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6 UNITED STATES DISTRICT COURT  
WESTERN DISTRICT OF WASHINGTON  
AT SEATTLE

7 MARGARET KENTER MEACHAM,

8 Plaintiff,

9 v.

10 NANCY A. BERRYHILL, Acting  
11 Commissioner of Social Security,

12 Defendant.

Case No. C16-1479-TSZ

**ORDER AFFIRMING THE  
COMMISSIONER'S FINAL  
DECISION AND DISMISSING THE  
CASE WITH PREJUDICE**

13 Margaret Kenter Meacham seeks review of the denial of her application for  
14 Supplemental Security Income (SSI). Ms. Meacham contends the ALJ erred in: (1) evaluating  
15 the medical opinions of treating physician Sarah Rogers, M.D., State Agency psychological  
16 consultant, Anita Peterson, Ph.D., and examining psychiatrist, James Hopfenbeck, M.D.; and  
17 (2) evaluating her own symptom testimony regarding pain and cramping in her hands. Dkt. 19.  
18 As discussed below, the Court **AFFIRMS** the Commissioner's final decision and **DISMISSES**  
19 the matter with prejudice.

20 **BACKGROUND**

21 On November 20, 2013, Ms. Meacham applied for benefits, alleging disability as of  
22 February 1, 2009. Tr. 119, 533-38. At the hearing, Ms. Meacham amended her alleged onset  
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1 date to November 20, 2013. Tr. 119. Ms. Meacham's application was denied initially and on  
2 reconsideration. Tr. 418-29. After the ALJ conducted a hearing on March 5, 2015, the ALJ  
3 issued a decision finding Ms. Meacham not disabled. Tr. 119-133.

#### 4 **THE ALJ'S DECISION**

5 Utilizing the five-step disability evaluation process,<sup>1</sup> the ALJ found:

6 **Step one:** Ms. Meacham has not engaged in substantial gainful activity since November  
7 20, 2013.

8 **Step two:** Ms. Meacham has the following severe impairments: arthritis, hypertension,  
9 anxiety disorder, depression and cramp fasciculation syndrome.

10 **Step three:** These impairments do not meet or equal the requirements of a listed  
11 impairment.<sup>2</sup>

12 **Residual Functional Capacity:** Ms. Meacham can lift and carry 10 pounds occasionally  
13 and less than 10 pounds frequently. She can sit for about six hours and stand and/or walk  
14 for two hours in an eight-hour day with regular breaks. She has unlimited ability to push  
15 and pull within these exertional limitations. She can occasionally kneel, crawl and climb.  
16 She has unlimited ability to balance and can frequently stoop and crouch. She can  
17 occasionally reach overhead and frequently handle, finger and feel. She can understand,  
18 remember and carry out simple, routine tasks as well as complex and detailed tasks. She  
19 can have superficial contact with the general public and can work on specific work tasks  
20 with coworkers and supervisors. She can adjust to simple workplace changes.

21 **Step four:** Ms. Meacham can perform past relevant work as an accounts receivable clerk  
22 and, as such, is not disabled.

23 **Step five:** Because the ALJ found Ms. Meacham not disabled at step four, she did not  
reach step five.

Tr. 119-133. The Appeals Council denied Ms. Meacham's request for review making the ALJ's  
decision the Commissioner's final decision. Tr. 1-7.<sup>3</sup>

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<sup>1</sup> 20 C.F.R. §§ 404.1520, 416.920.

<sup>2</sup> 20 C.F.R. Part 404, Subpart P. Appendix 1.

<sup>3</sup> The rest of the procedural history is not relevant to the outcome of the case and is thus omitted.

1 **DISCUSSION**

2 **A. Medical Opinion Evidence**

3 The ALJ must provide “clear and convincing reasons” to reject the uncontradicted  
4 opinion of a treating or examining doctor. *Lester v. Chater*, 81 F.3d 821, 830, 831 (9th Cir.  
5 1996). When contradicted, a treating or examining doctor’s opinion may not be rejected without  
6 “specific and legitimate reasons” that are supported by substantial evidence in the record. *Id.*  
7 An ALJ may reject the opinion of a non-examining doctor by referring to specific evidence in the  
8 record. *See Sousa v. Callahan*, 143 F.3d 1240, 1244 (9th Cir. 1998).

