1 doctor, can only be rejected for specific and legitimate reasons that are supported by substantial
2 evidence in the record.” (citations and internal quotation marks omitted)).

3 Where a treating physician’s opinion is contradicted by a non-treating source, however, and
4 the opinion of a non-treating source is based on independent clinical findings, the opinion of the non-
5 treating source may itself be substantial evidence; it is then solely the province of the ALJ to resolve
6 the conflict. *Andrews*, 53 F.3d at 1041. Where, on the other hand, the opinion of a non-treating source
7 contradicts that of the treating physician but is not based on independent clinical findings, or rests on
8 clinical findings also considered by the treating physician, the treating physician’s opinion may be
9 rejected only if the ALJ gives specific, legitimate reasons supported by substantial evidence in the
10 record for doing so. *Id.*

11 Dr. Kalich, Ms. Berry, Dr. Maier, and Ms. Patton are non-treating, examining sources whose
12 opinions are contradicted by other non-treating sources. Thus, to discount their opinions, the ALJ
13 must provide specific and legitimate reasons supported by substantial evidence in the record for doing
14 so.

15 **1. Dr. Kalich**

16 Dr. Kalich, a psychiatrist, examined Plaintiff once and diagnosed her with a mood disorder,
17 anxiety disorder, and personality disorder. Dr. Kalich opined that Plaintiff has mild to moderate
18 limitations in social functioning, concentration, persistence, and pace. Dr. Kalich also opined that
19 Plaintiff “likely experiences no impairment with regard to most activities of daily living.” (AR. 391.)
20 The ALJ accorded “no weight” or “little weight” to Dr. Kalich’s opinion because (1) it was not
21 supported by the longitudinal record, (2) it was an evaluation of Plaintiff’s ability to perform activities
22 more complex than basic work activities, and (3) it was an “advocacy report.” (AR 21, 24.)

23 The ALJ found that Dr. Kalich’s report was not supported by the longitudinal record because
24 it was at odds with Dr. Khoi’s and Dr. Hood’s reports, both of whom also assessed Plaintiff’s mental
25 limitations. (AR 21.) The ALJ stated that she gave those reports “greater weight because the
26 conclusions are more consistent with the claimant’s own admissions,” which included attending
27 school, shopping, running errands, socializing, and attending religious activities. (*Id.*) The ALJ also
28 noted that Plaintiff is living with a roommate in a rented apartment. Thus, the ALJ found “no more

1 than mild limitation in activities of daily living and social functioning and moderate limitation in
2 concentration, persistence, or pace.” (*Id.*)

3 The ALJ’s decision to adopt Dr. Khoi’s and Dr. Hood’s opinions over Dr. Kalich’s is
4 supported by specific and legitimate reasons. As the ALJ explained, Dr. Khoi’s and Dr. Hood’s
5 opinions are more consistent with Plaintiff’s admissions, particularly as to her social functioning. Dr.
6 Kalich’s conclusion that Plaintiff has a mild to moderate limitations in social functioning,
7 concentration, persistence, and pace is at odds with Plaintiff’s admissions that her usual activities
8 include going to school, socializing with friends and family, and attending religious activities. In
9 other words, Dr. Kalich’s opinion that Plaintiff has moderate limitations in, among other things, social
10 functioning is undermined by Plaintiff’s active social life. Further, the moderate limitations in
11 concentration, persistence, and pace is inconsistent with Plaintiff’s past and current status as a college
12 student pursuing an engineering degree, with a desire to attend graduate school. The decision to reject
13 Dr. Kalich’s opinion in light of its inconsistency with Plaintiff’s activities and with other opinions that
14 are more inline with her activities is specific and legitimate and supported by substantial evidence.

15 Plaintiff argues that daily activities such as washing, dressing oneself, preparing meals, and
16 doing laundry are not inconsistent with Dr. Kalich’s assessment of work-related limitations.
17 Plaintiff’s argument, however, ignores the more substantial social and cognitive activities Plaintiff
18 engages in, such as going to school and socializing with friends.

