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8	UNITED STATES DISTRICT COURT WESTERN DISTRICT OF WASHINGTON		
9	AT TACOMA		
10	DAVID JESSE JAMES WEIR,		
11	Plaintiff,	CASE NO. 15-cv-05672 JRC	
12	v.	ORDER ON PLAINTIFF'S COMPLAINT	
13	CAROLYN W. COLVIN, Acting		
14	Commissioner of the Social Security Administration,		
15	Defendant.		
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17	This Court has jurisdiction pursuant to 28 U.S.C. § 636(c), Fed. R. Civ. P. 73 and		
18	Local Magistrate Judge Rule MJR 13 ( <i>see also</i> Notice of Initial Assignment to a U.S.		
19	Magistrate Judge and Consent Form, Dkt. 6; Consent to Proceed Before a United States		
20	Magistrate Judge, Dkt. 7). This matter has been fully briefed ( <i>see</i> Dkt. 17, 18, 19).		
21	After considering and reviewing the record, the Court concludes that the ALJ did		
22	not err when he resolved conflicts in the medical evidence and credibility issues. The		
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24	ALJ's finding that the medical opinion of Dr.	Griztka is "inconsistent with the balance of	

1	the medical evidence," (AR. 105), is based on substantial evidence in the record as a		
2	whole, as discussed in the ALJ's detailed summary of the medical evidence. In addition,		
3	the ALJ provided multiple reasons for failing to credit fully plaintiff's credibility, such as		
4	that plaintiff's medical record "includes evidence suggesting that the claimant		
5	exaggerated symptoms and limitations" (AR. 102), that plaintiff left work for reasons		
6	other than his impairments, and that the medical evidence was not consistent with his		
7	allegations.		
8 9	Therefore, this matter is affirmed pursuant to sentence four of 42 U.S.C. § 405(g).		
10	BACKGROUND		
11	Plaintiff, DAVID JESSE JAMES WEIR, was born in 1978 and was 30 years old		
12	on the alleged date of disability onset of March 31, 2008 (see AR. 287-92, 293-99).		
13	Plaintiff completed the ninth grade in school, and has not obtained his GED or had any		
14	other training or schooling (AR. 119). Plaintiff has work history in construction and		
15	fishing (AR. 120). His last job was driving, pulling a trailer (AR. 120-21).		
16	According to the ALJ, plaintiff has at least the severe impairments of		
17	"degenerative disc disease of the lumbar spine, status post right knee surgeries, status		
18	post right rotator cuff repair, obesity, and status post ulnar nerve injury (20 CFR		
19	404.1520(c) and 416.920(c))" (AR. 94).		
20 21	At the time of the hearing, plaintiff was living in a house with his girlfriend and		
21	her two children (AR. 127).		
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22	1999)).
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	ORDER ON PLAINTIFF'S COMPLAINT - 3

6 requested hearing was held before Administrative Law Judge Gary Elliott ("the ALJ") on 7 May 30, 2014 (see AR. 113-47). On July 14, 2014, the ALJ issued a written decision in 8 which the ALJ concluded that plaintiff was not disabled pursuant to the Social Security 9 Act (see AR. 89-112). 10 In plaintiff's Opening Brief, plaintiff raises the following issues: (1) Whether or 11 not the ALJ provided sufficient reasons to discredit plaintiff; (2) Whether or not the ALJ 12 provided sufficient reasons to reject Dr. Gritzka's opinion; and (3) Whether or not given 13 14 these errors, substantial evidence supported the RFC, hypothetical questions and step five 15 findings (see Dkt. 17, p. 1). 16

## STANDARD OF REVIEW

17 Pursuant to 42 U.S.C. § 405(g), this Court may set aside the Commissioner's 18 denial of social security benefits if the ALJ's findings are based on legal error or not 19 supported by substantial evidence in the record as a whole. Bayliss v. Barnhart, 427 F.3d 20 1211. 1214 n.1 (9th Cir. 2005) (*citing Tidwell v. Apfel*, 161 F.3d 599, 601 (9th Cir.