9 **1. Sarah Rogers, M.D.**

10 Ms. Meacham contends the ALJ erred in discounting the treating opinion of Dr. Rogers.  
11 Dkt. 19 at 3-8. In December, 2013, Dr. Rogers opined that Ms. Meacham was quite impaired  
12 due to multiple significantly arthritic joints and that various sites of degenerative joint disease  
13 would significantly impair neck and shoulder movements, squatting, bending, prolonged  
14 standing or sitting, reaching up, pushing and pulling. Tr. 1412. She indicated that the  
15 constellation of arthritic problems would make it very difficult for Ms. Meacham to function in  
16 most occupations. *Id.* Dr. Rogers also completed a Department of Social and Health Services  
17 (DSHS) form opining that Ms. Meacham was overall “severely” limited, which is defined as  
18 “unable to meet the demands of sedentary work.” Tr. 1409. Specifically, Dr. Rogers indicated  
19 that Ms. Meacham’s osteoarthritis markedly limited<sup>4</sup> her ability to sit, stand, walk, lift, carry,  
20 handle, push, pull, reach, stoop and crouch. Tr. 1408. She opined that Ms. Meacham’s C-6  
21 radiculopathy markedly limited her ability to lift, carry, handle, push, pull and reach. *Id.* She

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23 <sup>4</sup> A “marked” limitation is defined as very significant interference with the ability to perform one or more basic work-related activities. Tr. 1408.

1 opined that Ms. Meacham’s cervical spinal stenosis markedly limited her ability to stand, walk,  
2 lift, carry, reach, stoop and crouch. *Id.*

3 The ALJ reasonably discounted Dr. Roger’s opinion as inconsistent with and  
4 inadequately supported by her examination findings as well as the longitudinal record. Tr. 130.  
5 Contradiction between a treating physician’s opinion and her treatment notes constitutes a  
6 specific and legitimate reason for rejecting that opinion. *See Valentine v. Comm’r, Soc. Sec.*  
7 *Admin.*, 574 F.3d 685, 692–93 (9th Cir. 2009). An ALJ may also discount a doctor’s opinion  
8 that is inconsistent with the medical records. *Tommasetti v. Astrue*, 533 F.3d 1035, 1041 (9th  
9 Cir. 2008). Moreover, an ALJ “need not accept the opinion of any physician, including a  
10 treating physician, if that opinion is brief, conclusory, and inadequately supported by clinical  
11 findings.” *Thomas v. Barnhart*, 278 F.3d 947, 957 (9th Cir. 2002).

12 Here, although Dr. Rogers opined that degenerative joint disease would significantly  
13 impair Ms. Meacham’s neck and shoulder movements, squatting, bending, prolonged standing or  
14 sitting, reaching up, pushing and pulling, the ALJ notes that, on range of motion testing, Dr.  
15 Rogers,

16 [r]eported the claimant had normal shoulder abduction and flexion and  
17 normal neck range of motion aside from lateral bending. The claimant  
18 had normal back range of motion except for mildly reduced extension.  
The longitudinal record shows the claimant typically presented with  
normal gait and upper and lower extremity strength except for the hands,  
which had no more than mildly reduced strength.

19 Tr. 130; *and see* 1401, 1410-11, 1512. While Dr. Rogers did note Ms. Meacham’s x-rays and  
20 MRI showed severe disc space loss and neural foraminal narrowing in the cervical spine, this  
21 finding in and of itself does not establish extreme *functional* limitations. Tr. 1413. Other than  
22 the range of motion testing, which was largely normal, and the observation that Ms. Meacham  
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1 moved “stiffly” from the chair to exam table, Dr. Rogers’ opinion is devoid of objective clinical  
2 findings supporting the numerous extreme functional limitations assessed. *Id.* Moreover,  
3 substantial evidence supports the ALJ’s finding that Ms. Meacham typically presented with  
4 normal gait and upper and lower extremity strength except for the hands which showed only  
5 mildly reduced strength. Tr. 130 (citing 1401, 1404, 1512, 1538, 1542, 1545, 1549, 1560, 1567).  
6 The ALJ reasonably found this evidence undermined Dr. Rogers’ opinion that she was markedly  
7 limited in virtually every physical category, including walking. The Court also notes that,  
8 although on the DSHS form Dr. Rogers opined that Ms. Meacham was “unable to meet the  
9 demands of sedentary work”, her examination notes indicate only that Ms. Meacham’s  
10 impairments would make it very difficult for her to function in “most occupations”, not that she  
11 would be precluded from all work. Tr. 1409, 1412. Under the circumstances, the ALJ  
12 reasonably discounted Dr. Rogers’ opinion as inconsistent with and inadequately supported by  
13 her examination findings as well as the longitudinal record.