19 To the extent the ALJ determined that Dr. Kalich’s report was inconsistent with the
20 longitudinal record because there is no treatment with a mental health professional, the ALJ was
21 incorrect. Dr. Kalich’s report indicates that Plaintiff received some individual counseling from her
22 therapist, Mr. Estrada, for approximately one year. (AR 388-89.) While the detail of this treatment is
23 lacking, it does show at least some treatment with a mental health professional. “[T]he fact that
24 claimant may be one of millions of people who did not seek treatment for a mental disorder until late
25 in the day is not a substantial basis on which to conclude that [a doctor’s] assessment of claimant’s
26 condition is inaccurate.” *Van Nguyen v. Chater*, 100 F.3d 1462, 1464-65 (9th Cir. 1996).
27 Nonetheless, any error was harmless because other specific and legitimate reasons support the ALJ’s
28 decision to reject or give reduced weight to Dr. Kalich’s opinion. *See Molina v. Astrue*, 674 F.3d

1 1104, 1111 (9th Cir. 2012) (“[W]e may not reverse an ALJ’s decision on account of an error that is
2 harmless.”); *see also Carmickle v. Comm’r Soc. Sec. Admin.*, 533 F.3d 1155, 1162 (9th Cir. 2008)
3 (“[T]he relevant inquiry in this context is . . . whether the ALJ’s decision remains legally valid,
4 despite such error.”); *Batson v. Comm’r of Soc. Sec. Admin.*, 359 F.3d 1190, 1197 (9th Cir. 2004)
5 (finding error to be harmless because it did not negate the validity of the ALJ’s ultimate conclusion,
6 which was still supported by substantial evidence, and because the ALJ provided other specific and
7 legitimate reasons for discrediting Plaintiff’s testimony).

8 The ALJ also afforded no weight, or little weight, to Dr. Kalich’s report because it is an
9 evaluation of Plaintiff’s ability to perform activities more complex than basic work activities. (AR
10 24.) This reason is also specific and legitimate. Plaintiff insists that Dr. Kalich is not discussing her
11 “ability to perform ‘complex’ works . . . [but] is opining on [her] inability to perform one of the basic
12 mental demands of competitive, remunerative, unskilled work, i.e., the ability to respond
13 appropriately to supervision, coworkers, and usual work situations.” (Dkt. No. 21 at 11 (internal
14 quotation marks omitted).) However, Dr. Kalich’s report regarding social functioning in the
15 workplace setting is based on Plaintiff’s personal work history, which was highly skilled. (*See* AR
16 59.) For instance, Dr. Kalich opines that “a personality disorder . . . is the primary cause of
17 [Plaintiff’s] inability to maintain employment,” and that Plaintiff’s “inability to get along with co-
18 workers and supervisors has led her to quit or be terminated from almost all of her prior jobs.” (AR
19 391.) The ALJ correctly criticizes this opinion since it evaluates Plaintiff’s social functioning in the
20 context of a highly skilled job without acknowledging that social functioning abilities are likely to
21 fluctuate depending on the skill-level the job requires. If the tasks Plaintiff is assigned are too
22 difficult for her, it is logical that her relationships with supervisors and co-workers would be strained
23 as a result. Regarding Plaintiff’s abilities involving concentration, persistence, and pace, Dr. Kalich
24 similarly assessed Plaintiff’s difficulties in the context of her challenges in college. (AR 391
25 (“[T]hese symptoms created difficulty in her ability to concentrate in the classroom, and she was
26 unable to complete her Associates degree as expected.”).) That Plaintiff was unable to complete a
27 secondary degree because of inadequate concentration is not an assessment of Plaintiff’s ability to
28 complete basic work activities.

