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8 UNITED STATES DISTRICT COURT
9 SOUTHERN DISTRICT OF CALIFORNIA
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11 LUTERU KALEOPA,

12 Petitioner,

13 v.

14 MARTIN O'MALLEY, Commissioner of
15 Social Security,

16 Defendant.
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Case No.: 24-cv-00363-JO-BLM

**ORDER GRANTING PETITION
FOR JUDICIAL REVIEW AND
REMANDING AND REVERSING**

20 Luteru Kaleopa asks this Court to review the denial of his request for social security
21 benefits on account of his disabilities.¹ Dkt. 14. Petitioner appeals this denial asserting
22 that the administrative law judge (“ALJ”) failed to properly account for the severity of his
23 emotional and behavioral deficits in finding that he was capable of work. *Id.* For the
24 reasons provided below, the Court grants Petitioner’s request and reverses and remands the
25 ALJ’s decision.
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28 ¹ Petitioner originally applied for benefits on the basis of his purported post-traumatic stress
disorder, depression, anxiety, heart failure, gout, and diabetes. AR 20, 113.

1 **A. Credibility of Petitioner’s Testimony**

2 The Court first considers whether the ALJ incorrectly rejected Petitioner’s testimony
3 concerning his anger management issues and consequential inability to interact with others
4 in the workplace.

5 A finding that a claimant’s testimony is not credible “must be sufficiently specific
6 to allow a reviewing court to conclude the adjudicator rejected the claimant’s testimony on
7 permissible grounds and did not arbitrarily discredit a claimant’s testimony [regarding the
8 severity of his symptoms].” *Brown-Hunter v. Colvin*, 806 F.3d 487, 493 (9th Cir. 2015)
9 (internal citation omitted). “General findings are insufficient; rather, the ALJ must identify
10 what testimony is not credible and what evidence undermines the claimant’s complaints.”
11 *Id.* (internal citation omitted). The ALJ then needs to “link that testimony to particular
12 parts of the record supporting [his] non-credibility determination;” merely “summariz[ing]
13 the medical evidence supporting [the ALJ’s] [residual functional capacity] determination”
14 will not suffice. *Id.* at 494; *see also Lambert v. Saul*, 980 F.3d 1266, 1277–78 (9th Cir.
15 2020) (holding that providing a “detailed overview of the [claimant’s] medical history” is
16 not the same as offering clear and convincing *reasons* to discredit testimony). A legal
17 “error is harmless only if it is inconsequential to the ultimate nondisability determination.”
18 *See Brown-Hunter*, 806 F.3d at 494 (internal citation omitted).

19 Here, the ALJ erred in failing to explain how Petitioner’s testimony regarding his
20 social limitations and severe anxiety and depression were undermined by the objective
21 medical evidence. Petitioner’s testimony largely concerned the abuse he suffered during
22 childhood, his resulting uncontrollable temper and susceptibility to violence, and his fear
23 that his anger management issues will result in an outburst carrying criminal legal
24 consequences as they have before. AR 42–47. In addition, Petitioner attested that he
25 struggles with anxiety and depression daily, stating that he is “scared every day” and must
26 isolate to avoid social conflict. AR 42, 45–46. The ALJ erred by rejecting this testimony
27 wholesale without (1) identifying which specific portions of this testimony lacked
28 credibility and (2) explaining how the medical records undermined those specific portions.

