

UNITED STATES DISTRICT COURT FOR THE EASTERN DISTRICT OF
CALIFORNIA

Venis J. Mahorne v. Commissioner of Social Security

Mahorne v. Commissioner of Social Security · No. 1:23-cv-00415-CDB (SS) · Decided July 30, 2025

SUMMARY

The United States District Court for the Eastern District of California granted Venis J. Mahorne’s motion for summary judgment in her action seeking review of the Commissioner of Social Security’s denial of supplemental security income. The court held that the administrative law judge did not provide reasons supported by substantial evidence for discounting Mahorne’s subjective symptom testimony, particularly regarding changes in her impairments and treatment and the significance of her daily activities. The matter was remanded for further administrative proceedings.

CASE DETAILS

COURT	United States District Court for the Eastern District of California
JURISDICTION	United States District Court for the Eastern District of California
DECIDED	July 30, 2025
DOCKET	1:23-cv-00415-CDB (SS)
DISPOSITION	reversed_and_remanded
PROCEDURAL POSTURE	Plaintiff sought judicial review under 42 U.S.C. § 405(g) of the Commissioner's final decision denying her application for supplemental security income. The court granted plaintiff's motion for summary judgment, reversed the Commissioner's decision, and remanded for further administrative proceedings.
STANDARD OF REVIEW	Under 42 U.S.C. § 405(g), the court reviews the Commissioner's decision to determine whether it is supported by substantial evidence or based on legal error. The court considers the entire record, reviews only the reasons provided by the ALJ, may not substitute its judgment for the Commissioner's, and will not reverse for harmless error.
PRECEDENTIAL VALUE	unpublished and nonprecedential district court order
PARTIES	Venis J. Mahorne v. Commissioner of Social Security

TOPICS

- judicial review of agency action
- agency adjudication
- administrative law

PRACTICE AREAS

Social Security disability

administrative law

judicial review of agency action

civil procedure

QUESTIONS PRESENTED

1. Whether the ALJ provided specific, clear, and convincing reasons supported by substantial evidence for discounting plaintiff's subjective symptom testimony.
2. Whether the ALJ's reliance on the asserted lack of change in plaintiff's objective findings and treatment since a prior decision was supported by substantial evidence.
3. Whether the ALJ adequately explained how plaintiff's limited daily activities conflicted with her alleged limitations or demonstrated transferable work abilities.

HOLDINGS

1. The ALJ did not provide specific, clear, and convincing reasons supported by substantial evidence for discounting plaintiff's symptom testimony. The conclusion that plaintiff's objective findings and treatment had not materially changed since the prior decision was contradicted by the ALJ's finding of additional severe impairments and by evidence of bilateral knee injections, planned back MRIs and epidural injections, and conservative treatment that had not produced lasting results.
2. The ALJ's reliance on plaintiff's daily activities was legally insufficient because the ALJ merely listed limited activities, such as dressing herself and preparing a sandwich several days per week, without explaining how those activities conflicted with particular testimony or demonstrated an ability to perform work-related functions.
3. The errors were not harmless because the ALJ provided no valid additional reasons for rejecting plaintiff's symptom testimony.

KEY QUOTATIONS

"The Regulations provide that "a physical or mental impairment must be established by objective medical evidence from an acceptable medical source." (Opinion at 11)

"There are two grounds on which an ALJ may use a plaintiff's daily activities to question a plaintiff's credibility as to her subjective symptoms: (1) when daily activities demonstrate the plaintiff has transferable work skills, and (2) when daily activities contradict the plaintiff's testimony as to the degree of functional limitation." (Opinion at 13)

"For all these reasons, the ALJ did not identify specific, clear, and convincing reasons supported by substantial evidence for discrediting Plaintiff's symptom testimony." (Opinion at 14)

FACTUAL BACKGROUND

Plaintiff alleged disabling limitations from right-eye blindness, bilateral knee osteoarthritis, small-fiber neuropathy, lupus, degenerative disc disease, and obesity. She testified that her symptoms had worsened, that she used a cane or walker, received approximately 65 or 66 hours per month of in-home services, could stand only 15 to 20 minutes, and spent several hours a day lying down. The ALJ found her capable of light work with

restrictions and discounted her symptom testimony based primarily on medical findings, treatment history, and daily activities.

PROCEDURAL HISTORY

Plaintiff filed a Title XVI application for supplemental security income on February 14, 2019. The application was denied initially and on reconsideration; following a December 9, 2021 hearing, the ALJ issued a January 20, 2022 decision finding plaintiff not disabled. The Appeals Council denied review on January 13, 2023. Plaintiff then sought review in the district court, which granted summary judgment in her favor and remanded.

DISPOSITION

reversed_and_remanded

REMAND INSTRUCTIONS

The matter was remanded to the Commissioner of Social Security for further proceedings consistent with the order.