1 The ALJ also rejected Dr. Kalich’s report because it was obtained at the request of counsel. A
2 so called “advocacy report” may provide a specific and legitimate reason for discrediting a medical
3 opinion if there is evidence of “actual improprieties,” if the opinion itself provides grounds for
4 suspicion as to its legitimacy, or if there is no objective medical basis for the opinion. *Van Nguyen*,
5 100 F.3d at 1464. That the report was requested by counsel, alone, is not sufficient. *Id.* Here, the
6 ALJ identified no evidence of actual improprieties. *See Lester v. Chater*, 81 F.3d 821, 832 (9th Cir.
7 1995) (concluding that evidence of actual improprieties must be shown since “[t]he Secretary may not
8 assume that doctors routinely lie in order to help their patients collect disability benefits”). Nor did the
9 ALJ identify any grounds for doubting the report’s legitimacy. Thus, while, as discussed above, Dr.
10 Kalich’s specific conclusions are flawed, that Dr. Kalich’s report was obtained at the request of
11 counsel is not a specific and legitimate reason for discrediting Dr. Kalich’s opinion. The error,
12 however, was harmless for the reasons previously explained. *See Carmickle*, 533 F.3d at 1162.

13 **2. Ms. Berry**

14 The ALJ gave little weight to the opinion of Ms. Berry, a state-licensed Speech Language
15 Pathologist, who remarked that Plaintiff qualifies for support services from the Disabled Services
16 Center at Cal Poly, because Ms. Berry “is not a medical source and because her statement was made
17 in connection [with] higher learning assistance rather than basic work activities.” (AR 24.)

18 Plaintiff correctly argues that Ms. Berry is an “acceptable medical source” under 20 C.F.R.
19 Section 416.913. These sections recognize that speech language pathologists may be “acceptable
20 medical sources” for purposes of establishing speech or language impairments if they are “qualified.”
21 20 C.F.R. § 416.913(a)(5). “Qualified” means that the speech-language pathologist must be licensed
22 by the state professional licensing agency, be fully certified by the state education agency in the State
23 in which they practice, or hold a Certificate of Clinical Competence from the American Speech-
24 Language-Hearing Association. *Id.* Ms. Berry is a licensed Speech Language Pathologist in
25 California and has received a Certificate of Clinical Competence in Speech Language Pathology. (AR
26 290.) The ALJ, therefore, erred in according Ms. Berry’s statement “little weight” because she is not
27 a medical source. However, this error was harmless because, as discussed below, the ALJ provided
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1 another, legitimate reason for giving reduced weight to Ms. Berry’s opinion. *See Molina*, 674 F.3d at
2 1111; *see also Carmickle*, 533 F.3d at 1162.

3 The ALJ’s reduction of the weight given to Ms. Berry’s opinion was not error because “her
4 statement was made in connection [with] higher learning assistance rather than basic work activities.”
5 (AR 24.) Plaintiff argues that the purpose for which the report obtained is not a legitimate reason for
6 rejecting it if there is no other evidence to undermine the credibility of the report. Plaintiff also
7 maintains that Ms. Berry’s recommendations are transferrable to an unskilled work situation and the
8 ALJ did not offer “specific and legitimate” reasons to reject the proposed accommodations in a work
9 setting.

10 Although Plaintiff is correct that the purpose for which the report was obtained, by itself, is
11 not a legitimate basis for rejecting it, there is a difference between the *purpose* for which the report
12 was obtained and the *context* in which Plaintiff was evaluated. Here, there is a marked difference
13 between Ms. Berry assessing Plaintiff in the context of a higher education setting and in the context of
14 whether she can perform basic work activities. *See Ochoa v. Comm’r of Soc. Sec. Admin.*, 438 Fed.
15 Appx. 615, 616 (9th Cir. 2011) (holding that giving doctor’s opinion no weight because patient was
16 examined only once for purpose of citizenship examination, not for his ability to work, was a specific
17 and legitimate reason). Because the context of Ms. Berry’s examination is a specific and legitimate
18 reason to reduce the weight given to her opinion, the ALJ did not err.

