

**UNITED STATES DISTRICT COURT FOR THE EASTERN DISTRICT OF
CALIFORNIA**

Vincent Bernard Davis v. Commissioner of Social Security

Davis v. Commissioner of Social Security · No. 2:24-cv-01874 CKD · Decided August 1, 2025

OPINION

1 2 3 4 5 6 7 8 UNITED STATES DISTRICT COURT 9 FOR THE EASTERN DISTRICT OF
CALIFORNIA 10 11 VINCENT BERNARD DAVIS, No. 2:24-cv-01874 CKD 12 Plaintiff, 13 v.
ORDER 14 COMMISSIONER OF SOCIAL SECURITY, 15 Defendant. 16 17 18 Plaintiff seeks
judicial review of a final decision of the Commissioner of Social Security 19 (“Commissioner”)
finding that his disability ended on March 1, 2020 under section 223(f) of the 20 Social Security
Act (“Act”).

The parties have consented to Magistrate Judge jurisdiction to 21 conduct all proceedings in the
case, including the entry of final judgment. ECF No. 9. The 22 parties have filed cross-motions for
summary judgment. ECF Nos. 11 & 16.

For the reasons 23 discussed below, the court will deny plaintiff’s motion for summary judgment
and grant the 24 Commissioner’s cross-motion for summary judgment. 25 BACKGROUND 26
Plaintiff, born in 1979, applied for Supplemental Security Income (SSI) on September 11, 27
2014, alleging disability beginning March 1, 2012. Administrative Transcript (“AT”) 250-259.

28 In an ALJ decision dated September 7, 2016, the Commissioner found plaintiff disabled due to
1 the severe impairment of psychotic disorder, including symptoms of “auditory hallucinations, 2
memory loss, depression, and difficulty managing anger” that have “persisted despite mental 3
health treatment, including antipsychotic medication.” AT 101, 102.

The ALJ noted that 4 “[m]edical improvement may occur with appropriate treatment” and
recommended a continuing 5 disability review in 24 months. Id. at 103. 6 On March 9, 2020,
pursuant to a continuing disability review (“CDR”), the Commissioner 7 found plaintiff was no
longer disabled as of March 2020.1 AT 129-132. Plaintiff requested 8 reconsideration of the
decision on March 16, 2020 (AT 133-34), and the Commissioner denied 9 reconsideration on July
12, 2022.

AT 189-191. Plaintiff requested a de novo hearing before an 10 Administrative Law Judge (ALJ).
AT 192. After holding hearings on February 14, 2023 and 11 May 16, 2023, the ALJ concluded
that plaintiff’s disability ended on March 1, 2020. AT 18-28. 12 Plaintiff challenges the ALJ’s
August 30, 2023 decision in the instant case. 13 In it, the ALJ made the following findings
(citations to 20 C.F.R. omitted): 14 1.

The most recent favorable medical decision finding that the claimant was disabled is the determination dated September 7, 2016. 15 This is known as the ‘comparison point decision’ or CPD. 16 2. At the time of the CPD, the claimant had the following medically determinable impairment: psychotic disorder. 17 3.

The medical evidence establishes that the claimant did not 18 develop any additional impairments after the CPD through March 1, 2020. Thus, the claimant’s current impairment is the same as the 19 CPD impairment. 20 4. Since March 1, 2020, the claimant has not had an impairment or combination of impairments that meets or medically equals one of 21 the listed impairments in 20 CFR Part 404, Subpart P, Appendix 1.

22 5. Medical improvement occurred on March 1, 2020. 23 6. The medical improvement is related to the ability to work because, by March 1, 2020, the claimant no longer had an impairment or 24 combination of impairments that met or medically equaled the same listing(s) that was met at the time of the CPD. 25 26 1 “The Commissioner of the SSA must conduct periodic continuing disability reviews of persons 27 who receive disability benefits.” *Lambert v. Saul*, 980 F.3d 1266, 1268 (9th Cir.

