UNITED STATES DISTRICT COURT FOR THE DISTRICT OF ARIZONA

Sean Bruce v. Commissioner of Social Security Administration

No. CV-25-00957-PHX-MTL (D. Ariz. Jan. 26, 2026) · No. No. CV-25-00957-PHX-MTL · Decided January 26, 2026

OPINION

Bruce

PER CURIAM.

1 WO 2 3 4 5

6 IN THE UNITED STATES DISTRICT COURT

7 FOR THE DISTRICT OF ARIZONA

8 9 Sean Bruce, No. CV-25-00957-PHX-MTL 10 Plaintiff, ORDER 11 v. 12 Commissioner of Social Security Administration, 13 Defendant. 14 15 At issue is the denial of Plaintiff Sean Bruce's application for a period of disability 16 and disability insurance benefits by the Social Security Administration ("SSA"). Plaintiff 17 filed a Complaint with this Court seeking judicial review of that denial. (Doc. 1.) After 18 reviewing the briefs (Docs. 6, 9-10), and the Administrative Record (Doc. 5, "A.R."), the 19 Court affirms.

20 I. BACKGROUND

21 A. Procedural History 22 Plaintiff filed for Title II disability insurance benefits on July 28, 2022, alleging his 23 disability began on January 13, 2018. (Doc. 6 at 2.) The SSA denied his claim on May 22, 24 2024. (Id.) On February 19, 2025, the SSA Appeals Council denied review. (Id.) Plaintiff 25 now asks the Court to review the denial pursuant to 45 U.S.C. § 405(g). (See generally id.) 26 B. ALJ Determination 27 Here, the ALJ concluded that Plaintiff "did not engage in substantial gainful activity 28 during the period from his alleged onset date of January 31, 2018 through his date last 1 insured of June 30, 2023." (A.R. at 17.) The ALJ then determined that Plaintiff had the 2 following severe impairments: "mild left shoulder glenohumeral osteoarthritis, 3 inflammatory bowel disease (IBS), diverticular stricture, s/p hernia repair, sigmoid 4 resection, anxiety disorder, and depression." (Id. at 18.) The ALJ next concluded that 5 Plaintiff "did not have an impairment or combination of impairments that met or medically 6 equaled the severity of one of the listed impairments in 20 CFR Part 404." (Id. at 19.) The 7 ALJ then determined that Plaintiff had the following residual functional capacity ("RFC"): 8 to perform light work as defined in 20 CFR 404.1567(b) except he could lift 9 and carry 20 pounds occasionally and 10 pounds frequently. He could stand and/or walk 6 hours and sit 6 hours in an 8-hour day. He could occasionally 10 climb, kneel, crouch, and crawl and frequently balance and stoop. The 11 claimant should not have been exposed to hazards such as moving machinery and unprotected heights. He required ready access to a restroom. He was able 12 to perform simple, repetitive work tasks involving simple work-related 13 decisions with few changes in the work setting, and simple

instructions not involving public contact. He was able to have occasional interactions with 14 coworkers and supervisors. 15 (Id. at 22.) 16 The ALJ found that while Plaintiff was unable to perform past relevant work, he 17 could perform a significant number of jobs in the national economy due to his age, 18 education, work experience, and RFC. (Id. at 30-31.) Examples of such jobs included mail 19 clerk, assembler, and cleaner positions. (Id. at 31.) Accordingly, the ALJ concluded that 20 Plaintiff was not disabled from the alleged onset date through June 30, 2023, the date last 21 insured. (Id. at 32.)

22 II. LEGAL STANDARD

23 The district court reviews only those issues raised by the party challenging the ALJ's 24 decision. See Lewis v. Apfel, 236 F.3d 503, 517 n.13 (9th Cir. 2001). The Court may set 25 aside the ALJ's determination only if it is unsupported by substantial evidence or if it is 26 based on legal error. Orn v. Astrue, 495 F.3d 625, 630 (9th Cir. 2007). Substantial evidence 27 is relevant evidence that a reasonable person might accept as adequate to support a 28 conclusion considering the entire record. Id. To determine whether substantial evidence 1 supports a decision, the Court must consider the entire record and may not affirm simply 2 by isolating a "specific quantum of supporting evidence." Id. (citation omitted). Generally, 3 "[w]here the evidence is susceptible to more than one rational interpretation, one of which 4 supports the ALJ's decision, the ALJ's conclusion must be upheld." Thomas v. Barnhart, 5 278 F.3d 947, 954 (9th Cir. 2002). The substantial evidence threshold "defers to the 6 presiding ALJ, who has seen the hearing up close." Biestek v. Berryhill, 587 U.S. 97, 108 7 (2019); see also Thomas v. CalPortland Co., 993 F.3d 1204, 1208 (9th Cir. 2021) (noting 8 substantial evidence "is an extremely deferential standard"). 9 To determine whether a claimant is disabled, the ALJ follows a five-step process.