CASES CITED

- Hill v. Astrue, 698 F.3d 1153, 1158-59 (9th Cir. 2012)
- Tommasetti v. Astrue, 533 F.3d 1035, 1038-39 (9th Cir. 2008)
- Shinseki v. Sanders, 556 U.S. 396, 409-10 (2009)
- Tackett v. Apfel, 180 F.3d 1094, 1098 (9th Cir. 1999)
- Beltran v. Astrue, 700 F.3d 386, 389 (9th Cir. 2012)
- Andrews v. Shalala, 53 F.3d 1035, 1039 (9th Cir. 1995)
- Orn v. Astrue, 495 F.3d 625, 635, 639 (9th Cir. 2007)
- Molina v. Astrue, 674 F.3d 1104, 1104, 1112, 1115 (9th Cir. 2012)
- Lingenfelter v. Astrue, 504 F.3d 1028, 1036 (9th Cir. 2007)
- Smolen v. Chater, 80 F.3d 1273, 1281-82, 1284 & n.7 (9th Cir. 1996)
- Treichler v. Comm'r of Soc. Sec., 775 F.3d 1090, 1102 (9th Cir. 2014)
- Carmickle v. Comm'r of Soc. Sec., 533 F.3d 1155, 1160 (9th Cir. 2008)
- Moisa v. Barnhart, 367 F.3d 882, 885 (9th Cir. 2004)
- Wilson v. Berryhill, 757 Fed. Appx. 595, 597 (9th Cir. 2019)
- Smartt v. Kijakazi, 53 F.4th 489, 494 (9th Cir. 2022)
- Bunnell v. Sullivan, 947 F.2d 341, 346 (9th Cir. 1991)
- Bray v. Comm'r of Soc. Sec. Admin., 554 F.3d 1219, 1226 (9th Cir. 2009)
- Garrison v. Colvin, 759 F.3d 995, 1015 (9th Cir. 2014)
- Macina v. Colvin, No. 24-204, 2024 WL 5116300, at *3 (9th Cir. Dec. 16, 2024)
- Burch v. Barnhart, 400 F.3d 676, 680 (9th Cir. 2005)

- Reddick v. Chater, 157 F.3d 715, 722 (9th Cir. 1998)
- Rollins v. Massanari, 261 F.3d 853, 857 (9th Cir. 2001)
- Hairston v. Saul, 827 Fed. Appx. 772, 773 (9th Cir. 2020)
- Vertigan v. Halter, 260 F.3d 1044, 1049-50 (9th Cir. 2001)
- Brown-Hunter v. Colvin, 806 F.3d 487, 493 (9th Cir. 2015)
- Dominguez v. Colvin, 808 F.3d 403, 407 (9th Cir. 2015)

OPINION

1 2 3 4 5 6 7 8 UNITED STATES DISTRICT COURT 9 EASTERN DISTRICT OF
CALIFORNIA 10 11 VENIS J. MAHORNE, Case No. 1:23-cv-00415-CDB (SS) 12 Plaintiff,
ORDER GRANTING PLAINTIFF’S MOTION FOR SUMMARY JUDGMENT1 13 v. (Docs. 15,
17, 18) 14 COMMISSIONER OF SOCIAL SECURITY, 15 Defendant. 16 17 Plaintiff Venis J.
Mahorne (“Plaintiff”) seeks judicial review of a final decision of the 18 Commissioner of Social
Security (“Commissioner” or “Defendant”) denying her application for 19 disability benefits
under the Social Security Act.

(Doc. 1). The matter is currently before the 20 Court on the parties’ briefs, which were submitted
without oral argument. (Docs. 15, 17, 18). 21 Upon review of the Administrative Record (Doc. 11,
“AR”) and the parties’ briefs, the Court 22 finds and rules as follows. 23 I. BACKGROUND 24 A.
Administrative Proceedings and ALJ’s Decision 25 Plaintiff filed a Title XVI application for
supplemental security income on February 14, 26 2019.

(AR 123-24). Plaintiff’s application was denied initially and upon reconsideration, and 27 1 Based
on the parties’ consent to magistrate judge jurisdiction for all purposes, the undersigned was
authorized to preside over all proceedings effective May 18, 2023, pursuant to 28 U.S.C. § 636(c)
(1). 1 Plaintiff requested a hearing before an administrative law judge (“ALJ”).

(AR 131-41, 144). On 2 December 9, 2021, ALJ L. Raquel BaileySmith held a hearing, during
which Plaintiff, 3 represented by counsel, and an independent vocational expert testified. (AR 35-
58). The ALJ 4 issued her decision on January 20, 2022, finding Plaintiff not disabled. (AR 15-
30).

On January 5 13, 2023, the Appeals Council declined Plaintiff’s request for review. (AR 1-3). 6 At
the outset of her decision, ALJ BaileySmith noted that Plaintiff was found not disabled 7 in a prior
February 1, 2018, ALJ decision. (AR 15). ALJ BaileySmith concluded the 8 presumption of
continuing disability did not apply because of Plaintiff’s change in age; a change 9 in the
musculoskeletal listings since the prior decision; and additional evidence establishing the 10
existence of medically determinable impairments that were not previously considered.