14         The ALJ also reasonably discounted Dr. Rogers’ opinion as inconsistent with Ms.  
15 Meacham’s demonstrated activities including grocery shopping by bus, doing housework,  
16 babysitting children once in a while, walking for exercise, and swimming. Tr. 130; *see Morgan*  
17 *v. Comm’r of Social Sec. Admin.*, 169 F.3d 595, 601–02 (9th Cir. 1999) (ALJ may reject medical  
18 opinion that is inconsistent with other evidence of record including claimant’s statements  
19 regarding daily activities). The ALJ reasonably found Ms. Meacham’s ability to engage in these  
20 activities inconsistent with the extreme level of limitation assessed by Dr. Rogers. For instance,  
21 grocery shopping by bus necessarily requires the ability to handle, lift and carry the purchased  
22 items, walk to and from the bus stop and throughout the store, as well as sit or stand for the  
23 duration of the bus trip. Even accepting Ms. Meacham’s testimony that she would make

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1 frequent smaller trips to the store unless she had help, the ALJ reasonably found her ability to  
2 engage in this rather strenuous activity inconsistent with Dr. Rogers' opinion that she was  
3 markedly limited in virtually every physical capacity category. Moreover, the ALJ could  
4 reasonably conclude that the ability to care for a young child and walk for exercise indicated a  
5 level of mobility and activity in excess of the marked limitations assessed by Dr. Rogers. *See*  
6 *Morgan*, 169 F.3d at 601–02 (finding claimant's ability to fix meals, do laundry, work in the  
7 yard, and occasionally care for his friend's child was evidence of claimant's ability to work).

8 In sum, the ALJ did not err in discounting Dr. Rogers' opinions.

9 **2. Anita Peterson, M.D.**

10 Ms. Meacham contends the ALJ erred in rejecting the February 2014 opinion of non-  
11 examining State Agency consultant, Dr. Peterson, limiting her to simple work. Dkt. 19 at 8-12.  
12 In February 2014, Dr. Peterson reviewed Ms. Meacham's records and opined that Ms. Meacham  
13 could learn, remember and complete simple tasks at a pace and with a consistency acceptable  
14 within the normal tolerances of competitive employment.<sup>5</sup> Tr. 250. The ALJ gave limited  
15 weight to Dr. Peterson's opinion.

16 The ALJ properly discounted Dr. Peterson's opinion as inconsistent with other evidence  
17 of record connected to her current claim. *See Sousa*, 143 F.3d at 1244 (An ALJ may reject the  
18 opinion of a non-examining doctor by referring to specific evidence in the record.). Specifically,  
19 the ALJ notes that although Dr. Peterson limited Ms. Meacham to learning, remembering and  
20 completing simple tasks, Ms. Meacham herself stated in her 2014 Function Report that she could

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21 <sup>5</sup> Dr. Peterson also offered opinions regarding Ms. Meacham's functional limitations in other areas. However, Ms.  
22 Meacham does not assign error to the ALJ's evaluation of these opinions and the Court will not raise any arguments  
23 on Ms. Meacham's behalf. *See Indep. Towers of Washington v. Washington*, 350 F.3d 925, 930 (9th Cir. 2003)  
(noting that the Ninth Circuit "has repeatedly admonished that we cannot manufacture arguments for an appellant  
and therefore we will not consider any claims that were not actually argued in appellant's opening brief.") (internal  
citation and quotation marks omitted).

1 “usually pay attention as long as necessary” and had no difficulty following written directions.  
2 Tr. 717; *see Morgan*, 169 F.3d at 601–02 (ALJ may reject medical opinion that is inconsistent  
3 with other evidence of record including claimant’s statements regarding daily activities).