10 See 20 C.F.R. § 416.920(a)(4). The claimant bears the burden of proof on the first four

11 steps, but the burden shifts to the Commissioner at step five. Tackett v. Apfel, 180 F.3d 12 1094, 1098 (9th Cir. 1999). At the first step, the ALJ determines whether the claimant is 13 presently engaging in substantial gainful activity. 20 C.F.R. § 416.920(a)(4)(i), (b). If so, 14 the claimant is not disabled, and the inquiry ends. Id. If the claimant is not working in a 15 substantially gainful activity, then the claimant's case proceeds to step two. Id. At step two, 16 the ALJ determines whether the claimant has a "severe" medically determinable physical 17 or mental impairment. Id. § 416.920(a)(4)(ii), (c). If not, the claimant is not disabled, and 18 the inquiry ends. Id. If the claimant's impairment is severe, then the inquiry proceeds to 19 step three. See id. At step three, the ALJ considers whether the claimant's impairment or 20 combination of impairments meets or medically equals an impairment listed in Appendix 1 21 to Subpart P of Part 404. Id. § 416.920(a)(4)(iii). If so, the claimant is automatically found 22 to be disabled. Id. If not, then the ALJ assesses the claimant's RFC to determine whether 23 the claimant is still capable of performing past relevant work before moving to step four. 24 Id. § 416.920(a)(4)(iv), (e)-(f). At step four, the ALJ must determine whether the claimant 25 retains the RFC to perform the requirements of past relevant work. Id. If so, the claimant 26 is not disabled, and the inquiry ends.

Id. If not, the ALJ proceeds to the fifth and final step, 27 where the ALJ determines whether the claimant can perform any other work in the national 28 economy based on the claimant's RFC, age, education, and work experience. Id. 1 § 416.920(a)(4)(v), (g). If so, the claimant is not disabled; if not, the claimant is disabled. 2 Id.

3 III. DISCUSSION

4 Plaintiff argues the ALJ erred by improperly rejecting (1) the medical evidence from 5 Dr. Kari Coelho, (2) his own symptom testimony, and (3) lay witness testimony. (Doc. 6 6 at 15-23.) He also argues that the ALJ's step-five determination is unsupported by 7 substantial evidence. (Id. at 23-24.) The Court considers each claim in turn. 8 A. Medical Evidence 9 Plaintiff argues the ALJ improperly discounted critical portions of Dr. Kari 10 Coelho's medical opinion by failing to explain which findings were persuasive or 11 analyzing supportability and consistency. (Id. at 15-17.) He also contends the RFC did not 12 account for Dr. Coelho's assessed mental health limitations. (Id. at 16.) 13 Dr. Coelho examined Plaintiff in July 2023 and opined that he suffered from major 14 depressive disorder and generalized anxiety disorder. (A.R. at 832.) As part of that 15 assessment, Dr. Coelho opined that he has "significant problems" with social interaction 16 and coping and adaptability and is "easily stressed," but that he "is able to mitigate some 17 of his stress and anxiety by avoiding situations and staying at home." (Id. at 833-34.) 18 Ultimately, the ALJ found Dr. Coelho's opinion "partially persuasive." (Id. at 29.) 19 An ALJ must assess all the medical evidence when formulating a claimant's RFC. 20 20 C.F.R. § 404.1545(a)(1). RFC is an administrative, not medical, finding concerning a 21 claimant's ability to work. Id. § 404.1546. In examining medical evidence, an ALJ must 22 articulate how persuasive he or she finds all the medical opinions from each doctor or other 23 source. Kitchen v. Kijakazi, 82 F.4th 732, 739 (9th Cir. 2023). Under the revised regulations 24 applicable here,* supportability and consistency are the "most important" factors for an 25 ALJ to consider in this analysis. Woods, 32 F.4th at 791 (quoting 20 C.F.R. 26 § 404.1520c(a)). Supportability means the extent to which a medical source supports the 27 * Plaintiff filed his benefits application after March 27, 2017, so the revised SSA 28 regulations govern how the ALJ evaluates and considers medical opinions. Woods v. Kijakazi, 32 F.4th 785, 790 (9th Cir. 2022). 1 medical opinion by explaining the relevant objective medical evidence. 20 C.F.R. 2 § 404.1520c(c)(1). Consistency measures how a medical source compares with others; 3 "[t]he more consistent a medical opinion(s) or prior administrative medical finding(s) is 4 with the evidence from other medical sources and nonmedical sources in the claim, the 5 more persuasive the medical opinion(s) or prior administrative medical finding(s) will be." 6 Id. § 404.1520c(c)(2). "[A]n ALJ need only provide 'an explanation supported by 7 substantial evidence,'" not account for every possibility. See Kitchen, 82 F.4th at 740 8 (quoting Woods, 32 F.4th at 792). 9 The Court finds that substantial evidence supports the ALJ's evaluation of Dr. 10 Coelho's opinion. In addressing consistency, the ALJ explained that although Dr. Coelho 11 observed visible anxiety symptoms such as shaking and tremulousness during the 12 consultative examination, Plaintiff's treating medical providers did not report similar 13 observations. (A.R. at