1 *See* AR 23–24; *Brown-Hunter*, 806 F.3d at 493. Instead, the ALJ generally pointed to signs
2 of Petitioner’s positive cognitive functioning, including findings that Petitioner had (1)
3 normal thought processes, normal thought content, and intact memory; (2) adequate
4 concentration; (3) good reasoning and impulse control; (4) fair judgment and fair to good
5 insight; and (5) no internal preoccupation. AR 23. However, these positive indicators
6 predominantly concern Petitioner’s baseline cognitive abilities (thought process, memory,
7 concentration, reasoning, and judgment)—not emotional and behavioral issues like
8 Petitioner’s susceptibility to violence and criminal actions and his inability to control his
9 temper. *See Brown-Hunter*, 806 F.3d at 494. Nor did the ALJ explain why he believes
10 that Petitioner’s positive functioning in one area (cognition) undermines his claims of poor
11 functioning in another (emotional control and social limitations). *See id.* While the ALJ
12 commented that prescribed medications “help [Petitioner] in improving his moods,” this
13 does not illuminate why Petitioner’s testimony about his emotional and social limitations
14 lacks credibility. AR 23; *see Brown-Hunter*, 806 F.3d at 494. The Court therefore finds
15 that the ALJ did not provide a sufficiently specific reason for doubting Petitioner’s
16 credibility.

17 The ALJ’s erroneous rationale for dismissing Petitioner’s testimony was not
18 harmless. As a result, the ALJ did not account for Petitioner’s purported social and
19 behavioral limitations in his residual functional capacity determination. Instead, the ALJ’s
20 residual functional capacity determination stated that Petitioner had the ability to “interact
21 appropriately with co-workers and supervisors,” “appropriately respond to supervision,”
22 “appropriately respond to . . . changes,” and “interact[] with the public.”² AR 22. Given
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25 ² Specifically, the ALJ found that that Petitioner had the mental ability to:

26 understand, remember, carryout, and apply simple tasks and job
27 instructions; interact appropriately with co-workers and supervisors; no
28 teams or collaborative work, but can make appropriate handoffs of work
materials and products; occasional non-job duty performance related
interaction with the public; appropriately respond to supervision;
appropriately respond to routine work settings and changes in routine work

1 that these findings are not consistent with Petitioner’s testimony regarding his volatile
2 temper, inability to cope with stress, and susceptibility to violence, the Court finds that the
3 ALJ’s error was not harmless as it may have impacted his ultimate determination that
4 Petitioner was not disabled. *See Brown-Hunter*, 806 F.3d at 494.

5 Because the Court finds that this error was not harmless, the Court reverses and
6 remands on this ground.

7 **B. Persuasiveness of Medical Opinions**

8 The Court next assesses Petitioner’s challenges to the ALJ’s conclusion that Dr.
9 Solomon’s and Dr. Jacobs’ opinions were persuasive while Dr. De Silva’s opinion was
10 unpersuasive. The Court will first evaluate Petitioner’s argument that the ALJ erred in
11 relying on Dr. Solomon’s and Dr. Jacobs’ opinions when they failed to consider key
12 medical information like his recent mental health records and treating physician’s opinion.
13 Then it will address whether the ALJ erred in concluding that Dr. De Silva’s opinion was
14 undermined by Petitioner’s progress notes.

15 The “most important factors” the ALJ considers when evaluating the persuasiveness
16 of medical opinions are “supportability” and “consistency.” *Woods v. Kijakazi*, 32 F.4th
17 785, 791 (9th Cir. 2022) (citing 20 C.F.R. § 404.1520c(a)). “Supportability means the
18 extent to which” the underlying medical evidence the doctor relied on supports his
19 conclusions. *Id.* at 791–92 (internal citation omitted); *see* 20 C.F.R. § 404.1520c(c)(1).
20 Importantly, the ALJ must examine whether the opinion is affirmed by the *pertinent*
21 medical evidence; he may not dismiss an opinion that posits a limited residual functional
22 capacity simply because the petitioner showed progress in other irrelevant areas. *See Rule*
23 *v. Saul*, 859 F. App’x 754, 755 (9th Cir. 2021) (explaining that a medical opinion stating
24 the claimant has serious mental health concerns was not undermined by evidence that the
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27 settings and situations; [and] can appropriately ask questions, make
28 decisions, and use judgment.

AR 22.