4 Ms. Meacham contends the ALJ erred in relying on her Function Report statement  
5 because she also described medication side-effects of drowsiness, dizziness and confusion, and  
6 stated that she usually did not finish what she started, sometimes had difficulty with spoken  
7 instructions, was nervous and jumpy and had a hard time handling stress. Dkt. 19 at 10; Tr. 718.  
8 She also argues that, while she may not have used the “magic words” to describe her limitations,  
9 elsewhere in the record she described symptoms such as chronic as well as episodic pain,  
10 insomnia, and fatigue and symptoms consistent with anxiety/PTSD and depression. Dkt. 19 at 9.  
11 Ms. Meacham contends that all of these symptoms/conditions affected her ability to concentrate.  
12 *Id.* Ms. Meacham’s arguments amount to an alternative interpretation of the evidence but fail to  
13 establish the ALJ’s interpretation was unreasonable. *See Thomas v. Barnhart*, 278 F.3d 947, 954  
14 (9th Cir. 2002) (Where the evidence is susceptible to more than one rational interpretation, one  
15 of which supports the ALJ’s decision, the ALJ’s conclusion must be upheld.). Although Ms.  
16 Meacham reported various symptoms in her Function Report and elsewhere, she does not dispute  
17 that, despite alleging these symptoms, she also stated she was usually able to concentrate as long  
18 as necessary. Tr. 718. Accordingly, the ALJ reasonably discounted Dr. Peterson’s opinion on  
19 this basis and the Court will not second-guess the ALJ’s determination.

20 Ms. Meacham also appears to argue the ALJ erred in improperly discounting her  
21 testimony regarding the side effects of her medication on her ability to concentrate. Dkt. 19 at 9-  
22 10. However, the ALJ considered Ms. Meacham’s testimony regarding medication side effects,  
23 as well as her mental health symptoms, and reasonably concluded they did not significantly

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1 impact her ability to concentrate. Tr. 128-129. Specifically, the ALJ noted that although Ms.  
2 Meacham testified her medications made her very tired, dizzy, and confused, the treatment  
3 records did not reflect regular complaints of dizziness and treatment providers did not comment  
4 that she appeared overly tired or confused. Tr. 128. Moreover, the ALJ noted that Ms.  
5 Meacham's memory and concentration were intact on mental status examination (MSE) and  
6 medical records showed she "typically presented with normal memory, attention span and  
7 concentration." Tr. 129. *See Carmickle v. Commissioner, Social Sec. Admin.*, 533 F.3d 1155,  
8 1161 (9th Cir. 2008) ("Contradiction with the medical record is a sufficient basis for rejecting the  
9 claimant's subjective testimony."). Accordingly, this argument also fails to establish error.

10 The ALJ also reasonably discounted Dr. Peterson's opinion as inconsistent with the  
11 objective examination findings during the relevant period, specifically, Dr. Hopfenbeck's MSE  
12 results. Tr. 131. Ms. Meacham argues that an MSE is a snapshot of a claimant's overall mental  
13 functioning and does not measure a claimant's ability to concentrate over an extended period of  
14 time in a work setting. Dkt. 19 at 11. However, the ALJ cited Dr. Hopfenbeck's MSE results as  
15 representative of the longitudinal record relevant to the instant claim which, as he notes  
16 elsewhere, showed that Ms. Meacham "typically presented [on examination] with normal  
17 memory, attention span and concentration." Tr. 129. The ALJ reasonably discounted Dr.  
18 Peterson's opinion as inconsistent with these objective examination findings. Ms. Meacham also  
19 argues the ALJ erred in discounting Dr. Peterson's opinion based on Dr. Hopfenbeck's MSE  
20 because Dr. Hopfenbeck "effectively assessed Ms. Meacham with the same limitation to simple  
21 work that Dr. Peterson did." Dkt. 19 at 11. Dr. Hopfenbeck found Ms. Meacham moderately  
22 limited in the ability to understand, remember and persist in tasks by following detailed  
23 instructions and assessed marked limitations in various areas of concentration, persistence and

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1 pace. Tr. 1427-1430. However, as discussed below, the ALJ also properly discounted Dr.  
2 Hopfenbeck's opinions as inconsistent with and unsupported by his own clinical findings,  
3 including the MSE. Accordingly, Ms. Meacham fails to establish the ALJ erred in discounting  
4 Dr. Peterson's opinion on this basis.