20, 29.) The ALJ further considered Plaintiff's reported social 14 difficulties and tendency to avoid leaving the house but concluded that the weight of the 15 evidence supported no greater than moderate limitations in social interaction, consistent 16 with the RFC's restrictions. (Id.) 17 Plaintiff disputes the ALJ's characterization of treatment response and cites 18 evidence that could be interpreted as showing ongoing symptoms or medication side 19 effects. (Doc. 6 at 16.) Although the ALJ did not cite every treatment note in the paragraph 20 addressing Dr. Coelho's opinion, the Court reviews the decision as a whole and may look 21 to "all the pages" of the ALJ's decision in determining whether substantial evidence 22 supports the findings. Kaufmann v. Kijakazi, 32 F.4th 843, 851 (9th Cir. 2022) (emphasis 23 in original). Read in context, the decision makes clear that the ALJ relied on records 24 documenting reported improvement with medication. (See A.R. at 27-28, 402, 508-09, 25 824.) Where, as here, the record contains conflicting evidence but also substantial evidence 26 supporting the ALJ's interpretation, the Court must defer to the ALJ's resolution of those 27 conflicts. Matney ex rel. Matney v. Sullivan, 981 F.2d 1016, 1019 (9th Cir. 1992). 28 Therefore, substantial evidence supports the ALJ's decision to find Dr. Coelho's 1 opinion partially persuasive due to inconsistency with other medical evidence. Any alleged 2 deficiency in the supportability discussion would therefore be harmless. See Woods, 32 3 F.4th at 792-94, 793 n.4 (suggesting that even where an ALJ provides no supportability 4 analysis for a medical opinion, the ALJ may properly find the opinion unpersuasive so long 5 as there is an inconsistency finding supported by substantial evidence); Archunde v. 6 Comm'r of Soc. Sec. Admin., No. CV-24-01993-PHX-JAT, 2025 WL 520534, at *6 (D. 7 Ariz. Feb. 18, 2025). 8 Finally, the RFC adequately reflects the ALJ's determination that Dr. Coelho's 9 examination findings supported no limitation in understanding, remembering, or applying 10 information and only moderate limitations in the remaining functional areas. (A.R. at 22, 11 29); Archunde, 2025 WL 520534, at *6 (holding that the ALJ is responsible for translating 12 clinical findings into an RFC and that SSA regulations do not require direct correspondence 13 between the RFC and any specific medical opinion). The RFC is also consistent with other 14 medical evidence and prior administrative medical findings that Plaintiff does not 15 challenge. (See, e.g., id. at 29, 86.) Accordingly, the ALJ adequately explained her 16 evaluation of Dr. Coelho's opinion under the applicable regulations, and substantial 17 evidence supports her finding that the opinion was only partially persuasive. 18 B. Symptom Testimony 19 Plaintiff also argues that the ALJ failed to specify which portions of his testimony 20 she found not credible and failed to provide "clear and convincing reasons," supported by 21 the record, for discounting his subjective symptom testimony. (Doc. 6 at 18.) In support, 22 Plaintiff emphasizes his testimony regarding ongoing gastrointestinal symptoms and 23 persistent depression and anxiety. (Id.) Although he acknowledges that his hernia surgery 24 in November 2022 improved his gastrointestinal symptoms, Plaintiff contends that the 25 surgery occurred nearly four years after his alleged onset date and did not alleviate his 26 mental health symptoms. (Id. at 19.) 27 In evaluating a claimant's subjective symptom testimony, an ALJ applies a two-step 28 analysis.