19 **3. Dr. Maier**

20 Plaintiff argues that the ALJ erred by not stating what weight, if any, was given to Dr. Maier’s
21 report. Defendant counters that the ALJ “expressly considered and evaluated . . . [but] was not
22 required to credit Dr. Maier’s opinion . . . [because it is] inapplicable to the ALJ’s evaluation of
23 Plaintiff’s ability to do basic work activities,” *i.e.*, Dr. Maier evaluated Plaintiff in the context of
24 studying at the university level. (Dkt. No. 24 at 6.)

25 That the “ALJ did not recite the magic words” or “incantation” to reject Dr. Maier’s opinion is
26 not reversible error because the Court may “draw specific and legitimate inferences” from the ALJ’s
27 discussion of conflicting reports and evidence in the record that reveal the ALJ’s rationale.

28 *Magallanes v. Bowen*, 881 F.2d 747, 753-55 (9th Cir. 1988). Here, the ALJ detailed Dr. Maier’s

1 psychoeducational examination, diagnosis, and recommendations for changes at Cal Poly. At the
2 same time, the ALJ accorded little weight to Ms. Berry’s opinion that she “agreed that the claimant
3 should be allowed significant accommodations in the classroom,” because it “was made in connection
4 with higher learning assistance rather than basic work activities.” (AR 23-24.) Because the opinions
5 of Dr. Maier and Ms. Berry were so similar, the inference to draw from the ALJ’s discussion is that
6 the ALJ gave little weight to Dr. Maier’s opinion (as with Ms. Berry’s statements) because it was an
7 evaluation of Plaintiff’s capabilities in the context of higher education rather than basic work
8 activities. As discussed above, this is a specific and legitimate reason to discredit Dr. Maier’s
9 opinion.

10 **4. Ms. Paton**

11 Plaintiff asserts that “the ALJ failed to even comment upon, let alone disregard, the opinion
12 evidence from Ms. Paton,” an audiologist. (Dkt. No. 21 at 13.) Plaintiff further contends that Ms.
13 Paton’s opinion is “especially probative because she discusses some of the workplace
14 accommodations Plaintiff would require secondary to her auditory processing disorder.” (*Id.*)

15 An audiologist is defined as an “other source” and is not given the same deference as medical
16 sources. 20 C.F.R. §§ 404.1513(d)(1), 416.913(d)(1). The ALJ may discount testimony from “other
17 sources” by giving “reasons germane to each witness for doing so.” *Molina*, 674 F.3d at 1111. Here,
18 the ALJ did not discount Ms. Paton’s testimony; rather, the ALJ did not discuss it at all. The ALJ,
19 however, was not required to discuss Ms. Paton’s testimony because it is redundant with Dr. Maier’s
20 report and is “neither significant nor probative.” *Vincent v. Heckler*, 739 F.2d 1393, 1394-95 (9th Cir.
21 1984); *see also Howard ex rel. Wolff v. Barnhart*, 341 F.3d 1006, 1012 (9th Cir. 2003) (“[B]ecause
22 the ALJ is not required to discuss evidence that is neither significant nor probative, . . . we conclude
23 that the ALJ’s failure to discuss this report was not error.”).

24 When Ms. Paton assessed Plaintiff, Plaintiff had knowledge of her auditory processing
25 disorder and only sought “to know its current extent and effects, in order to help plan
26 accommodations in her undergraduate major in Architecture and Structural Engineering.” (AR 302.)
27 Accordingly, the vast majority of Ms. Paton’s report is directed at Plaintiff’s limitations in the higher
28 education setting. In addition, while there is discussion about workplace limitations, that discussion is

1 directed towards highly skilled jobs Plaintiff would presumably obtain with her engineering
2 education. (*See* AR 305 (“*Complex* job assignments should be given far enough ahead to give Ms.
3 Dukellis the extra time she needs to deal with the verbiage.” (emphasis added).) Thus, Ms. Paton’s
4 report is not “significant or probative” because it is directed towards Plaintiff’s abilities in the context
5 of higher education and highly skilled jobs, and the ALJ accordingly was not required to discuss it.
6 *See Vincent*, 739 F.2d at 1394-95.