(AR 16). 11 The ALJ then engaged in the five-step sequential evaluation process set forth by the
12 Social Security Administration. 20 C.F.R. §§ 404.1520(a), 416.920(a). At step one, the ALJ 13

found Plaintiff had not engaged in substantial gainful activity since February 14, 2019, the 14 application date. (AR 18). At step two, the ALJ determined that Plaintiff had the following 15 severe impairments: “right eye blindness; tri-compartmental osteoarthritis bilateral knees; small 16 fiber neuropathy; lupus; degenerative disc disease; and obesity.” (AR 18-20).

At step three, the 17 ALJ found that Plaintiff did not have an impairment, or combination of impairments, that met or 18 medically exceeds the severity of one of the listed impairments in 20 C.F.R. Part 404, Subpart P, 19 Appendix 1. (AR 20-21). 20 The ALJ determined Plaintiff had the residual functional capacity (“RFC”) to perform 21 light work as defined in 20 C.F.R. 416.967(b), with the exceptions that “she requires a cane if 22 walking for more than 15 minutes or traversing over uneven terrain; cannot work on unprotected 23 heights or around moving machinery and parts; is able to perform tasks that do not require depth 24 perception or binocular vision; occasionally kneel and crouch and climb ramps and stairs, but 25 never crawl or climb ladders, ropes, or scaffolds.” (AR 21).

At step four, the ALJ found that 26 Plaintiff was capable of performing her past relevant work as a telephone solicitor, both as 27 generally and actually performed. (AR 28). Alternatively, the ALJ concluded jobs existed in 1 sorter, price marker, and mail clerk. (AR 28-29).

Thus, the ALJ concluded Plaintiff had not been 2 under a disability from the February 14, 2019, application date through the date of the decision. 3 (AR 30). 4 B. Medical Record and Hearing Testimony 5 The relevant hearing testimony and medical record were reviewed by the Court and will 6 be referenced below as necessary to this Court’s decision. 7 II. STANDARD OF REVIEW 8 A district court’s review of a final decision of the Commissioner of Social Security is 9 governed by 42 U.S.C. § 405(g).

The scope of review under § 405(g) is limited; the 10 Commissioner’s decision will be disturbed “only if it is not supported by substantial evidence or 11 is based on legal error.” *Hill v. Astrue*, 698 F.3d 1153, 1158 (9th Cir. 2012). “Substantial 12 evidence” means “relevant evidence that a reasonable mind might accept as adequate to support a 13 conclusion.” (Id. at 1159) (quotation and citation omitted).

Stated differently, substantial 14 evidence equates to “more than a mere scintilla[,] but less than a preponderance.” (Id.) (quotation 15 and citation omitted). In determining whether the standard has been satisfied, a reviewing court 16 must consider the entire record as a whole rather than searching for supporting evidence in 17 isolation. (Id.). 18 The court will review only the reasons provided by the ALJ in the disability determination 19 and may not affirm the ALJ on a ground upon which he did not rely.

Social Security Act § 205, 20 42 U.S.C. § 405(g). In reviewing a denial of benefits, a district court may not substitute its 21 judgment for that of the Commissioner. “The court will uphold the ALJ’s

conclusion when the 22 evidence is susceptible to more than one rational interpretation.” *Tommasetti v. Astrue*, 533 F.3d 23 1035, 1038 (9th Cir. 2008). Further, a district court will not reverse an ALJ’s decision on account 24 of an error that is harmless.

(Id.). An error is harmless where it is “inconsequential to the 25 [ALJ’s] ultimate nondisability determination.” (Id.). (quotation and citation omitted). The party 26 appealing the ALJ’s decision generally bears the burden of establishing that it was 27 harmed. *Shinseki v. Sanders*, 556 U.S. 396, 409-10 (2009). 1 benefits within the meaning of the Social Security Act.

First, the claimant must be “unable to 2 engage in any substantial gainful activity by reason of any medically determinable physical or 3 mental impairment which can be expected to result in death or which has lasted or can be 4 expected to last for a continuous period of not less than twelve months.” 42 U.S.C. § 5 1382c(a)(3)(A).

Second, the claimant’s impairment must be “of such severity that he is not only 6 unable to do his previous work[,], but cannot, considering his age, education, and work 7 experience, engage in any other kind of substantial gainful work which exists in the national 8 economy.” 42 U.S.C. § 1382c(a)(3)(B). 9 The Commissioner has established a five-step sequential analysis to determine whether a 10 claimant satisfies the above criteria.

See 20 C.F.R. § 416.920(a)(4)(i)-(v). At step one, the 11 Commissioner considers the claimant’s work activity. 20 C.F.R. § 416.920(a)(4)(i). If the 12 claimant is engaged in “substantial gainful activity,” the Commissioner must find that the 13 claimant is not disabled. 20 C.F.R. § 416.920(b). 14 If the claimant is not engaged in substantial gainful activity, the analysis proceeds to step 15 two.

