UNITED STATES DISTRICT COURT FOR THE EASTERN DISTRICT OF CALIFORNIA

Virgil Parami Aninion v. Commissioner of Social Security

Aninion · No. 1:24-cv-00243-WBS-GSA · Decided April 21, 2025

SUMMARY

The United States Magistrate Judge recommends denying Virgil Parami Aninion's motion for summary judgment and affirming the Commissioner's denial of disability insurance benefits. The recommendation concludes that the ALJ properly evaluated the medical opinion of Dr. Fadeff and that the decision was supported by substantial evidence.

CASE DETAILS

COURT	United States District Court for the Eastern District of California
WRITING FOR THE COURT	Gary S. Austin
JURISDICTION	United States District Court for the Eastern District of California
DECIDED	April 21, 2025
DOCKET	1:24-cv-00243-WBS-GSA
DISPOSITION	other
PROCEDURAL POSTURE	Plaintiff sought judicial review under 42 U.S.C. § 405(g) of the Commissioner's final decision denying disability insurance benefits. The magistrate judge issued findings and recommendations addressing the parties' cross-motions for summary judgment because the parties did not consent to magistrate-judge jurisdiction.
STANDARD OF REVIEW	The court may set aside the Commissioner's denial of benefits only if the ALJ's findings are based on legal error or are unsupported by substantial evidence in the record as a whole. Substantial evidence is more than a scintilla but less than a preponderance; when the evidence reasonably supports two conclusions, the court may not substitute its judgment for the Commissioner's. Harmless error does not require reversal when the error is inconsequential to the ultimate nondisability determination.
PRECEDENTIAL VALUE	unknown
PARTIES	Virgil Parami Aninion v. Commissioner of Social Security

TOPICS

judicial review of agency action | administrative law | summary judgment | civil procedure | disability definition

PRACTICE AREAS

Social Security disability benefits | administrative law | federal civil procedure

QUESTIONS PRESENTED

1. Whether the ALJ's residual functional capacity assessment was supported by substantial evidence.
2. Whether the ALJ properly evaluated and discounted treating physician Dr. Fadeff's medical opinions under the post-March 27, 2017 medical-opinion regulations.
3. Whether the Commissioner's decision denying disability insurance benefits should be affirmed.

HOLDINGS

1. The ALJ did not err in finding Dr. Fadeff's opinions unpersuasive because the opinions lacked an adequate explanation connecting the identified CT lung scarring and other findings to the proposed exertional limitations and absenteeism, and the opinions were inconsistent with substantial record evidence, including largely normal respiratory examinations, Plaintiff's reported abilities, and controlled symptoms.
2. Substantial evidence and applicable law supported the ALJ's conclusion that Plaintiff was not disabled.

KEY QUOTATIONS

> *"This court may set aside the Commissioner's denial of disability insurance benefits when the ALJ's findings are based on legal error or are not supported by substantial evidence in the record as a whole."* (at 2)

> *"If the evidence could reasonably support two conclusions, the court "may not substitute its judgment for that of the Commissioner" and must affirm the decision."* (at 2)

> *"Even under the new regulations, an ALJ cannot reject an examining or treating doctor's opinion as unsupported or inconsistent without providing an explanation supported by substantial evidence."* (at 5)

FACTUAL BACKGROUND

Plaintiff alleged disability beginning March 31, 2021, based primarily on valley fever, asthma, lung disease, and pulmonary symptoms. The ALJ found valley fever and asthma to be severe impairments, but found that Plaintiff retained the residual functional capacity for a range of medium work with environmental restrictions and could perform work as a store laborer. Plaintiff challenged the decision on the ground that the ALJ improperly discounted the opinions of his treating physician, Dr. Fadeff, who identified limitations based on lung scarring, fatigue, joint pain, and dyspnea. The court concluded that the ALJ reasonably relied on largely normal respiratory examinations, Plaintiff's reported abilities, controlled symptoms, and the lack of adequate explanation connecting the CT finding to the stated exertional limitations.

PROCEDURAL HISTORY

Plaintiff applied for disability insurance benefits in April 2021. The Commissioner denied the application initially and on reconsideration; after a January 19, 2023 administrative hearing, the ALJ issued an unfavorable decision on February 15, 2023, and the Appeals Council denied review on December 28, 2023. Plaintiff then filed this action, moved for summary judgment, and the Commissioner filed a cross-motion. The magistrate judge recommended denying Plaintiff's motion, granting the Commissioner's motion, affirming the Commissioner's decision, and directing entry of judgment for the Commissioner, subject to objections and review by the assigned district judge.

DISPOSITION

other

CASES CITED

- Tackett v. Apfel, 180 F.3d 1094, 1097 (9th Cir. 1999)
- Richardson v. Perales, 402 U.S. 389, 401 (1971)
- Saelee v. Chater, 94 F.3d 520, 522 (9th Cir. 1996)
- Robbins v. Social Security Administration, 466 F.3d 880, 882 (9th Cir. 2006)
- Jamerson v. Chater, 112 F.3d 1064, 1066 (9th Cir. 1997)
- Tommasetti v. Astrue, 533 F.3d 1035, 1038 (9th Cir. 2008)
- Garrison v. Colvin, 759 F.3d 995, 1011 (9th Cir. 2014)
- Magallanes v. Bowen, 881 F.2d 747, 751 (9th Cir. 1989)
- Woods v. Kijakazi, 2022 WL 1195334 (9th Cir. Apr. 22, 2022)
- Wilkerson v. Wheeler, 772 F.3d 834, 838-39 (9th Cir. 2014)
- Baxter v. Sullivan, 923 F.2d 1391, 1394 (9th Cir. 1991)