5 Finally, the ALJ also reasonably discounted Dr. Peterson's opinion in favor of, and  
6 afforded greater weight to, the opinion of State Agency psychological consultant Kristine  
7 Harrison, M.D. Tr. 131. Dr. Harrison opined that, although pain and psychiatric symptoms  
8 interfered with extended concentration and completion of a normal workday/workweek, Ms.  
9 Meacham could maintain attention to task for at least two-hour intervals through a normal  
10 workday/workweek and generally maintain adequate attendance/pace. Tr. 268-269. As the ALJ  
11 notes, Dr. Harrison did not limit Ms. Meacham to simple tasks, and because her opinion was  
12 more recent, she had the opportunity to review more of the records relevant to the instant claim.  
13 Tr. 131. The ALJ reasonably afforded greater weight to Dr. Harrison's opinion on this basis and  
14 Ms. Meacham does not challenge this finding.

15 In sum, the ALJ did not err in discounting Dr. Peterson's opinion.

16 **3. James Hopfenbeck, M.D.**

17 Ms. Meacham contends the ALJ erred in discounting the opinion of Dr. Hopfenbeck.  
18 Dkt. 19 at 12-15. Dr. Hopfenbeck performed a psychiatric evaluation of Ms. Meacham in  
19 December 2013, on referral from DSHS. Tr. 1427-1430. He diagnosed Ms. Meacham with  
20 posttraumatic stress disorder and major depression, moderate, recurrent. Tr. 1428. He found  
21 Ms. Meacham moderately limited in her ability to: understand, remember and persist in tasks by  
22 following detailed instructions; learn new tasks; adapt to changes in a routine work setting; ask  
23 simple questions or request assistance; maintain appropriate behavior in a work setting; and set

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1 realistic goals and plan independently. Tr. 1429. He found Ms. Meacham markedly limited in  
2 her ability to: perform activities within a schedule, maintain regular attendance, and be punctual  
3 within customary tolerances without special supervision; perform routine tasks without special  
4 supervision; communicate and perform effectively in a work setting; and complete a normal  
5 work day and work week without interruptions from psychologically based symptoms. *Id.* Dr.  
6 Hopfenbeck stated that Ms. Meacham's physical impairments were beginning to eclipse her  
7 chronic and serious mental health problems and that she had chronic pain and was often unable  
8 to use her hands to any significant extent due to degeneration of her spine compressing nerve  
9 roots. *Id.* He stated that he doubted Ms. Meacham would ever be able to return to work. *Id.*

10 The ALJ discounted Dr. Hopfenbeck's opinion on the grounds that he "did not provide a  
11 significant rationale or cite any objective signs in support of the moderate and marked functional  
12 limitations he opined, which are not supported by the mental status examination findings he  
13 recorded." Tr. 130. This was a valid reason to reject Dr. Hopfenbeck's opinion and it is  
14 supported by substantial evidence. An ALJ need not accept a medical opinion that is brief,  
15 conclusory and inadequately supported by clinical findings. *Thomas*, 278 F.3d at 957. An ALJ  
16 may also discount a doctor's opinions where the doctor's opinions are not supported by his own  
17 medical records or his own clinical findings. *See Tommasetti*, 533 F.3d at 1041. Dr.  
18 Hopfenbeck's report makes the conclusory assertion that symptoms of depressed mood,  
19 panic/anxiety, nightmares/insomnia and social withdrawal would affect Ms. Meacham's ability to  
20 work by causing distraction, loss of focus, low energy, isolation, and avoidance. Tr. 1428.  
21 However, on the MSE Ms. Meacham was noted to be cooperative and maintain good eye contact  
22 and, although Dr. Hopfenbeck noted depressed mood and somewhat restricted affect, she was  
23 assessed within normal limits in all categories, including: thought process and content,

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1 orientation, perception, memory, fund of knowledge, concentration, abstract thought, and insight  
2 and judgment. Tr. 1430. The ALJ reasonably found these benign clinical findings inconsistent  
3 with Dr. Hopfenbeck's opinion that Ms. Meacham's symptoms would cause the marked and  
4 moderate functional limitations assessed. The ALJ also noted that Dr. Hopfenbeck's report  
5 states that he reviewed only one medical report, a DSHS psychological evaluation performed in  
6 December 2011. Tr. 130. The ALJ reasonably concluded that, in light of Dr. Hopfenbeck's lack  
7 of objective clinical findings, his review of this one prior evaluation performed two years earlier  
8 was not sufficient to support his opinions as to Ms. Meacham's current significant functional  
9 limitations.