At this step, the Commissioner considers the severity of the claimant’s impairment. 20 16 C.F.R. § 416.920(a)(4)(ii). If the claimant suffers from “any impairment or combination of 17 impairments which significantly limits [his or her] physical or mental ability to do basic work 18 activities,” the analysis proceeds to step three. 20 C.F.R. § 416.920(c). If the claimant’s 19 impairment does not satisfy this severity threshold, however, the Commissioner must find that the 20 claimant is not disabled.

(Id.). 21 At step three, the Commissioner compares the claimant’s impairment to impairments 22 recognized by the Commissioner to be so severe as to preclude a person from engaging in 23 substantial gainful activity. 20 C.F.R. § 416.920(a)(4)(iii). If the impairment is as severe or more 24 severe than one of the enumerated impairments, the Commissioner must find the claimant 25 disabled and award benefits.

20 C.F.R. § 416.920(d). 26 If the severity of the claimant’s impairment does not meet or exceed the severity of the 27 enumerated impairments, the Commissioner must pause to assess the claimant’s “residual 1 ability to perform physical and mental work activities on a sustained basis

despite his or her 2 limitations (20 C.F.R. § 416.945(a)(1)), is relevant to both the fourth and fifth steps of the 3 analysis.

4 At step four, the Commissioner considers whether, in view of the claimant's RFC, the 5 claimant is capable of performing work that he or she has performed in the past (past relevant 6 work). 20 C.F.R. § 416.920(a)(4)(iv). If the claimant is capable of performing past relevant 7 work, the Commissioner must find that the claimant is not disabled. 20 C.F.R. § 416.920(f).

If 8 the claimant is incapable of performing such work, the analysis proceeds to step five. 9 At step five, the Commissioner considers whether, in view of the claimant's RFC, the 10 claimant is capable of performing other work in the national economy. 20 C.F.R. § 11 416.920(a)(4)(v).

In making this determination, the Commissioner must also consider vocational 12 factors such as the claimant's age, education, and past work experience. (Id.). If the claimant is 13 capable of adjusting to other work, the Commissioner must find that the claimant is not 14 disabled. 20 C.F.R. § 416.920(g)(1). If the claimant is not capable of adjusting to other work, the 15 analysis concludes with a finding that the claimant is disabled and is therefore entitled to 16 benefits.

(Id.). 17 The claimant bears the burden of proof at steps one through four above. *Tackett v. Apfel*, 18 180 F.3d 1094, 1098 (9th Cir. 1999). If the analysis proceeds to step five, the burden shifts to the 19 Commissioner to establish that (1) the claimant is capable of performing other work; and (2) such 20 work "exists in significant numbers in the national economy." 20 C.F.R. § 416.960(c)(2); *Beltran* 21 v. *Astrue*, 700 F.3d 386, 389 (9th Cir.

2012). 22 III. ISSUES AND ANALYSIS 23 Plaintiff seeks judicial review of the Commissioner's final decision denying her 24 application. (Doc. 1). Plaintiff raises a single issue, arguing the ALJ erred in evaluating 25 Plaintiff's pain testimony. (Doc. 15 at 14). 26 A. Legal Standard 27 The ALJ is responsible for determining credibility,² resolving conflicts in medical 1 testimony, and resolving ambiguities.

Andrews v. Shalala, 53 F.3d 1035, 1039 (9th Cir. 1995). A 2 claimant's statements of pain or other symptoms are not conclusive evidence of a physical or 3 mental impairment or disability. 42 U.S.C. § 423(d)(5)(A); see SSR 16-3p, 2017 WL 5180304, at 4 *2 ("an individual's statements of symptoms alone are not enough to establish the existence of a 5 physical or mental impairment or disability"); see also *Orn v. Astrue*, 495 F.3d 625, 635 (9th Cir.

6 2007) ("An ALJ is not required to believe every allegation of disabling pain or other non- 7 exertional impairment.") (internal quotation marks and citation omitted); *Molina v. Astrue*, 674 8 F.3d 1104, 1104 (9th Cir. 2012) (same), superseded on other grounds by 20 C.F.R. § 9 404.1502(a). Determining whether a claimant's testimony regarding subjective pain or symptoms 10 is credible requires the ALJ to engage in a two-step analysis.

(Id. at 1112). The ALJ must first determine if “the claimant has presented objective medical evidence of an underlying impairment which could reasonably be expected to produce the pain or other symptoms alleged.” *Lingenfelter v. Astrue*, 504 F.3d 1028, 1036 (9th Cir. 2007) (internal punctuation and citations omitted). This does not require the claimant to show that her impairment could be expected to cause the severity of the symptoms that are alleged, but only that it reasonably could have caused some degree of symptoms.

Smolen v. Chater, 80 F.3d 1273, 1282 (9th Cir. 1996). If the first step is met and there is no evidence of malingering, “the ALJ must provide ‘specific, clear and convincing reasons for’ rejecting the claimant’s testimony.” *Treichler v. Comm’r of Soc. Sec.*, 775 F.3d 1090, 1102 (9th Cir. 2014) (quoting *Smolen*, 80 F.3d at 1281). See *Carmickle v. Comm’r of Soc.*

Sec., 533 F.3d 1155, 1160 (9th Cir. 2008) (noting an adverse credibility finding must be based on “clear and convincing reasons”). The ALJ must make findings that support this conclusion, and the findings must be sufficiently specific to allow a reviewing court to conclude the ALJ rejected the claimant’s testimony on permissible grounds.