2020), citing 42 U.S.C. § 421(i); 20 C.F.R. § 404.1590. 28 1 7. Since March 1, 2020, the claimant’s impairment has continued to be severe. 2 8. After careful consideration of the entire record, the undersigned 3 finds that, beginning on March 1, 2020, the claimant has had the residual functional capacity to perform a full range of work at all 4 exertional levels but with the following nonexertional limitations: simple, routine, repetitive tasks; occasional public face-to-face 5 interaction; occasional required decision making; occasional work setting changes; and no joint, shared, or tandem tasks with 6 coworkers.

7 9. The undersigned makes no finding regarding the claimant’s capacity for past relevant work. 8 10. On March 1, 2020, the claimant was a younger individual age 9 18-49. 10 11. The claimant has at least a high-school education. 11 12. Transferability of job skills is not material to the determination of disability[.] 12 13. Since March 1, 2020, considering the claimant’s age, education, 13 work experience, and residual functional capacity, the claimant has been able to form a significant number of jobs in the national 14 economy.

15 14. The claimant’s disability ended on March 1, 2020, and the claimant has not become disabled again since that date. 16 17 AT 19-28. 18 ISSUES PRESENTED 19 Plaintiff contends that the ALJ committed the following errors: (1) the ALJ erred by 20 neither incorporating nor rejecting certain limitations opined by the psychological consultant; and 21 (2) the ALJ improperly discounted the claimant’s subjective symptom testimony.

22 LEGAL STANDARDS 23 The court reviews the Commissioner’s decision to determine whether (1) it is based on 24 proper legal standards pursuant to 42 U.S.C. § 405(g), and (2)

substantial evidence in the record 25 as a whole supports it. *Tackett v. Apfel*, 180 F.3d 1094, 1097 (9th Cir. 1999). “The ALJ is 26 responsible for determining credibility, resolving conflicts in medical testimony, and resolving 27 ambiguities.” *Edlund v. Massanari*, 253 F.3d 1152, 1156 (9th Cir.

2001) (citations omitted). 28 1 “The court will uphold the ALJ’s conclusion when the evidence is susceptible to more than one 2 rational interpretation.” *Tommasetti v. Astrue*, 533 F.3d 1035, 1038 (9th Cir. 2008). 3 The record as a whole must be considered, *Howard v. Heckler*, 782 F.2d 1484, 1487 (9th 4 Cir. 1986), and both the evidence that supports and the evidence that detracts from the ALJ’s 5 conclusion weighed.

See *Jones v. Heckler*, 760 F.2d 993, 995 (9th Cir. 1985). The court may not 6 affirm the ALJ’s decision simply by isolating a specific quantum of supporting evidence. *Id.*; see 7 also *Hammock v. Bowen*, 879 F.2d 498, 501 (9th Cir. 1989). If substantial evidence supports the 8 administrative findings, or if there is conflicting evidence supporting a finding of either disability 9 or nondisability, the finding of the ALJ is conclusive, see *Sprague v. Bowen*, 812 F.2d 1226, 10 1229-30 (9th Cir.

1987), and may be set aside only if an improper legal standard was applied in 11 weighing the evidence. See *Burkhart v. Bowen*, 856 F.2d 1335, 1338 (9th Cir. 1988). 12 ANALYSIS 13 A. Medical Opinion 14 Plaintiff argues that the ALJ erroneously discounted certain limitations in the June 2020 15 medical residual functional capacity assessment by psychological consultant Dr. L. Colsky.

Dr. 16 Colsky found plaintiff moderately limited in the following areas: 17 • the ability to maintain attention and concentration for extended periods; 18 • the ability to complete a normal workday and workweek 19 without interruptions from psychologically based symptoms and to perform at a consistent pace without an unreasonable 20 number and length of rest periods; and 21 • the ability to interact appropriately with the general public.