PROCEDURAL HISTORY

Plaintiff's applications for disability insurance ("DIB") benefits pursuant to 42 U.S.C. § 423 (Title II) and Supplemental Security Income ("SSI") benefits pursuant to 42 U.S.C. § 1382(a) (Title XVI) of the Social Security Act were denied initially and following reconsideration (see AR. 150-62, 163-75, 178-90, 191-203). Plaintiff's

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### DISCUSSION

# (1) Whether or not the ALJ provided sufficient reasons to discredit plaintiff.

The disability determination services ("DDS") office referred plaintiff's claim for further investigation to the Cooperative Disability Investigations Unit ("CDIU") because of "inconsistencies in [his] allegations and presentations throughout the file" (AR. 1011). According to the summary report of the investigation, the "investigation found that [plaintiff] was doing work, but for cash . . . like fixing and selling cars, cutting wood, [and] working on boats" (*id.*). The detective "observed [plaintiff] and did not find that he had physical problems at all; he walks normally; he bent over without difficulty; [and] he went up and down stairs without any problems" (*id.*). According to the report, "[no] witnesses had ever seen him use any type of assistive device" (*id.*).

Plaintiff contends without citation that in the "circumstance of conflicting
evidence of the claimant and an interested, non-objective witness, such as the CDIU
investigator, plaintiff's contradictory answers should be given credence, especially given
their conformity with Dr. Gritzka's findings" (Dkt. 17, pp. 10-11). However, the ALJ is
responsible for determining credibility. *Reddick v. Chater*, 157 F.3d 715, 722 (9th Cir.
1998) (*citing Andrews v. Shalala*, 53 F.3d 1035, 1039 (9th Cir. 1995)). According to the
Ninth Circuit, if the evidence "is susceptible to more than one rational interpretation,"
including one that supports the decision of the Commissioner, the Commissioner's
conclusion "must be upheld." *Thomas v. Barnhart*, 278 F.3d 947, 954 (9th Cir. 2002)
(*citing Morgan v. Comm'r of Soc. Sec. Admin.*, 169 F.3d 595, 601 (9th Cir. 1999)).

1 In addition, the evidence from the CDIU summary report was not the only rationale relied on by the ALJ for his failure to credit fully plaintiff's credibility. For the reasons discussed below, the Court concludes that the ALJ provided specific, clear and convincing reasons for failing to credit fully plaintiff's credibility.

5 If an ALJ rejects the testimony of a claimant once an underlying impairment has 6 been established, the ALJ must support the rejection "by offering specific, clear and 7 convincing reasons for doing so." Smolen v. Chater, 80 F.3d 1273, 1284 (9th Cir. 1996) 8 (citing Dodrill v. Shalala, 12 F.3d 915, 918 (9th Cir.1993)); see also Burrell v. Colvin, 9 775 F.3d 1133, 1137 (9th Cir. 2014) ("There is no conflict in the caselaw, and we reject 10 the government's argument that *Bunnell* excised the "clear and convincing" 11 requirement"); Reddick v. Chater, 157 F.3d 715, 722 (9th Cir. 1998) (citing Bunnell v. 12 Sullivan, supra, 947 F.2d at 343, 346-47). 13

14 Here, as already noted, the ALJ relied in part on the report from the CDIU 15 investigation regarding inconsistencies between plaintiff's allegations and the 16 observations of the detective, including plaintiff's going up and down the stairs without 17 difficulty and without an assistive device and his working for cash. However, even 18 without the results from that CDIU investigation, the ALJ's rationale regarding plaintiff's 19 credibility is specific, clear and convincing. The ALJ also noted that plaintiff's medical 20 record "includes evidence suggesting that the claimant exaggerated symptoms and 21 limitations" (AR. 102). The ALJ provided support for this finding, noting that medical 22 examiner, Dr. Mark Manoso, M.D., noted the claimant had "perceived limitations that do 23 not match his objective findings" (id. (citing AR. 531)). Similarly, the ALJ noted that a 24

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physical capacity examiner "describes non-organic signs as well as a moderate disability
conviction with unreliable results in positive Waddell's findings" (AR. 615; *see also* AR.
574 ("overall test findings in combination with clinical observations suggest the presence
of minor inconsistencies to the reliability and accuracy of the client's reports of pain and
disability")). The Court concludes that the ALJ's finding that plaintiff's medical record
"includes evidence suggesting that the claimant exaggerated symptoms and limitations"
a finding based on substantial evidence in the record as a whole (AR. 102).

The ALJ also noted that plaintiff reported working as a construction driver in June 2010 through July 2010 (*id.* (*citing* Ex. 1E)). The ALJ noted plaintiff's testimony that he stopped work because his employer wanted him to do additional work duties such as hanging drywall (*id.*). As noted by defendant, the fact that a claimant stopped work for reasons other than his impairments is properly considered as a factor when an ALJ does not credit fully a claimant's testimony (Dkt. 18, p. 8 (*citing Bruton v. Massanari*, 268 F.3d 824, 828 (9th Cir. 2001) (citations omitted))).