SSR 16-3p eliminated the use of the term “credibility” to emphasize that subjective symptom evaluation “is not an examination of an individual’s character,” but an endeavor to determine how “symptoms limit an individual’s ability to perform work-related activities.” SSR 16-3p, 2017 WL 5180304, at *3. Nevertheless, the Ninth Circuit continues to reference an ALJ’s “credibility assessment” when reviewing claims that an ALJ impermissibly discounted a claimant’s testimony.

E.g., *Coleman v. Saul*, 979 F.3d 751, 756 (9th Cir. 2020). and did not arbitrarily discredit the claimant’s testimony. *Moisa v. Barnhart*, 367 F.3d 882, 885 (9th Cir. 2004). The Ninth Circuit does “not require ALJs to perform a line-by-line exegesis of the claimant’s testimony, nor do they require ALJs to draft dissertations when denying benefits.” *Stewart v. Kijakazi*, No. 1:22-cv-00189-ADA-HBK, 2023 WL 4162767, at *5 (E.D.

Cal. Jun. 22, 2023), findings and recommendations adopted, 2023 WL 5109769 (Aug. 8, 2023); see *Record v. Kijakazi*, No. 1:22-cv-00495-BAM, 2023 WL 2752097, at *4 (E.D. Cal. Mar. 31, 2023) (“Even if the ALJ’s decision is not a model of clarity, where the ALJ’s ‘path may reasonably be discerned,’ the Court will still defer to the ALJ’s decision.”) (quoting *Wilson v. Berryhill*, 757 Fed.

Appx. 595, 597 (9th Cir. 2019)). “The standard isn’t whether our court is convinced, but instead, whether the ALJ’s rationale is clear enough that it has the power to convince.” *Smartt v. Kijakazi*, 53 F.4th 489, 494 (9th Cir. 2022) (the clear and convincing standard requires an ALJ to show her work). The ALJ may consider numerous factors in weighing a claimant’s credibility, including “(1) ordinary techniques of credibility evaluation, such as the claimant’s reputation for lying, prior inconsistent statements concerning the symptoms, and other

testimony by the claimant that 17 appears less than candid; (2) unexplained or inadequately explained failure to seek treatment or to 18 follow a prescribed course of treatment; and (3) the claimant's daily activities." Smolen, 80 F.3d 19 at 1284.

In evaluating the credibility of symptom testimony, the ALJ must also consider the 20 factors identified in SSR 16-3P. Id. (citing *Bunnell v. Sullivan*, 947 F.2d 341, 346 (9th Cir. 21 1991)); accord *Bray v. Comm'r of Soc. Sec. Admin.*, 554 F.3d 1219, 1226 (9th Cir. 2009). These 22 factors include: 23 (1) Daily activities; (2) The location, duration, frequency, and intensity of pain or 24 other symptoms; (3) Factors that precipitate and aggravate the symptoms; (4) The type, dosage, effectiveness, and side effects of any medication an individual takes 25 or has taken to alleviate pain or other symptoms; (5) Treatment, other than medication, an individual receives or has received for relief of pain or other 26 symptoms; (6) Any measures other than treatment an individual uses or has used to relieve pain or other symptoms (e.g., lying flat on his or her back, standing for 27 15 to 20 minutes every hour, or sleeping on a board); and (7) Any other factors concerning an individual's functional limitations and restrictions due to pain or 1 SSR 16-3P, 2017 WL 5180304, at *7.

See 20 C.F.R. § 404.1529(c)(3). If the ALJ's finding is 2 supported by substantial evidence, the court may not engage in second-guessing. *Tommasetti*, 3 533 F.3d at 1039 (citations and internal quotation marks omitted). 4 The clear and convincing standard is "not an easy requirement to meet," as it is "'the most 5 demanding requirement in Social Security cases.'" *Garrison v. Colvin*, 759 F.3d 995, 1015 (9th 6 Cir.

2014) (quoting *Moore v. Comm'r of Soc. Sec. Admin.*, 278 F.3d 920, 924 (9th Cir. 2002)). "A 7 finding that a claimant's testimony is not credible must be sufficiently specific to allow a 8 reviewing court to conclude the adjudicator rejected the claimant's testimony on permissible 9 grounds and did not arbitrarily discredit a claimant's testimony regarding pain." *Brown-Hunter v. 10 Colvin*, 806 F.3d 487, 493 (9th Cir.

2015) (citation and internal quotation marks omitted). 11 "The fact that a claimant's testimony is not fully corroborated by the objective medical 12 findings, in and of itself, is not a clear and convincing reason for rejecting it." *Vertigan v. Halter*, 13 260 F.3d 1044, 1049 (9th Cir. 2001). See 20 C.F.R. § 404.1529(c)(2) ("[W]e will not reject your 14 statements about the intensity and persistence of your pain or other symptoms or about the effect 15 your symptoms have on your ability solely because the objective medical evidence does not 16 substantiate your statements.").