Vasquez v. Astrue, 572 F.3d 586, 591 (9th Cir. 2009). First, "the ALJ must 1 determine whether the claimant has presented objective medical evidence of an underlying 2 impairment 'which could reasonably be expected to produce the pain or other symptoms 3 alleged.'" Lingenfelter v. Astrue, 504 F.3d 1028, 1036 (9th Cir. 2007) (quoting Bunnell v. 4 Sullivan, 947 F.2d 341, 344 (9th Cir. 1991)). If there is such objective evidence, and "no 5 evidence of malingering," "the ALJ can reject the claimant's testimony about the severity 6 of [his] symptoms only by offering specific, clear and convincing reasons for doing so." 7 Id. (quoting Smolen v. Chater, 80 F.3d 1273, 1281 (9th Cir. 1996)). The question on review 8 is not whether the Court is convinced, but whether the ALJ's rationale is "clear enough that 9 it has the power to convince." Smartt v. Kijakazi, 53 F.4th 489, 499 (9th Cir. 2022) 10 (emphasis added). In making this determination, the ALJ may consider inconsistencies 11 between the claimant's testimony and the objective medical evidence, treatment history, 12 and daily activities. Ghanim v. Colvin, 763 F.3d 1154, 1163 (9th Cir. 2014). 13 Here, the ALJ found that Plaintiff's "medically determinable impairments could 14 reasonably be expected to cause the alleged symptoms," but that Plaintiff's statements 15 regarding "the intensity, persistence and limiting effects of [those] symptoms [were] not 16 entirely consistent with the medical evidence and other evidence in the record." (A.R. 17 at 23.) Because the ALJ made no finding of malingering, the question is whether she 18 articulated specific, clear, and convincing reasons for discounting Plaintiff's testimony. 19 The ALJ did so. She explained that Plaintiff's allegations were inconsistent with the 20 objective medical evidence, his treatment history, and his reported daily activities. (Id. 21 at 23-30.) These are recognized bases for discounting subjective symptom testimony. See 22 Thomas, 278 F.3d at 959 (holding that inconsistencies between subjective complaints and 23 objective medical evidence is a clear and convincing reason for discounting claimant's 24 testimony); Wellington v. Berryhill, 878 F.3d 867, 876 (9th Cir. 2017) ("[E]vidence of 25 medical treatment successfully relieving symptoms can undermine a claim of disability."); 26 Bray v. Comm'r of Soc. Sec. Admin., 554 F.3d 1219, 1227 (9th Cir. 2009) ("In reaching a 27 credibility determination, an ALJ may weigh inconsistencies between the claimant's 28 1 testimony and his or her conduct, daily activities, and work record, among other factors."). 2 Substantial evidence supports the ALJ's reasoning. Although Plaintiff testified to 3 disabling gastrointestinal symptoms, the record reflects gaps in treatment, positive 4 response to medication and dietary management, and significant improvement following 5 surgery in November 2022. (See A.R. at 22-29, 673-74, 827.) Plaintiff's reliance on the 6 timing of his hernia surgery is unavailing. The ALJ did not rely on the surgery alone, but 7 instead evaluated the longitudinal record, including conservative treatment, periods of 8 symptom improvement, gaps in care, and functional activity inconsistent with disabling 9 limitations. (See id. at 24-26.) 10 The record also shows that Plaintiff's depression and anxiety improved with 11 medication. (Id. at 26-29, 397, 402, 508-09, 824.) Finally, despite alleging disabling 12 physical and mental symptoms, Plaintiff reported a wide range of daily activities, including 13 exercising, walking his dog, performing household chores, driving occasionally, shopping 14 online, cooking, managing