16 Finally, the Court notes that the ALJ found that plaintiff's allegations were 17 inconsistent with the medical evidence (AR. 101). As summarized by the ALJ: 18 [Plaintiff] alleged he was unable to sit for more than five minutes at a time. He alleged he could walk half a block before needing to rest for 10 19 to 20 minutes. He testified he could stand for no more than 30 minutes at a time. He testified that his "arms go numb all the time." However, Dr. 20 Ostler found he had a well-coordinated gait and full strength in the upper 21 extremities (internal citation to AR. 415-16). Dr. Manoso found he had no discomfort over the cervical, thoracic and lumbar spine, intact 22 sensation and near full strength in the lower extremities, and full strength in the upper extremities (internal citation to AR. 528-29). Dr. Bodow 23 found he had a smooth gait, intact sensation and strength in the upper extremities, and intact sensation and near full strength of the lower 24

extremities (internal citation to AR. 625-27). Dr. Partlow found he had a slight antalgic limp and full strength in the upper and lower extremities (internal citation to AR. 659-60). Diagnostic imaging of the cervical, thoracic, and lumbar spine, right hip, and right knee were essentially unremarkable (internal citation to AR. 398, 444, 631, 857-59, 1112, 1121, 1131). (AR. 101). These findings are based on substantial evidence in the record as a whole. For example, on examination on May 16, 2012, plaintiff demonstrated 5/5 "motor strength of the lower extremities," and 5/5 "motor strength in the upper extremities" (AR. 660). Similarly, the interpretation of plaintiff's February, 2012 MRI was "minimal degenerative disc disease . . . . no evidence of traumatic injury to the osseous elements [and] no significant canal stenosis or neural foraminal narrowing" (AR. 631). For the reasons stated and based on the record as a whole, the Court concludes that the ALJ provided clear and convincing reasons supported by substantial evidence in the record for his failure to credit fully plaintiff's allegations and credibility. (2) Whether or not the ALJ provided sufficient reasons to reject Dr. Thomas Gritzka, M.D.'s opinion. Plaintiff contends that the ALJ erred when he gave little weight to the contradicted opinions of examining doctor, Dr. Thomas Gritzka, M.D. Defendant contends that there is no error.

When an opinion from an examining doctor is contradicted by other medical opinions, the examining doctor's opinion can be rejected "for specific and legitimate reasons that are supported by substantial evidence in the record." *Lester v. Chater*, 81 F.3d 821, 830-31 (9th Cir. 1996) (*citing Andrews v. Shalala*, 53 F.3d 1035, 1043 (9th Cir. 1 [1995); *Murray v. Heckler*, 722 F.2d 499, 502 (9th Cir. 1983)). The ALJ can accomplish
2 this by "setting out a detailed and thorough summary of the facts and conflicting clinical
3 evidence, stating his interpretation thereof, and making findings." *Reddick v. Chater*, 157
4 F.3d 715, 725 (9th Cir. 1998) (*citing Magallanes v. Bowen*, 881 F.2d 747, 751 (9th Cir.
5 [1989)). That is what the ALJ did here.

Dr. Gritzka examined plaintiff in March, 2014 (AR. 1095-1107). Plaintiff complained of pain, walked with a right antalgic limp and used a cane in his right hand (AR. 100 (*citing* AR. 1096)). Among other opinions, Dr. Gritzke opined that plaintiff likely would have suffered absenteeism more than 2 days a month even had he attempted only sedentary work, and opined that he would have been "off task" for 20% or more of the time (AR. 1107).

The ALJ noted that Dr. Gritzka's opinion was inconsistent with the opinions of Drs. Virji and Zechmann (AR. 105). As noted by the ALJ, Dr. Alnoor Virji, M.D. ''opined the claimant could perform light work with postural restrictions and occasional overhead reaching with the right upper extremity'' (AR. 104 (*citing* Exs. 7A and 8A)). Although Dr. Virji did not examine plaintiff, the ALJ found that this opinion was more consistent with the clinical findings of treatment providers and examiners and "with the fairly unremarkable diagnostic imaging of his cervical, thoracic and lumbar spine, right hip, and right knee" (*id*.).