1 claimant has normal thought processes, memory, and concentration). “Consistency means
2 the extent to which a medical opinion is consistent” with other medical opinions and
3 objective medical evidence in the record. *Woods*, 32 F.4th at 792 (internal citation
4 omitted); *see* 20 C.F.R. § 404.1520c(c)(2). The ALJ must articulate “how persuasive” he
5 finds “all of the medical opinions” from each doctor or other source and must also “explain
6 how [he] considered the supportability and consistency factors” in reaching his findings.
7 *Woods*, 32 F.4th at 792 (citing 20 C.F.R. § 404.1520c(b)). Critically, “an ALJ cannot reject
8 an examining or treating doctor’s opinion as unsupported or inconsistent without providing
9 an explanation supported by substantial evidence.” *Id.* at 792. However, even if an ALJ
10 fails to meet these obligations, this legal error is harmless “if it is inconsequential to the
11 ultimate nondisability determination” or if the agency’s analysis “may reasonably be
12 discerned.” *Brown-Hunter*, 806 F.3d at 494 (internal citation omitted).

13 **1. Persuasiveness of Dr. Solomon’s and Dr. Jacob’s Medical Opinions**³

14 The Court will first evaluate whether the ALJ correctly relied on Dr. Solomon’s and
15 Dr. Jacobs’ opinions that Petitioner was able to perform simple work tasks and engage with
16 others. Petitioner argues that the ALJ erred in doing so because these doctors failed to
17 account for his recent mental health records and treating physician’s opinions in reaching
18 their conclusions.

19 Here, Petitioner correctly notes that neither of these opinions reviewed and
20 accounted for these pertinent elements of Petitioner’s medical history. *See* AR 114–15,
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23 ³ In addition, Petitioner argues that despite claiming these opinions were persuasive, the ALJ
24 ultimately rejected them because he imposed greater limitations in Petitioner’s residual functional
25 capacity. However, an ALJ need not accept all of a physician’s suggested limitations in order to find the
26 opinion persuasive. *Turner v. Comm’r of Soc. Sec.*, 613 F.3d 1217, 1222–23 (9th Cir. 2010). Moreover,
27 this argument is misguided given that the ALJ’s residual functional capacity was more restrictive than the
28 physicians’ suggested limitations. *See, e.g., Madison L. v. Kijakazi*, No. 20-CV-06417-TSH, 2021 WL
3885949, at *10–11 (N.D. Cal. Aug. 31, 2021) (rejecting petitioner’s argument that “fault[ed] the ALJ for
including additional RFC limitations—which actually benefitted her—beyond those assessed by the State
agency psychologists” and finding that “the RFC assessment was consistent with the State agency
psychologists’ findings,” but were “simply more restrictive”).

1 134–35. Neither Dr. Solomon’s nor Dr. Jacobs’s analysis reflect Petitioner’s most recent
2 mental health records from San Ysidro Health dating from April 5, 2022, to January 5,
3 2023, which capture Petitioner’s up-to-date issues with anger management, relationship
4 conflict, susceptibility to stress, inability to sustain basic life necessities, and persistent
5 anxiety and depression. *See* AR 930, 938, 942, 956–57, 963–64, 966, 969, 974, 981, 986,
6 989, 1000, 1003, 1010, 1017, 1025, 1028, 1038. Nor do their findings consider Petitioner’s
7 physician’s evaluation, in which Dr. De Silva opined that Petitioner’s functioning was
8 severely limited and that he was not capable of operating in the workplace. *See* AR 924–
9 29.