Rather, where a claimant's symptom testimony is not fully 17 substantiated by the objective medical record, the ALJ must provide additional reasons for 18 discounting the testimony. *Burch v. Barnhart*, 400 F.3d 676, 680 (9th Cir. 2005). "The ALJ must 19 specify what testimony is not credible and identify the evidence that undermines the claimant's 20 complaints – '[g]eneral findings are insufficient.'" (Id.) (quoting *Reddick v. Chater*, 157 F.3d 715, 21 722 (9th Cir.

1998)). 22 However, the medical evidence “is still a relevant factor in determining the severity of the 23 claimant’s pain and its disabling effects.” *Rollins v. Massanari*, 261 F.3d 853, 857 (9th Cir. 24 2001). The Ninth Circuit has distinguished testimony that is “uncorroborated” by the medical 25 evidence from testimony that is “contradicted” by the medical records and concluded that 26 contradictions with the medical records, by themselves, are enough to meet the clear and 27 convincing standard.

Hairston v. Saul, 827 Fed. Appx. 772, 773 (9th Cir. 2020) (quoting 1 B. Plaintiff’s Testimony and ALJ Decision 2 At the hearing, Plaintiff testified that she had lived alone for two to three years. (AR 42). 3 She did not drive because she did not have a vehicle, and her daughter, who provided her in-home 4 service, or one of her other children would take her where she needed to go.

(AR 42). Since the 5 earlier ALJ decision, her symptoms had gotten worse, and she used a cane or walker to ambulate. 6 (AR 45-46). She received 65 or 66 hours a month of in-home services, including cooking, 7 cleaning, taking her to doctors appointments, helping her dress, and “different things” that needed 8 done. (AR 46). Plaintiff could get dressed on her own maybe three days a week and make a 9 sandwich maybe three or four days a week.

(AR 47). She could stand for 15 to 20 minutes 10 before needing to sit down for 15 minutes and spent several hours a day laying down. (AR 49). 11 She could lift 5 to 10 pounds one time a day. (AR 50). When she went to the grocery store, she 12 would either take her walker or use one of the motorized carts. (AR 51). 13 The ALJ summarized this testimony and ultimately concluded Plaintiff’s “medically 14 determinable impairments could reasonably be expected to cause the alleged symptoms” but her 15 “statements concerning the intensity, persistence and limiting effects of these symptoms [were] 16 not entirely consistent with the medical evidence and other evidence in the record.” (AR 22).

17 The ALJ indicated the record showed Plaintiff had a history of tri-compartmental osteoarthritis of 18 bilateral knees, small fiber neuropathy, degenerative disc disease, and lupus. (AR 22). The ALJ 19 summarized the medical records, noting Plaintiff’s continuing treatment with pain management 20 for her knee and back pain; notations of normal gait, normal sensation and strength, occasional 21 limping, and negative straight leg tests; and treatment with both oral medications and knee 22 injections, which did help improve her pain.

(AR 22-24). The ALJ also noted a March 2020 skin 23 biopsy revealing small fiber neuropathy and a corresponding prescription for Pentoxifylline. (AR 24 23). 25 The ALJ then opined: 26 Overall, the record shows that not much has changed in terms of the claimant’s treatment or objective findings since the prior decision. 27 The record shows that longitudinally, the claimant’s treatment has remained generally the same, she reported improvement with 1 While the claimant submitted documentation showing that as of June 2021 the claimant was receiving 65 hours, 4

minutes of in- 2 home supportive services for domestic services, bathing, grooming, transferring, and accompaniment to and from medical appointments 3 (Exhibit B16E).

However, it is unclear from the record who prescribed the service and why it is medically necessary. As to the 4 claimant's gait and need for an assistive device, examination records from August, through December 2019 note the claimant 5 had normal gait and station and did not use an assistive device (Exhibit B5F/31, 35, 45).

In January and February 2020, the 6 claimant also had normal gait (Exhibit B5F/23, 27). During a telehealth appointment in April 2020, it was noted the claimant 7 required no assistive device for ambulation (Exhibit B5F/12).

On her Function Report completed in June 2020, the claimant did not 8 indicate she used a cane. She indicated she used a walker that was prescribed in 2017 after she had a stroke (Exhibit B4E). In June 9 2021, the claimant requested a cane due to her left knee (Exhibit 13F/34). Upon examination, she had antalgic gait (Exhibit 10 B13F/153).

In September 2021, the claimant was noted to use a cane (Exhibit B13F/23). However, her primary care provider 11 indicated upon examination that the claimant had normal gait with no assistive device used for ambulation (Exhibit B13F/160). 12 Nevertheless, because she did demonstrate antalgic gait, the use of a cane was included in the residual functional capacity.

13 ... 14 As for activities of daily living, they are being performed at a level 15 that does not support the level of complaints alleged. The claimant said she lives alone and has lived alone for two or three years. She 16 said she has a driver's license but does not drive because she does not have a vehicle. She said her children give her rides. She said 17 during a typical week, she can get dressed on her own three day [sic].