10 The ALJ separately discounted Dr. Hopfenbeck's opinions that social withdrawal would  
11 cause significant limitations as inconsistent with Ms. Meacham's demonstrated activities. Tr.  
12 130. Specifically, the ALJ notes that Ms. Meacham "has a social life, denied problems getting  
13 along with family, friends, neighbors or others, and reported she got along fairly well with  
14 authority figures. She was babysitting children, is good friends with a neighbor, and has another  
15 friend that visits her a couple times per week. The claimant regularly walks for exercise, quilts,  
16 and goes to Lake Union in the summer months." Tr. 130. Ms. Meacham does not challenge this  
17 basis for discounting this portion of Dr. Hopfenbeck's opinions and it is valid and supported by  
18 substantial evidence.

19 The ALJ also properly discounted Dr. Hopfenbeck's opinions regarding her physical  
20 limitations, and the impact of those limitations on her mental health, as based to a large extent  
21 upon her less than fully credible self-reports. Tr. 130. The ALJ noted that Dr. Hopfenbeck did  
22 not perform a physical evaluation and his report does not indicate he reviewed any medical  
23 records related to Ms. Meacham's physical condition. *Id.* Thus, the ALJ reasonably concluded

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1 that this portion of Dr. Hopfenbeck's opinion was based to a large extent on Ms. Meacham's  
2 self-reports and properly discounted it on that basis. Ms. Meacham also does not challenge this  
3 basis for discounting this portion of Dr. Hopfenbeck's opinions and it is valid and supported by  
4 substantial evidence.

5 In sum, the ALJ did not err in discounting Dr. Hopfenbeck's opinions.

6 **B. Ms. Meacham's Symptom Testimony**

7 Ms. Meacham argues the ALJ erred in discounting her testimony regarding pain and  
8 cramping in her hands. Dkt. 19 at 15-19. The ALJ found the medical evidence of Ms.  
9 Meacham's underlying impairments might reasonably produce the symptoms alleged and did not  
10 find that Ms. Meacham was malingering. Tr. 17. Consequently, the ALJ was required to  
11 provide specific, clear and convincing reasons for rejecting Ms. Meacham's testimony. *Brown-*  
12 *Hunter v. Colvin*, 806 F.3d 487 (9th Cir. 2015). If the ALJ's credibility finding is supported by  
13 substantial evidence in the record, the Court may not engage in second-guessing. *Thomas*, 278  
14 F.3d at 959. Factors that an ALJ may consider in weighing a claimant's symptom testimony  
15 include inconsistencies in testimony or between testimony and conduct, daily activities, and  
16 unexplained or inadequately explained failure to seek treatment or follow a prescribed course of  
17 treatment. *Orn v. Astrue*, 495 F.3d 625, 636 (9th Cir. 2007).

18 The ALJ reasonably discounted Ms. Meacham's testimony as inconsistent with the  
19 reports in the medical records, including her own reports of symptoms. Tr. 127. Specifically,  
20 the ALJ notes that although Ms. Meacham stated she was losing strength and control in her  
21 hands and that she had great difficulty gripping items and dropped things all the time, repeated  
22 physical examinations did not show hand cramping and showed at most a very mild reduction in  
23 hand strength, ranging from 4/5 to 5/5. *Id.* Ms. Meacham argues that her hand pain and

1 cramping was intermittent, implying that her symptoms would not necessarily be observable on  
2 examination. Dkt. 19 at 16. However, Ms. Meacham’s statement in the Function Report the  
3 ALJ cites does not indicate that her loss of grip strength and frequent dropping of items is  
4 intermittent or that those symptoms only coincided with episodes of cramping. Tr. 729. Rather,  
5 Ms. Meacham states she has lost grip strength and drops things “all the time.” *Id.* Moreover,  
6 Ms. Meacham testified that she experienced cramping almost daily and that almost anything  
7 could set off an episode even small activities such as washing dishes, unclipping a necklace, or  
8 brushing her hair. Tr. 96. However, no cramping was observed during examinations despite Ms.  
9 Meacham being required to use her hands for activities such as grip strength testing. On this  
10 record, the ALJ reasonably discounted Ms. Meacham’s symptom testimony as inconsistent with  
11 the minimal and benign examination findings in the medical record, including Ms. Meacham’s  
12 own reports of symptoms. At most Ms. Meacham’s arguments amount to an alternative  
13 interpretation of the evidence but fail to establish the ALJ’s interpretation was unreasonable. *See*  
14 *Thomas*, 278 F.3d at 954.