7 **B. Lay Witness Testimony from Ms. Criscoe**

8 Plaintiff argues that although the ALJ summarized parts of Ms. Criscoe’s Third-Party Function
9 Report, the ALJ erred by not giving reasons for crediting or rejecting it. According to Plaintiff, Ms.
10 Criscoe’s report is probative because she directly observed and commented upon Plaintiff’s difficulty
11 with appropriate social functioning and handling changes in a routine.

12 Lay witness testimony as to a claimant’s symptoms or how an impairment affects ability to
13 work is competent evidence. *Molina*, 674 F.3d at 1114 (ALJ must “consider testimony from
14 submitted on behalf of claimant” but does not need to “provide express reasons for rejecting
15 testimony from each lay witness”). In assessing Plaintiff’s RFC, the ALJ considered Ms. Criscoe’s
16 testimony that Plaintiff has difficulty hearing, sleeping, concentrating, completing tasks,
17 understanding, and following directions, but prepares her own meals, performs basic cleaning, shops
18 in stores, handles her own money, walks, drives, reads, plays golf, and has no problems with personal
19 care. The ALJ noted that Ms. Criscoe’s testimony is consistent with Plaintiff’s own admissions and
20 high scores on Dr. Khoi’s evaluation. This shows that the ALJ considered and assessed Ms. Criscoe’s
21 statements, and found them to be credible. Thus, it does not appear as if the ALJ rejected her
22 statements, and Plaintiff fails to explain how Ms. Criscoe’s testimony is inconsistent with the ALJ’s
23 RFC.

24 To the extent that the ALJ rejected Ms. Criscoe’s statements because they were inconsistent
25 with a finding that Plaintiff was totally unable to work, the ALJ’s failure to provide germane reasons
26 is harmless error because Ms. Criscoe’s statements are substantially the same as Plaintiff’s. *See*
27 *Molina*, 674 F.3d at 1122 (“Because the ALJ had validly rejected all the limitations described by the
28 lay witnesses in discussing *Molina*’s testimony, we are confident that the ALJ’s failure to give

1 specific witness-by-witness reasons for rejecting the lay testimony did not alter the ultimate
2 nondisability determination. Accordingly, the ALJ’s error was harmless.”). Ms. Criscoe’s testimony
3 is consistent with Plaintiff’s and does not describe any limitations beyond what Plaintiff described—
4 which the ALJ discussed and rejected by giving clear and convincing reasons, as discussed below.
5 Thus, the ALJ did not commit reversible error.

6 **C. Plaintiff’s Testimony**

7 Plaintiff asserts that the ALJ erred by discrediting her testimony. If the claimant has presented
8 objective medical evidence of an underlying impairment which could reasonably be expected to
9 produce the pain or other symptoms alleged, and there is no evidence of malingering, the ALJ can
10 only reject the claimant’s testimony about the severity of the symptoms if she gives “specific, clear
11 and convincing reasons” for the rejection. *See Vasquez v. Astrue*, 572 F.3d 586, 591 (9th Cir. 2009).
12 An ALJ’s findings concerning credibility must be “grounded in evidence” and articulated with
13 “sufficient[] specific[ity] [so as] to make clear to the individual and to any subsequent reviews the
14 weight the adjudicator gave to the individual’s statements and the reasons for that weight.” SSR 96–
15 7p, 1996 WL 374186 (July 2, 1996). In making such a determination, the ALJ may consider at least
16 the following: claimant’s reputation for truthfulness, inconsistencies in claimant’s testimony,
17 claimant’s daily activities, work record, and testimony from physicians and third parties concerning
18 the nature, severity, and effect of the symptoms of which the claimant complains. *See Thomas*, 278
19 F.3d at 958-59. The ALJ is not “required to believe every allegation of disabling pain, or else
20 disability benefits would be available for the asking, a result plainly contrary to 42 U.S.C. §
21 423(d)(5)(A).” *Fair v. Bowen*, 885 F.2d 597, 603 (9th Cir. 1989). Further, when evaluating
22 credibility, an ALJ may consider “the claimant’s daily activities,” 20 C.F.R. §§
23 404.1529(c)(3)(i), 416.929(c)(3)(i); *Smolen v. Chater*, 80 F.3d 1273, 1284 (9th Cir. 1996); *see also*
24 *Fair*, 885 F.2d at 603 (stating that the claimant’s daily activities may be evidence upon which an
25 “ALJ can rely to find a pain allegation incredible.”), and work history, *see Thomas*, 278 F.3d at 959.