She reported that her daughters comb her hair. She said she 18 could make a sandwich on her own three to four days per week and reported that a service provider cooks for her. She reported she does 19 not do any household chores. She said her daughter does the grocery shopping and she goes to the store with her and uses either 20 her walker or a special cart (Testimony; Exhibit B4E).

21 (AR 24-25). 22 C. Analysis 23 Plaintiff contends the ALJ failed to provide the requisite clear and convincing reasons 24 supported by substantial evidence for rejecting her testimony. (Doc. 15 at 16). Plaintiff notes 25 that after summarizing the medical record, the ALJ concluded that "not much has changed in 26 terms of the claimant's treatment or objective findings since the prior decision" and 27 "longitudinally, the claimant's treatment has remained generally the same, she reported improvement with treatment, and she has had mild to moderate examination findings." (Id.

1 (footnote omitted) (citing AR 24)). However, Plaintiff argues “the ALJ did not identify which of
2 [her] statements were purportedly inconsistent with the record nor the evidence that contradicted
3 those statements” and the ALJ’s reasoning was “factually incorrect” because Plaintiff’s “medical
4 conditions and treatment had, in fact, changed since the prior decision which involved, in
5 relevant part, a meniscus tear of her left knee.” (Id. at 17).

To the extent the ALJ relied on Plaintiff’s 6 activities of daily living as grounds for rejecting her
symptom testimony, Plaintiff argues the 7 ALJ’s reasoning is legally insufficient because “the ALJ
did not specify that Plaintiff’s activities 8 contradicted one or more of her statements” and the ALJ
failed to establish that Plaintiff spent a 9 substantial part of her day performing activities
transferable to a work setting.

(Id. at 18-19). 10 Because Plaintiff asserts that the error was not harmless, she asks that the Court
remand the 11 matter for further administrative proceedings. (Id. at 21). 12 In response, Defendant
first argues that “consistent with the agency’s regulations and 13 rulings, the ALJ properly found
that the objective medical evidence did not corroborate Plaintiff’s 14 claims of disabling
symptoms and functional limitations.” (Doc.

17 at 6). Defendant asserts 15 Plaintiff’s argument focuses on “subjective pain ratings rather than
objective evidence” and the 16 lack of physical examination evidence corroborating her testimony
justified the ALJ finding it 17 less than persuasive. (Id. at 7). Defendant also points to the ALJ’s
discussion of Plaintiff’s 18 treatment history as providing additional evidence to support the
decision.

(Id. at 8). As to 19 Plaintiff’s daily activities, Defendant argues the ALJ appropriately considered
them as one factor 20 weighing against her allegations. (Id. at 8-9). Finally, Defendant argues that
if the Court does not 21 affirm the decision, “the proper remedy is to remand for further
administrative proceedings—not 22 payment of benefits.” (Id. at 9-11).

23 Plaintiff replies that the Commissioner focuses on whether the factual findings of the ALJ 24
are supported with substantial evidence without addressing whether the ALJ applied the correct 25
legal standard. (Doc. 19 at 2). Plaintiff asserts the “Commissioner is silent as to [her] argument 26
that the ALJ failed to discuss or explain evidence which conflicted with the ALJ’s conclusions,” 27
specifically with respect to new treatments and reports of increased pain since the prior 1
reasonable for the ALJ to conclude her activities of daily living were inconsistent with her 2
testimony but rather whether the ALJ made specific findings to establish that Plaintiff is able to 3
spend a substantial part of her day engaged in performance of physical functions that are 4
transferable to a work setting.

(Id. at 5 (quoting *Orn*, 495 F.3d at 639). Finally, Plaintiff 5 indicates the Commissioner’s
argument against remand for payment of benefits is irrelevant given 6 that she specifically asked

for remand for further administrative proceedings. (Id. at 6). 7 The Court finds Plaintiff's arguments persuasive and concludes the ALJ's reasons 8 provided for discounting Plaintiff's testimony are not supported by substantial evidence.

9 First, with respect to the ALJ's conclusion that Plaintiff's testimony was not consistent 10 with the objective medical evidence (see AR 22), the ALJ indicated that there had not been a 11 change in the objective findings and Plaintiff's treatment had remained generally the same since 12 the prior ALJ decision. That prior decision set forth findings that Plaintiff's severe impairments 13 included right eye blindness, lupus, and left knee meniscus tear post surgery.

(AR 67). However, 14 in the current decision, the ALJ concluded that, in addition, Plaintiff's severe impairments 15 included tri-compartmental osteoarthritis bilateral knees; small fiber neuropathy; lupus; 16 degenerative disc disease; and obesity. (AR 18).

Thus, the ALJ concluded Plaintiff suffered from 17 additional severe impairments that were not addressed in the prior decision. The Regulations 18 provide that "a physical or mental impairment must be established by objective medical evidence 19 from an acceptable medical source." 20 C.F.R. § 416.921.