10 The ALJ failed to reckon with the fact that these opinions were not representative of
11 Petitioner’s entire medical record and most critically, the most up-to-date mental health
12 findings regarding his ability to interact with others and his constant anxiety and
13 depression. Instead, the ALJ merely stated that these opinions “generally reflect the
14 objectively verifiable mental functional limits arising from the claimant’s severe mental
15 impairments.” AR 27. Thus, the ALJ never identified (1) what medical evidence Dr.
16 Solomon and Dr. Jacob relied on in coming to their conclusions, (2) the adequacy of that
17 underlying medical evidence, and (3) how such evidence affirms their conclusions. *See*
18 *Woods*, 32 F.4th at 791–92. Similarly, the ALJ never explained what other evidence or
19 opinions in the record were consistent with these opinions. *See id.* at 792. Nor did he
20 expound on how this evidence mirrored the doctors’ opinions. *See id.* Accordingly, the
21 ALJ neither identified what evidence in the record supported their opinions that Petitioner
22 was capable of simple work tasks, limited public contact, interacting with coworkers, and
23 acclimating to the workplace, nor reconciled these opinions with conflicting evidence
24 showing Petitioner’s mental health issues and inability to return to the workplace. Had the
25 ALJ grappled with this analysis, he may have reached a different conclusion regarding
26 Petitioner’s disability status. His error, therefore, is not harmless. *See Brown-Hunter*, 806
27 F.3d at 494.

28 The Court reverses and remands on this ground. *See id.*

1 **2. The Persuasiveness of Dr. Nihal De Silva’s Medical Opinion**

2 Next, the Court will consider whether the ALJ wrongfully rejected Dr. De Silva’s
3 opinion that Petitioner is unable to meet the regular demands of a job. Petitioner argues
4 that the ALJ erred in ruling that Dr. De Silva’s opinion was not reflective of Petitioner’s
5 medical record.

6 Here, the ALJ erred in finding that Dr. De Silva’s opinion was contravened by the
7 underlying medical evidence. In his report, Dr. De Silva opined that Petitioner was unable
8 to or severely limited in his ability to adequately maintain an ordinary routine, work with
9 others, follow instructions, receive feedback, respond to change, regulate his emotions,
10 handle normal work stress, interact appropriately with the public, and maintain socially
11 appropriate behavior.⁴ AR 28, 924–29. The ALJ rejected Dr. De Silva’s conclusions on
12 the basis that the underlying medical evidence from San Ysidro Health demonstrated that
13 Petitioner had generally unremarkable mental status examinations, received conservative
14 treatment, and improved with medication. AR 28. However, the ALJ failed to articulate
15 why these medical findings render Dr. De Silva’s opinions unsupportable.

16 Foremost, the ALJ erred because he failed to explain how Petitioner’s mental status
17 examinations contradicted and undermined Dr. De Silva’s findings about his social and
18 behavioral limitations. Akin to his reasons for finding Petitioner’s testimony not credible,
19 the ALJ relied on Petitioner’s signs of positive cognitive ability—i.e., his thought
20 processes, memory, concentration, reasoning, and judgment. AR 28. Yet, as highlighted
21 earlier, these positive indicators mostly pertain to Petitioner’s executive functioning and
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24 ⁴ Specifically, Dr. De Silva found that Petitioner was unable to compete or function with respect
25 to the following: maintaining regular attendance; sustaining an ordinary routine; working in coordination
26 with or proximity to others; accepting instructions and responding well to criticism; getting along with
27 coworkers or peers; responding appropriately to changes in the work setting; dealing with normal work
28 stress; carrying out detailed instructions; setting realistic goals; making plans independently of others;
interacting appropriately with the general public; and maintaining socially appropriate behavior. AR 28.
In addition, Dr. De Silva opined that Petitioner had a markedly limited ability to adapt to changes and
emotionally regulate and an extremely limited ability to maintain social functioning. *Id.*

1 not his ability to meet the demands of the workplace, interact with others, and engage with
2 the public. *See Woods*, 32 F.4th at 792. Accordingly, this positive information about
3 cognitive functioning does not contravene Dr. De Silva’s conclusion on a different area of
4 functionality—Petitioner’s social capacities and ability to cope with stress. *See Rule*, 859
5 F. App’x 754 (explaining that evidence showing “[claimant’s] thought processes, memory,
6 and concentration were within normal limits did not contradict [provider’s] conclusions
7 that [claimant] was markedly impaired in her ability to maintain a schedule, communicate
8 with others in a work setting, or plan independently” and “w[as] consistent with
9 [provider’s] findings that [claimant] was depressed, anxious, and distractible”); *Isaiah J.*
10 *B. v. Kijakazi*, No. ED CV 22-01483-AS, 2023 WL 5208812, at *9–10 (C.D. Cal. Aug. 11,
11 2023) (rejecting ALJ’s reasoning that “otherwise normal” mental status examinations
12 contradicted doctor’s opinions about behavioral issues).