22 AT 548-49. In all other assessed areas, Dr. Colsky opined that plaintiff was not significantly 23 limited. *Id.* In conclusion, Dr. Colsky stated: “[Claimant] is capable of performing simple 24 unskilled[;] also would suggest [claimant] would work best in low public contact setting.” *Id.* at 25 550. 26 The ALJ evaluated this opinion as follows: 27 The undersigned gives great, but not full, weight to the opinion of 28 1 State agency psychological consultant L. Colsky, M.D.2 Dr. Colsky opined the claimant had experienced significant medical 2 improvement but continued to have a severe impairment that limited the claimant to perform simple, unskilled work in a low public 3 setting.

The assessment that the claimant experienced significant medical improvement is consistent with the medical health treatment 4 records noting the claimant is stable on medication and has

generally normal mental health status examinations overall...

The limitations 5 opined by Dr. Colsky are supported by explanation and generally consistent with the medical evidence discussed above. 6 However, the undersigned does not adopt the finding that the 7 claimant is limited to unskilled tasks because ‘unskilled’ is not a vocational term. Nevertheless, the undersigned understands the term 8 ‘unskilled’ in this case to mean simple, routine, repetitive tasks based on the evidence... of mild auditory hallucinations at times and mild 9 anxiety.

10 Similarly, the undersigned does not adopt the limitation of ‘low public setting’ because it is not defined. However, based on the 11 medical and other evidence discussed above, the undersigned takes this to mean occasional public face-to-face interaction, occasional 12 required decision making, occasional work setting changes, and no joint, shared, or tandem tasks with coworkers.

Thus, this opinion is 13 given great, but not full, weight. 14 AT 26. 15 Plaintiff argues that the ALJ did not address the opined moderate limitation in his ability 16 to “complete a normal workday or workweek without interruptions from psychologically based 17 symptoms and to perform at a consistent pace without an unreasonable number and length of rest 18 periods.” Defendant points to Dr. Colsky’s conclusion that, despite some moderate mental 19 limitations, plaintiff was capable of performing simple work with little public contact, and argues 20 that the ALJ properly incorporated the opined limitations into the RFC.

21 “The ALJ is responsible for translating and incorporating clinical findings into a succinct 22 RFC.” *Rounds v. Comm’r Soc. Sec. Admin.*, 807 F.3d 996, 1006 (9th Cir. 2015). In doing so, 23 the ALJ must articulate a “substantive basis” for rejecting a medical opinion or crediting one 24 medical opinion over another. *Garrison v. Colvin*, 759 F.3d 995, 1012 (9th Cir.

2014). “When an 25 ALJ accords substantial or great weight to a physician’s opinion, he must either incorporate their 26 27 2 Citing AT 511-524 (June 26, 2020 psychiatric review technique), AT 526-528 (advisory comparison point decision), and AT 548-551(June 26, 2020 mental residual functional capacity 28 assessment). 1 findings into the RFC or offer an explanation for why he chose not to accept them.” *Milavong v. 2 Comm’r*, No. 1:24-cv-00278-JLT-BAM, 2025 WL 553341, *4 (E.D.

Cal. Feb. 18, 2025) 3 (collecting cases). 4 Under *Stubbs-Danielson v. Astrue*, 539 F.3d 1169, 1174 (9th Cir. 2008), “an ALJ’s 5 assessment of a claimant adequately captures restrictions related to concentration, persistence, or 6 pace where the assessment is consistent with restrictions identified in the medical testimony.” 7 “However, courts have frequently distinguished *Stubbs-Danielson* as inapplicable to cases with 8 opined limitations beyond concentration, persistence, or pace.” *Milavong*, 2025 WL 553341, *6 9 (collecting cases).

Here, one of the two limitations at issue concerns pace, but the other concerns 10 the ability to complete a normal workday or workweek without interruptions from psychological 11 symptoms. “Courts within this district have recently noted that the district court case law ‘tends 12 to favor the view that a restriction to simple/routine tasks with limited public contact does not 13 account for the moderate limitations... identified in interacting with supervisors and peers, 14 handling work related stressors, maintaining regular attendance, and completing a normal 15 workweek without interruption.’” *Id.* at *4 (emphasis added) (quoting *Harrell v. Kijakazi*, No. 16 1:20-cv-00614-GSA, 2021 WL 4429416, *6 (E.D.