The ALJ is responsible for determining credibility and resolving ambiguities and conflicts in the medical evidence. *Reddick, surpa,* 157 F.3d at 722 (*citing Andrews, supra,* 53 F.3d at 1039). It is not the job of the court to reweigh the evidence: If the evidence "is susceptible to more than one rational interpretation," including one that
supports the decision of the Commissioner, the Commissioner's conclusion "must be
upheld." *Thomas, supra,* 278 F.3d at 954 (*citing Morgan, supra,* 169 F.3d at 599, 601).
Such is the circumstance here.

The ALJ found that the medical opinion of Dr. Griztka is "inconsistent with the balance of the medical evidence" (AR. 105). This finding is based on substantial evidence in the record as a whole, and is backed by the ALJ discussion of the medical evidence.

For example, the Court already has quoted the ALJ's discussion of some of the findings by doctors performing examinations of plaintiff in the context of inconsistency with plaintiff's allegations, *see supra*, section 1. Noted in that quote were the findings on examination of a well-coordinated gait and full strength in the upper extremities (Dr. Ostler, AR. 415-16); no discomfort over the cervical, thoracic and lumbar spine, intact sensation and near full strength in the lower extremities, and full strength in the upper extremities (Dr. Manoso, AR. 528-29); a smooth gait, intact sensation and strength in the upper extremities, and intact sensation and near full strength of the lower extremities (Dr. Bodow, AR. 625-27); a slight antalgic limp and full strength in the upper and lower extremities (Dr. Partlow, AR. 659-60); and unremarkable diagnostic imaging of the cervical, thoracic, and lumbar spine, right hip, and right knee (AR. 398, 444, 631, 857-59, 1112, 1121, 1131).

The ALJ also discussed the finding by Dr. Robert Padilla, M.D. of "normal strength and sensation in the upper and lower extremeties" (AR. 97); and the findings of

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1 "smooth pain free range of motion" in his knee, and "smooth pain free range of motion of 2 the elbow" after left elbow subcutaneous ulnar nerve transposition, in January, 2009 (Dr. 3 Thomas Helpenstell, M.D., AR. 98). The ALJ noted multiple occasions of negative 4 straight leg raise tests (AR. 98 (Dr. Manoso), 99 (Dr. Partlow)) and a normal 5 electrodiagnostic study of the lower extremities (AR. 100 (citing AR. 1067-68)). The 6 ALJ also noted that in "March 2009, examining orthopedist, Dr. Manoso, opined that 7 claimant could perform work as a painter, fast-foods worker, and wind-generating 8 electric power installer" (AR. 102 (citations omitted)); and that in "February 2012, 9 medical examiner, Dr. Bodow, opined there were no physical findings that would keep 10 the claimant from returning to work," and noted various jobs that he opined plaintiff 11 could perform, such as driver, pizza crew member and wind generating electric power 12 installer (AR. 103 (citations omitted)). The ALJ also noted and gave great weight to the 13 14 opinion of Dr. Virji that plaintiff could perform light work with postural restrictions and 15 occasional overhead reaching; and to the opinion in "September 2013, [of] treatment 16 provider, Dr. Zechmann, [who] opined the claimant could do light duty activities" (AR. 17 104 (citation omitted)).

For the reasons stated and based on the record as a whole, the Court concludes that the ALJ's finding that the medical opinion of Dr. Griztka was "inconsistent with the balance of the medical evidence" (AR. 105) is "specific and legitimate [rationale] that [is] supported by substantial evidence in the record," Lester, supra, 81 F.3d at 830-31 (citing 22 Andrews, supra, 53 F.3d at 1043; Murray, supra, 722 F.2d at 502), in the context of the 23 ALJ's "detailed and thorough summary of the facts and conflicting clinical evidence, [] 24

1	his interpretation thereof, and [his] findings." Reddick, supra, 157 F.3d at 725 (citing	
2	Magallanes, supra, 881 F.2d at 751). The ALJ did not commit harmful legal error in his	
3	analysis of the medical evidence offered by Dr. Griztka.	
4	(3) Whether or not given these errors, substantial evidence supported the	
5	<b>RFC</b> , hypothetical questions and step five findings.	
6	Because the Court has found that the ALJ has not committed harmful error, this	
7	argument is not relevant.	
8	CONCLUSION	
9	Based on the stated reasons and the relevant record, the Court <b>ORDERS</b> that this	
10 11	matter be <b>AFFIRMED</b> pursuant to sentence four of 42 U.S.C. § 405(g).	
11	<b>JUDGMENT</b> should be for defendant and the case should be closed.	
12	Dated this 28 <sup>th</sup> day of March, 2016.	
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15	J. Richard Creatura	
16	United States Magistrate Judge	
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