13 Moreover, as the ALJ himself noted, the mental status examinations also reflected
14 that Petitioner was consistently anxious and depressed, which actually *affirmed* Dr. De
15 Silva’s opinions. Specifically, the ALJ commented that Petitioner’s progress notes showed
16 that he regularly exhibited depressive and anxious moods as well as a constricted affect
17 and a general inability to handle stress. AR 28. In particular, this evidence indicated that
18 Petitioner struggled to manage social conflict, suffered from anxiety concerning his health,
19 and was overwhelmed by meeting the basic necessities of everyday life. *See* AR 360, 363,
20 366, 376, 411, 414, 417, 426, 435, 443, 451, 454, 481, 484, 489, 496, 500, 508, 511, 514,
21 517, 527, 561, 567, 575, 583, 590, 597, 600, 930, 938, 942, 956–57, 963–64, 966, 969,
22 974, 981, 986, 989, 1000, 1003, 1010, 1017, 1025, 1028, 1038. Accordingly, the ALJ
23 improperly disregarded Petitioner’s consistent mood and affect issues in concluding that
24 he had generally healthy mental status examinations. *See Emily S. v. Kijakazi*, 2023 WL
25 3805257, at *8 (N.D. Cal. June 1, 2023) (explaining that a claimant cannot have “generally
26 normal findings” where his mental status examinations demonstrate consistent “mood and
27 affect disturbances” in line with his psychiatric diagnoses); *see also Isaiah*, 2023 WL
28 5208812, at *10 (collecting cases rejecting ALJs’ assertions that “normal findings” in

1 mental status examinations negate a medical opinion regarding disability). As this
2 information supports Dr. De Silva’s conclusions, rather than contradicts them, the ALJ
3 erred in finding that Dr. De Silva’s opinion was unsupported by these mental status
4 examinations. *See Woods*, 32 F.4th at 791–92.

5 Lastly, the ALJ’s assertion that Petitioner’s conservative treatment and improvement
6 with medication undermined Dr. De Silva’s opinions is not supported by substantial
7 evidence. *See id.* The ALJ reasoned that Petitioner’s conservative treatment and
8 improvement with medication as reflected in Dr. De Silva’s progress notes contravened his
9 medical opinion. AR 28. However, the ALJ had no basis upon which to find that
10 Petitioner’s medical treatment was “conservative.” Rather, given the fact that Petitioner
11 was prescribed four psychiatric medications, including Wellbutrin, Gabapentin, Trazodone
12 and Depakote, in addition to receiving regular psychotherapy, his treatment was
13 significant—not conservative. AR 924; *see Carden v. Colvin*, No. CV 13–3856–E, 2014
14 WL 839111, at *3 (C.D. Cal. March 4, 2014) (collecting cases finding that mental health
15 treatment is not “conservative” “within the meaning of social security jurisprudence” when
16 such treatment involved medications of the sort Petitioner was prescribed here); *see also*
17 *Baker v. Astrue*, No. ED CV 09–1078 RZ, 2010 WL 682263, at *1 (C.D. Cal. Feb. 24,
18 2010) (“Where mental activity is involved, administering medications that can alter
19 behavior shows anything but conservative treatment.”); *Quiroz v. Berryhill*, No. 8:16-CV-
20 02127-GJS, 2018 WL 922130, at *7 (C.D. Cal. Feb. 14, 2018) (“Nothing in Social Security
21 jurisprudence requires mentally impaired claimants to be subjected to harsh treatments—
22 whether involuntary psychiatric hospitalizations, electroshock, or whatever other non-
23 ‘routine care’ the ALJ apparently believes is necessary to prove that a mentally ill claimant
24 actually suffers [from a disability].”). Second, while the progress notes showed that the
25 medications generally helped improve Petitioner’s mood, they also reflected that his
26 anxiety and depression were persistent throughout the years, indicating that these
27 conditions had not meaningfully changed. *See* AR 960–62; *Attmore v. Colvin*, 827 F.3d
28 872, 877–78 (9th Cir. 2016) (explaining that an ALJ cannot “cherry pick” isolated instances