Cal. Sept. 27, 2021)). See also *Morinskey v. 17 Astrue*, 458 Fed. Appx. 640, 641 (9th Cir. 2011) (ALJ erred by not making “findings setting forth 18 specific, legitimate reasons for rejecting... opinion that Morinskey’s abilities to... complete a 19 normal work day or workweek without interruption from his bipolar disorder were moderately 20 impaired”). 21 Viewed in isolation, under this standard, the ALJ should have either explicitly adopted or 22 given specific reasons for rejecting Dr. Colsky’s opinion that plaintiff was moderately impaired in 23 the ability to complete a normal workday and workweek without interruptions from psychological 24 symptoms.

However, from the narrative portion of the opinion, it is clear that Dr. Colsky himself 25 (or herself) believed that plaintiff’s moderate limitation in this area did not preclude certain types 26 of work. When explaining his/her earlier findings in narrative form, Dr. Colsky opined that 27 plaintiff “is capable of performing simple, unskilled” work “in [a] low public contact setting.” 28 AT 550.

1 Similarly, State agency psychological consultant Dr. Barbara Moura found plaintiff 2 moderately limited in this area, but able to perform certain types of work. The ALJ gave “some 3 weight” to Dr. Moura’s February 2020 opinion, which found that plaintiff “is stable on current 4 meds. Most recent exams are normal with no significant functional problems.” She further found 5 that plaintiff has “[s]ome lingering symptoms” but the medical evidence “shows significant 6 medical improvement.” AT 26, 82.

Dr. Moura found that plaintiff’s “psychosis and mood 7 symptoms are now nonsevere. Anxiety appears severe and to cause at most moderate functional 8 limitations.” AT 83. Like Dr. Colsky, Dr. Moura found plaintiff moderately limited in the ability 9 to complete a normal workday and workweek without interruptions from mental symptoms and to 10 perform at a consistent pace without an unreasonable number of rest periods.

AT 86. Explaining 11 this limitation, Dr. Moura clarified that plaintiff was “limited to carrying out simple 1-2 step 12 tasks.” *Id.* Neither physician found plaintiff to require specific accommodations, e.g., frequent 13 rest breaks, based on his moderate limitations in completing a normal workday or workweek. 14 The ALJ largely adopted Dr. Colsky’s medical opinion.

He translated the term 15 “unskilled” in Dr. Colsky’s narrative summary into the standard RFC limitation of “simple, 16 routine, repetitive tasks.” AT 26. He also translated the term “low public setting” in Dr. Colsky’s 17 narrative summary to mean “occasional public face-to-face interaction, occasional required 18 decision making, occasional work setting changes, and no joint, shared, or tandem tasks with 19 coworkers.” AT 26.

As to the moderate limitation on completing a normal workday or week 20 without interruption, the ALJ appears to have relied on the narrative portion of the opinion 21 summarizing Dr. Colsky’s findings. See *Shaibi v. Berryhill*, 883 F.3d 1102, 1107 (9th Cir. 2017) 22 (ALJ reasonably concluded plaintiff could perform essential workplace functions despite 23 moderate limitations in light of “Summary Conclusions” doctor submitted along with written 24 comments).

25 If the evidence “is susceptible to more than one rational interpretation, it is the ALJ’s 26 conclusion that must be upheld.” *Ford v. Saul*, 950 F.3d 1141, 1154 (9th Cir. 2020) (quoting 27 *Burch v. Barnhart*, 400 F.3d 676, 679 (9th Cir. 2005)).

Here, Dr. Colsky’s opinion (similar to Dr. 28 Moura’s) can be rationally interpreted to mean that, despite moderate limitations in the ability to 1 complete a normal workday and workweek without interruption from mental symptoms and to 2 perform at a consistent pace, plaintiff could perform work consisting of simple, repetitive tasks 3 with little public interaction, among other RFC limitations. “As we cannot say that the ALJ’s 4 interpretation of the available evidence was not rational, the ALJ’s conclusions were supported by 5 substantial evidence.” *Shaibi*, 883 F.3d at 1108.