Thus, the ALJ's finding of additional 20 severe impairments—which must be supported by objective medical evidence—since the prior 21 decision is necessarily inconsistent with the subsequent finding that there had not been a change 22 in the objective findings since the prior decision. 23 Additionally, the discussion of the medical records relevant to that earlier decision does 24 not support the current ALJ's decision that Plaintiff's treatment remained generally the same.

25 The prior decision focused on impairments related specifically to Plaintiff's left knee with 26 minimal discussion of her right knee, and noted Plaintiff was "stable" with conservative treatment 27 of medications and therapy. (AR 71-72).

The records relevant to the current decision, however, 1 addressed in the prior decision; Plaintiff began receiving injections in both her left and right knee; 2 doctors ordered MRIs for lower back pain and planned for epidural injections to treat such; and 3 observations that conservative treatment had not yielded lasting results. (AR 557, 582, 894-95, 4 901, 956, 979).

In light of these records, substantial evidence does not support the ALJ's 5 conclusion that Plaintiff's treatment had not changed since the prior decision, especially since the 6 prior decision did not reference, let alone discuss in any detail, treatment with injections. See 7 Garrison, 759 F.3d at 1015 ("[W]e doubt that epidural steroid shots to the neck and lower back 8 qualify as 'conservative' medical treatment."); *Macina v. Colvin*, No. 24-204, 2024 WL 5116300, 9 at *3 (9th Cir.

Dec. 16, 2024) (explaining epidural injections and pain medications may be 10 conservative treatment because “[w]hether a treatment is conservative is an assessment relative to 11 the affliction and other available treatments”). 12 Second, the ALJ’s conclusion regarding Plaintiff’s daily activities is also not supported by 13 substantial evidence. There are two grounds on which an ALJ may use a plaintiff’s daily 14 activities to question a plaintiff’s credibility as to her subjective symptoms: (1) when daily 15 activities demonstrate the plaintiff has transferable work skills, and (2) when daily activities 16 contradict the plaintiff’s testimony as to the degree of functional limitation.

Orn, 495 F.3d at 659. 17 However, “disability [plaintiffs] should not be penalized for attempting to lead normal lives in the 18 face of their limitations.” Reddick, 157 F.3d at 722; see Smolen, 80 F.3d at 1284 n.7 (“The Social 19 Security Act does not require that [plaintiffs] be utterly incapacitated to be eligible for benefits, 20 and many home activities may not be easily transferable to a work environment where it might be 21 impossible to rest periodically or take medication.”). “The mere fact that a plaintiff has carried 22 on with certain daily activities, such as grocery shopping, driving a car, or limited walking for 23 exercise, does not in any way detract from [their] credibility[.]” Webb v. Barnhart, 433 F.3d 683, 24 688 (9th Cir.

2005) (quoting Vertigan, 260 F.3d at 1050). 25 Here, despite concluding Plaintiff’s activities of daily living were “being performed at a 26 level that does not support the level of complaints alleged,” the ALJ failed to explain how 27 Plaintiff’s activities conflicted with her alleged limitations or demonstrate an ability to function in 1 | Plaintiff indicated she engaged in basic actives such as dressing herself and preparing a sandwich 2 | without assistance only three to four times a week.

(AR 25). Because the ALJ simply listed 3 | Plaintiff’s activities, it is unclear which of Plaintiff’s symptomology testimony the ALJ rejected 4 | based on Plaintiff’s limited activities or how these limited activities support Plaintiffs ability to 5 | work. 6 For all these reasons, the ALJ did not identify specific, clear, and convincing reasons 7 | supported by substantial evidence for discrediting Plaintiff’s symptom testimony.

An ALJ’s error 8 || may be harmless where she provides valid reasons for disbelieving a plaintiff’s testimony in 9 | addition to invalid reasons. Molina, 674 F.3d at 1115 (collecting cases). Here, however, the ALJ 10 | provided no valid reasons for rejecting Plaintiff’s symptomology testimony such that the decision 11 is not supported by substantial evidence.

12 Accordingly, the error is not harmless and, based on the Court’s review of the entire record, 13 | remand for further proceedings is necessary. See Dominguez v. Colvin, 808 F.3d 403, 407 (9th 14 Cir. 2015) (‘Unless the district court concludes that further administrative proceedings would 15 || serve no useful purpose, it may not remand with a direction to provide benefits”).

16 IV. CONCLUSION AND ORDER 17 For the reasons stated above, the Court ORDERS as follows: 18 1. Plaintiff's Motion for Summary Judgment (Doc. 15) is GRANTED; 19 2. The decision of the Commissioner is reversed, and this matter is remanded back to the 20 Commissioner of Social Security for further proceedings consistent with this order; and 21 3.

The Clerk of Court is DIRECTED to enter judgment in favor of Plaintiff Venis J. 22 Mahorne and against Defendant Commissioner of the Social Security Administration. 23 | IT IS SOORDERED. | Dated: _ July 30, 2025 | Wr bo 25 UNITED STATES MAGISTRATE JUDGE 26 27 28 14