1 of medical improvement but must cite examples that constitute “a broader development”
2 in the improvement of the claimant’s mental health for this to be a legitimate rationale
3 (internal citation omitted)). Accordingly, and contrary to the ALJ’s depictions otherwise,
4 the progress notes were not substantial evidence that Petitioner was receiving conservative
5 treatment and making meaningful progress with the aid of medication. Therefore, the ALJ
6 erred in relying on these as bases to conclude that Dr. De Silva’s opinions were unsupported
7 by the underlying medical evidence, including his own progress notes.

8 Critically, these errors are not harmless given that had the ALJ not disregarded Dr.
9 De Silva’s opinion, the ALJ’s residual functional capacity determination would have had
10 to account for Petitioner’s purported behavioral, social, and workplace related limitations.
11 *See Brown-Hunter*, 806 F.3d at 494. Accordingly, the Court reverses and remands on this
12 ground.

13 **C. Substantial Evidence**

14 Lastly, the Court must address whether the ALJ’s residual functional capacity
15 determination is supported by substantial evidence. *See Woods*, 32 F.4th at 788. This is
16 because the Court must uphold an ALJ’s decision—even where there is legal error—if the
17 ALJ’s ultimate conclusion is supported by substantial evidence. *Batson v. Comm’r of Soc.*
18 *Sec. Admin.*, 359 F.3d 1190, 1197 (9th Cir. 2004). Defendant argues that the following
19 evidence establishes that Petitioner had the capacity to engage in simple work tasks and to
20 interact with others and the general public: Petitioner’s (1) daily activities, (2) mental status
21 examinations, (3) conservative treatment history, and (4) improvement with medication.
22 The Court has already addressed why Petitioner’s mental status examinations, treatment
23 history, and minor improvements do not support the ALJ’s conclusion that Petitioner had
24 the capacity to perform these work obligations. The Court will therefore only address
25 whether Petitioner’s daily activities supported the ALJ’s decision.⁵

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28 ⁵ Of import, the ALJ only discussed Petitioner’s daily activities with respect to step 2—whether
his impairments meet requirements of 20 C.F.R. Pt. 404, Subpt. P, App. 1—not with respect to the ALJ’s

1 A claimant’s daily activities can be grounds for finding that the claimant is more
2 capable of obtaining and maintaining a job than he claims. *Garrison v. Colvin*, 759 F.3d
3 995, 1016 (9th Cir. 2014). However, “[t]he Social Security Act does not require that
4 claimants be utterly incapacitated to be eligible for benefits . . . and many home activities
5 are not easily transferable to what may be the more grueling environment of the workplace,
6 where it might be impossible to periodically rest or take medication.” *Fair v. Bowen*, 885
7 F.2d 597, 603 (9th Cir. 1989) (citations omitted). Accordingly, “the mere fact that a
8 plaintiff has carried on certain daily activities, such as grocery shopping, driving a car, or
9 limited walking for exercise, does not in any way detract from her credibility as to her
10 overall disability.” *Vertigan v. Halter*, 260 F.3d 1044, 1050 (9th Cir. 2001).