6 B. Subjective Symptom Testimony 7 Plaintiff argues that the ALJ erred in discounting his symptom testimony because the ALJ 8 did not explain why specific evidence undermined his statements, as required. Defendant 9 counters that the ALJ’s credibility discussion met the legal standard. 10 The ALJ determines whether a disability applicant is credible, and the court defers to the 11 ALJ’s discretion if the ALJ used the proper process and provided proper reasons.

See, e.g., 12 *Saelee v. Chater*, 94 F.3d 520, 522 (9th Cir. 1995). If credibility is critical, the ALJ must make an 13 explicit credibility finding. *Albalos v. Sullivan*, 907 F.2d 871, 873-74 (9th Cir. 1990). “Without 14 affirmative evidence showing that the claimant is malingering, the Commissioner’s reasons for 15 rejecting the claimant’s testimony must be clear and convincing.” *Morgan v. Commissioner of 16 Social Sec. Admin.*, 169 F.3d 595, 599 (9th Cir.

1999); see also *Lambert v. Saul*, 980 F.3d 1266, 17 1277–78 (9th Cir. 2020). 18 In evaluating whether subjective complaints are credible, the ALJ should first consider 19 objective medical evidence and then consider other factors. *Bunnell v. Sullivan*, 947 F.2d 341, 20 344 (9th Cir. 1991) (en banc). If there is objective medical evidence of an impairment, the ALJ 21 then may consider

the nature of the symptoms alleged, including aggravating factors, medication, 22 treatment and functional restrictions.

See *id.* at 345-47. The ALJ also may consider: (1) the 23 applicant's reputation for truthfulness, prior inconsistent statements or other inconsistent 24 testimony, (2) unexplained or inadequately explained failure to seek treatment or to follow a 25 prescribed course of treatment, and (3) the applicant's daily activities. *Smolen v. Chater*, 80 F.3d 26 1273, 1284 (9th Cir.

1996); see generally SSR 96-7P, 61 FR 34483-01; SSR 95-5P, 60 FR 55406- 27 01; SSR 88-13. When discounting subjective testimony, an ALJ must provide "specific, clear, 28 and convincing reasons for doing so." *Wade v. Saul*, 850 F. App'x 568, 569 (9th Cir. 2021) 1 (emphasis in original), citing *Lambert*, 980 F.3d at 1277-78. This standard does "not require 2 ALJs to perform a line-by-line exegesis of the claimant's testimony[.]" *Lambert*, 980 F.3d at 3 1277.

However, an ALJ's detailed overview of the claimant's medical history—coupled with a 4 nonspecific boilerplate conclusion that her testimony is "not entirely consistent" with her medical 5 treatment—is not enough to satisfy the minimal requirements for assessing credibility. *Id.* at 6 1277-78. 7 Here, the ALJ summarized plaintiff's testimony, including hearing testimony and written 8 submissions, as follows: 9 The claimant alleged that schizophrenia, bipolar, and anxiety continued to limit his ability to work.

Specifically, the claimant 10 asserted that the impairments caused symptoms such as paranoia, daily panic attacks, anxiety while in public places, claustrophobia on 11 long car rides, feeling as though he is trapped at times, feeling as though he needs to escape, depression, and poor memory. He 12 testified that he still heard voices, but he admitted that the auditory hallucinations improved with medication.

He indicated that he did 13 not have visual hallucinations. The claimant further noted that difficulty being around other people limited his ability to work. 14 15 AT 24. 16 The ALJ found that plaintiff's statements "about the alleged intensity, persistence, and 17 limiting effects of [his] symptoms are inconsistent with the objective medical evidence." AT 24.

18 Plaintiff asserts that the ALJ "failed to connect any specific portions of Davis' testimony to the 19 parts of the record supporting the ALJ's decision" (ECF No. 11 at 18), but the court finds that the 20 ALJ did explain why specific evidence undercut the above testimony.