26 The ALJ considered Plaintiff’s daily activities, educational accomplishments, her
27 consideration of graduate school, high scores on Dr. Khoi’s evaluation, and presentation at the hearing
28 to conclude that Plaintiff’s statements concerning her symptoms’ intensity, persistence, and limiting

1 effects were not credible to the extent they are inconsistent with her claim that she is totally unable to
2 work.

3 Plaintiff contends that the ALJ erroneously evaluated the medical evidence because Plaintiff is
4 not alleging that she is mentally incapable of performing such activities, or disability on the basis of
5 mental retardation or borderline intelligence. Thus, Plaintiff argues that “it seems disingenuous to
6 discredit Plaintiff’s credibility on the basis of limitations she is not even alleging.”² (Dkt. No. 21 at
7 14.) Finally, Plaintiff argues that the results of Dr. Khoi’s test are not a reason to discredit her
8 testimony in areas such as social functioning or need for work accommodations because the ALJ
9 improperly focused on Plaintiff’s ability to perform simple instructions, rather than the ability to
10 respond appropriately to supervision, coworkers, and usual work situations, and deal with changes in
11 routine in a work setting.

12 The Court disagrees. Plaintiff’s normal daily activities, educational accomplishments, test
13 results, and presentation at the hearing are clear and convincing reasons on which to discredit
14 Plaintiff’s testimony. That Plaintiff maintains a social life with her family and others, runs all her
15 own errands, goes shopping without difficulty, and interacts sufficiently with her professors and other
16 students to continue her educational pursuits all support the ALJ’s finding that Plaintiff’s social
17 functioning does not prohibit her from all work. *See Valentine*, 574 F.3d at 694 (recognizing that
18 although claimant’s daily activities did not suggest that he could return to prior work, they did suggest
19 that the alleged severity of limitations were exaggerated). In addition, Plaintiff’s interactions with the
20 ALJ at the hearing are not so dissimilar from interactions Plaintiff would encounter at the workplace
21 that the ALJ’s impression of Plaintiff cannot be taken into account.

22 In sum, the ALJ did not “arbitrarily discredit Plaintiff’s testimony,” *Thomas*, 278 F.3d at 958;
23 rather, the ALJ provided specific, clear and convincing reasons for discrediting Plaintiff’s testimony.
24 Thus, the ALJ’s credibility determination was proper.

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28 ² Plaintiff does not dispute that the ALJ was correct in finding that Plaintiff can perform “one and
two-step instructions.” (Dkt. No. 21 at 15.)

1 **D. Plaintiff’s Severe Impairments**

2 Step two in the disability analysis serves as a “de minimis screening device to dispose of
3 groundless claims.” *Smolen v. Chater*, 80 F.3d 1273, 1290 (9th Cir. 1996). The ALJ is to determine
4 whether the claimant has a “medically severe impairment or combination of impairments.” *Id.*

5 The ALJ found that Plaintiff has two severe impairments that limit her ability to do basic work
6 activities: (1) an auditory processing disorder, and, (2) a learning disorder. Plaintiff asserts that the
7 ALJ’s analysis fails to “properly consider all of the specific medically determinable impairments of
8 which the claimant has been diagnosed.” (Dkt. No. 21 at 16.) Plaintiff claims that she has also been
9 diagnosed with a personality disorder, mood disorder, and anxiety disorder, all of which, as part of Dr
10 Kalich’s report, should have been found to be severe impairments.