11 Here, the Court finds that Petitioner’s listed daily activities do not support the ALJ’s
12 residual functional capacity determination that Petitioner is capable of (1) interacting and
13 socializing with others and (2) acclimating to the work environment.⁶ AR 21–22.
14 Principally, the ALJ reasoned that although Petitioner had anger management issues—
15 recognizing that he had assaulted a man, been fired for fighting with a coworker, and been
16 incarcerated for three years for fighting— Petitioner’s daily activities, such as leaving the
17 house, taking public transportation, attending church, and “get[ting] along” with others,
18 proved that he could engage with others in a work environment. AR 21. However, the
19 ALJ did not clarify *how* these daily activities signified that Petitioner had the ability to
20 “interact appropriately with co-workers and supervisors” and face “the public” in a work
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23 residual functional capacity determination. *Compare* AR 20–21 *with* AR 23. However, given that these
24 two analyses are intertwined, the Court evaluates whether Petitioner’s daily activities amounted to
25 substantial evidence in support of the ALJ’s residual functional capacity determination.

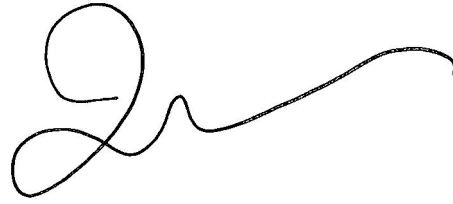
26 ⁶ A petitioner’s daily activities can also be a reason to find a petitioner’s testimony uncredible. *See*
27 *Reddick v. Chater*, 157 F.3d 715, 722 (9th Cir. 1998) (“Only if the level of activity were inconsistent with
28 Claimant’s claimed limitations would these activities have any bearing on Claimant’s credibility.”). As
addressed above, the ALJ did not reference this as a reason to discredit Petitioner’s testimony. *See* AR
23. However, as this argument will likely arise again, the Court addresses whether Petitioner’s daily
activities amount to substantial evidence in support of the ALJ’s determination.

1 setting. AR 22. Second, the ALJ failed to explain how Petitioner’s ability to care for his
2 basic needs showed that he could handle the demands of the workplace. The ALJ reasoned
3 that that Petitioner could adapt to change and manage stress because he was able to do his
4 own laundry, cook, clean, dress, bathe, care for his girlfriend and dog, use public
5 transportation, shop, and leave the house. AR 21. Yet, the ALJ did not convey how these
6 activities indicate that Petitioner is capable of “appropriately responding to routine work
7 settings and changes in routine work settings and situations.” AR 22. These activities
8 merely demonstrate Petitioner’s ability to meet some of his basic needs—not his capacity
9 to respond to change or operate in the work environment. *See Vertigan*, 260 F.3d at 1050.
10 Moreover, the ALJ failed to account for information about Petitioner’s daily life that
11 contradicted these conclusions—specifically, Dr. De Silva’s treatment notes which
12 indicated that (1) Petitioner’s anger management issues impacted his ability to live with
13 his girlfriend, find shelter, and emotionally regulate; and (2) that he struggled to cope with
14 external stressors, such as housing and finances. AR 924–29. As Petitioner’s daily
15 activities do not prove his ability to work with coworkers and the public or adapt to the
16 workplace, the Court finds that this evidence does not substantially support the ALJ’s
17 residual functional capacity determination. *See Bowen*, 885 F.2d at 603.

18 In sum, the Court finds that neither Petitioner’s daily activities nor his mental status
19 examinations, treatment, or slight improvement amounted to substantial evidence in
20 support of the ALJ’s residual functional capacity determination. *Batson*, 359 F.3d at 1197.
21 Because the ALJ’s residual functional capacity determination fails to account for the extent
22 of Petitioner’s behavioral and mental health issues as reflected by his testimony, the
23 objective medical evidence, and Dr. De Silva’s opinion, the Court GRANTS Petitioner’s
24 petition for review and REVERSES AND REMANDS.

1 **IT IS SO ORDERED.**

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3 Dated: January 8, 2025



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5 Honorable Jinsook Ohta
6 United States District Judge

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