First, as to the objective 21 medical evidence, "mental health treatment records document little, if any, mention of these 22 symptoms since March 1, 2020." AT 24; see AT 22, 24 (mental status exams generally within 23 normal limits with mild anxiety).

The ALJ continued: 24 The claimant alleged experiencing anxiety while in public places and potential for panic attacks, but mental status examinations document 25 generally only mild

anxiety. [Record citations.] The claimant asserted having a bad memory, but the medical records show normal 26 cognition with no limitations of memory noted. [Record citations.]

Accordingly, the undersigned finds that the objective medical 27 evidence does not support the level of symptomology that the claimant alleged[.] 28 1 AT 25; see also AT 24 (noting that “[t]he degree of self-asserted limitations is not supported by 2 the objective medical evidence, which documents generally normal mental status examinations”). 3 The ALJ then discussed the evidence that “treatment has been generally successful in 4 controlling the allegedly disabling symptoms.” AT 25.

The ALJ cited a record of largely normal 5 mental status examinations and plaintiff’s testimony that medication has been helpful in treating 6 his auditory hallucinations and denying auditory and visual hallucinations. *Id.*; see AT 42-44 7 (hearing testimony on hallucinations and medication effects). 8 The ALJ next discussed the evidence of plaintiff’s daily activities, recounting plaintiff’s 9 testimony that “he did not do much other than go to the store once in a while and try to get out of 10 the house to exercise.” AT 24; see AT 46-48 (hearing testimony).

However, the longitudinal 11 record showed that plaintiff’s reported activities included doing artwork, talking on the phone, 12 fixing meals, attending to self-care, doing housework, and trying to find a job. AT 24-25.

The 13 ALJ reasoned: 14 Some of the physical and mental abilities and social interactions required in order to perform these activities are the same as those 15 necessary for obtaining and maintaining employment and are inconsistent with the presence of an incapacitating or debilitating 16 condition. Further, the claimant’s ability to go to the store even once in a while is inconsistent with the alleged severity of his anxiety 17 while in public places, which he indicated caused panic attacks.

The claimant’s ability to participate in the above-listed activities is 18 inconsistent with the claimant’s statements concerning the alleged intensity, persistence, and limiting effects of his symptoms. 19 20 AT 25. “Even where [daily] activities suggest some difficulty functioning, they may be grounds 21 for discrediting the claimant’s testimony to the extent that they contradict claims of a totally 22 debilitating impairment.” *Molina v. Astrue*, 674 F.3d 1104, 1112-13 (9th Cir. 2012) (superseded 23 by statute on other grounds); see *Ahearn v. Saul*, 988 F.3d 1111, 1117 (9th Cir. 2021) (evidence 24 of daily activities including shopping at stores, performing personal care, preparing meals, 25 playing video games for sustained periods, and performing household chores supported ALJ’s 26 conclusion that claimant’s depression and cognitive issues were not as severe as he claimed).

27 / / / / 28] In sum, the ALJ provided more than an overview of the medical history and a boilerplate 2 || conclusion that plaintiffs testimony was inconsistent with the record. Rather, he

pointed to 3 || specific evidence and explained why it called certain of plaintiff's statements into question. 4 || Because the ALJ used the proper process and provided proper reasons, the court defers to his 5 || discretion on the credibility determination.

6 | CONCLUSION 7 IT IS HEREBY ORDERED that: 8 1. Plaintiffs motion for summary judgment (ECF No. 11) is denied; 9 2. The Commissioner's cross-motion for summary judgment (ECF No. 16) is granted; 10 || and 11 3. The Clerk of Court shall enter judgment for the Commissioner. 12 | Dated: August 1, 2025 / aa / a Ly a 13 CAROLYN K DELANEY 14 UNITED STATES MAGISTRATE JUDGE 15 16 17 18 19 20 || 2/vbdavis1874.ssi.ckd.cdr 21 22 23 24 25 26 27 28 1]