15         The ALJ also reasonably discounted Ms. Meacham’s testimony as inconsistent with  
16 evidence that her symptoms had improved with medication. Tr. 127-128. Although Ms.  
17 Meacham testified at the hearing that she had not been able to paint, quilt and sew regularly for  
18 18 months and had been unable to do so at all for the past 6 months, her medical records show  
19 that over the course of the year prior to the hearing, Ms. Meacham frequently reported  
20 improvement of her symptoms with medication.<sup>6</sup> Tr. 100, 1538 (June 2014, reported Tizanidine  
21 helps with cramping pain), 1541 (July 2014, reported carbamazepine helpful for arm cramping

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22 <sup>6</sup> Ms. Meacham acknowledged at the hearing that her medications helped “to some degree.” Tr. 97.  
23 However, this acknowledgment would seem to be at odds with her testimony that she has become more,  
rather than less, functionally impaired since she started the medication.

1 pain and started some quilting), 1557 (September 2014, reported Tegretol was helpful with hand  
2 cramping, used to cramp with writing or washing dishes but improved with Tegretol), 1548  
3 (November 2014, reported hand cramping improving). When considered in combination with  
4 the relatively minimal and benign objective findings, the ALJ reasonably considered Ms.  
5 Meacham's reports of improvement inconsistent with her testimony as to the severity of her  
6 symptoms. *See, e.g., Morgan*, 169 F.3d at 599 (ALJ properly discounted the claimant's  
7 testimony on the grounds that "contrary to [the claimant's] claims of lack of improvement, Dr.  
8 Reaves reported that [the claimant's] mental symptoms improved with the use of medication.").

9         The ALJ also reasonably discounted Ms. Meacham's testimony based on inconsistent  
10 statements and activities. Tr. 129. Specifically, the ALJ noted that Ms. Meacham testified at the  
11 March 2015 hearing that the last time she had been able to paint, sew and quilt on a regular basis  
12 was about 18 months earlier and that she had been unable to do so at all for the 6 months prior to  
13 the hearing. Tr. 100, 129. However, the ALJ points out that in November 2014 she told a  
14 provider "[I am] quite artistic: I paint, I sew." Tr. 129, 1490. Ms. Meacham argues that the ALJ  
15 erred in relying on this treatment note because it did not specify whether she was currently  
16 painting or sewing and, if so, how often. Dkt. 19 at 17. However, Ms. Meacham's statement  
17 that she paints and sews is made in the present tense and while she does mention in the same  
18 treatment note that she experiences hand cramping she does not indicate that it prevents her from  
19 painting and sewing. Tr. 1490. The ALJ reasonably interpreted this statement to mean Ms.  
20 Meacham was still engaging in painting and sewing at the time and that this was inconsistent  
21 with her statement that she had been unable to engage in any of those activities for six months.  
22 The ALJ also points to two other mentions of Ms. Meacham sewing, painting and quilting within  
23 the 18 months leading up to the hearing. Tr. 129. While the treatment notes do not specify how

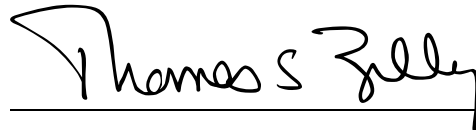
1 often she is engaging in these activities, the ALJ reasonably relied on these treatment notes as  
2 evidence that she continued to engage in these activities during that period. *See Molina*, 674  
3 F.3d at 1112-13 (“Even where those activities suggest some difficulty in functioning, they may  
4 be grounds for discrediting the claimant’s testimony to the extent that they contradict claims of a  
5 totally debilitating impairment.”). Ms. Meacham again argues for alternative interpretations of  
6 these treatment notes but her arguments fail to establish the ALJ’s interpretation was  
7 unreasonable. *See Thomas*, 278 F.3d 947, 954

8 In sum, the ALJ did not err in discounting Ms. Meacham’s symptom testimony regarding  
9 pain and cramping in her hands.

### 10 CONCLUSION

11 For the foregoing reasons, the Commissioner’s final decision is **AFFIRMED** and this  
12 case is **DISMISSED** with prejudice.

13  
14 DATED this 20th day of September, 2017.

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16 Thomas S. Zilly  
17 United States District Judge

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