11 Even if Plaintiff’s other diagnoses should have been considered severe, that error was
12 harmless because the ALJ considered the limitations later in the sequential evaluation process. *See*
13 *Lewis v. Astrue*, 498 F.3d 909, 911 (9th Cir. 2007). The ALJ expressly considered Dr. Kalich’s report
14 at step 4, stating that she “accords little weight” to the report. (AR 24.) Thus, the ALJ’s
15 consideration of Dr. Kalich’s report was not limited to the step 2 analysis. Further, although the ALJ
16 appears to have inadvertently left it out of her written decision, at the hearing, the ALJ included a
17 limitation in her hypothetical to the VE with regard to Plaintiff’s interactions with coworkers and the
18 public:

19 Let’s assume an individual with no—there are no exertional limitations—who is of the
20 claimant’s age, education and work history, who can have no exposure to loud
21 background noises, can perform simple tasks consistent with SVP: 2 entry-level work,
22 who can make simple work-related decisions with few workplace changes *and who*
23 *can have occasional contact—or interaction actually—with coworkers and the public.*

24 (AR 58-59 (emphasis added).) Thus, because the ALJ considered Plaintiff’s social functioning at
25 steps four and five, any error in finding her other limitations not severe was harmless. *See Lewis*, 498
26 F.3d at 911.

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1 **E. The RFC Determination**

2 Plaintiff argues that the ALJ’s RFC is deficient because “it did not include any limitations
3 regarding Plaintiff’s social functioning,” and because the RFC is inconsistent with the ALJ’s reliance
4 on Drs. Khoi and Hood, who both found no limitations. (Dkt. No. 25 at 1-3.)

5 As just noted, the ALJ’s written RFC differs slightly from the oral RFC given to the VE at the
6 hearing. Specifically, the written RFC omits the limitation provided to the VE that Plaintiff may only
7 have “occasional” interactions with coworkers and the public. (*Compare* AR 25 with AR 58-59.)
8 The RFC that matters is the one posed to the VE at the hearing; the written RFC—which did not
9 include any limitation not posed to the VE—is subordinate. Thus, Plaintiff’s contention that the RFC
10 included no limitation in regards to social functioning is incorrect to the extent it refers to the RFC
11 offered at the hearing.

12 Even if the RFC included no limitation in regards to social functioning, the ALJ’s
13 determination would not be undermined by her reliance on Dr. Khoi’s and Dr. Hood’s opinions, who
14 both found no limitations. Plaintiff asserts that the ALJ’s RFC determination is contradictory to the
15 extent she accorded “great weight” to Dr. Khoi’s report and “some weight” to Dr. Hood’s report and
16 rejected all the other medical opinions, yet still concluded that Plaintiff had some limitations. The
17 Court is not persuaded. Immediately following the ALJ’s analysis of Dr. Khoi’s and Dr. Hood’s
18 opinions, the ALJ specifically stated that “view[ing] the evidence in a light most favorable to the
19 claimant,” Plaintiff can perform simple work in a low-stress environment. (AR 23.) Given Plaintiff’s
20 and Ms. Criscoe’s testimony, as well as the opinions that were accorded some weight, the ALJ could
21 reasonably find that Plaintiff had some limitations, as described in the RFC.

22 Because the ALJ considered all probative medical and opinion evidence and provided a
23 narrative analysis of why substantial evidence supports the ALJ’s RFC assessment, the ALJ did not
24 commit error.

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CONCLUSION

For the reasons explained above, Plaintiff’s motion for summary judgment is DENIED and Defendant’s motion for summary judgment is GRANTED. Judgment will be entered in Defendant’s favor and against Plaintiff.

IT IS SO ORDERED.

Dated: December 30, 2013



JACQUELINE SCOTT CORLEY
UNITED STATES MAGISTRATE JUDGE