finances, caring for his dog, yard work, and engaging in hobbies 15 such as target practice, skateboarding, darts, and playing pool. (See, e.g., id. at 20-21, 16 27-28, 258-65, 290-98, 301-04, 463, 587.) Viewed as a whole, the ALJ adequately 17 identified which aspects of Plaintiff's testimony were inconsistent with the record and 18 provided clear and convincing reasons, supported by substantial evidence, for discounting 19 his subjective symptom allegations. 20 C. Lay Witness Testimony 21 Plaintiff next argues that the ALJ failed to provide germane reasons for rejecting 22 statements made by his brother, mother, and uncle regarding his symptoms. (Doc. 6 23 at 22-23.) Plaintiff also argues that the ALJ failed to consider a statement by his girlfriend, 24 thereby violating SSA regulations which require the ALJ to consider all nonmedical 25 evidence. (Id.) 26 In response, Defendant argues that under revised SSA regulations, an ALJ is not 27 required to specifically address lay witness evidence. (Doc. 9 at 10-13.) Prior to 2017, an 28 ALJ had to provide germane reasons for discounting lay witness testimony. Turner v. 1 Comm'r of Soc. Sec. Admin., 613 F.3d 1217, 1224 (9th Cir. 2010). However, for claims 2 filed on or after March 17, 2017, revised SSA regulations provide that an ALJ is "not 3 required to articulate how [she] considered evidence from nonmedical sources . . . ." 20 4 C.F.R. §§ 404.1520c(d), 416.920c(d). Based on these revisions, Defendant argues that "the 5 revised regulations abrogated the germane reasons standard and, consequently, that 6 standard does not apply to Plaintiff's claim." (Doc. 9 at 14.) 7 The Court acknowledges that in March 2025, the Ninth Circuit clarified that under 8 the new regulations, "ALJs need not explain their reasons for discounting evidence from 9 nonmedical sources, such as the claimant's friends and family." Hudnall v. Dudek,
10 No. 23-3727, 2025 WL 729701, at *3 (9th Cir. Mar. 7, 2025). But that decision was later
11 vacated. See Hudnall v. Dudek, No. 23-3727, 2025 WL 1379101, at *1 (9th Cir. May 13, 12 2025). In the revised memorandum disposition, the Ninth Circuit held it need not decide 13 whether the revised regulations change the requirement for germane reasons to discount 14 lay testimony "because any error by the ALJ in not giving a germane reason for rejecting 15 [the lay witness's testimony] was harmless." Id. at *2. The same is true here. 16 "Where the ALJ gives clear and convincing reasons to reject a claimant's 17 testimony, and where a lay witness' testimony is similar to the claimant's subjective 18 complaints, the reasons given to reject the claimant's testimony are also germane reasons 19 to reject the lay witness testimony." Caleb H. v. Saul, No. 4:20-CV-5006-EFS, 2020 WL 20 7680556, at *8 (E.D. Wash. Nov. 18, 2020). Here, the four lay witness statements at issue 21 generally repeat the same claims made by Plaintiff regarding the severity of his 22 gastrointestinal and mental health impairments. (See A.R. at 29-30, 226-34, 258-65, 23 266-72, 280-98.) Because the ALJ provided clear and convincing reasons for discounting 24 Plaintiff's subjective symptom testimony, those same reasons constitute germane grounds 25 for discounting the statements of the lay witnesses. Kurtenbach v. Comm'r of Soc. Sec. 26 Admin., No. CV-22-01348-PHX-DLR, 2024 WL 356869, at *4 (D. Ariz. Jan. 31, 2024) 27 ("Because the ALJ had clear and convincing reasons to discredit Plaintiff's symptom 28 testimony, it follows that the ALJ had germane reasons to discredit the statements of all 1 four lay

witnesses."). 2 D. Step Five Determination 3 Plaintiff argues that in posing her hypothetical questions to the vocational expert 4 ("VE"), the ALJ omitted his "credible allegations, the limitations described by the lay 5 witnesses, and the limitations assessed by Dr. Coelho." (Doc. 6 at 24.) He therefore argues 6 that the ALJ's step-five determination is unsupported by substantial evidence. (Id.) 7 At step five, the ALJ considers a claimant's RFC, age, education, and work 8 experience to determine whether a claimant can make an adjustment to other work. 20 9 C.F.R. § 416.920(a)(4)(v). If a claimant can make the adjustment to other work, the 10 claimant is not disabled. Id. To make this determination, the ALJ may rely on a VE to 11 testify as to: "(1) what jobs the claimant, given [his RFC], would be able to do; and (2) the 12 availability of such jobs in the national economy. At the hearing, the ALJ poses 13 hypothetical questions to the [VE] that 'set out all of the claimant's impairments' for the 14 [VE's] consideration." Tackett, 180 F.3d at 1101 (quoting Gamer v. Sec'y of Health and 15 Hum. Servs., 815 F.2d 1275, 1279 (9th Cir. 1987)). 16 "Where the hypothetical the ALJ poses to the VE contains all of the limitations the 17 ALJ finds credible and supported by substantial evidence in the record, the 'ALJ's reliance 18 on testimony the VE gave in response to the hypothetical . . . [is] proper.'" Antahn v. 19 Comm'r of Soc. Sec. Admin., No. CV-23-00078-PHX-DLR, 2024 WL 3200696, at *5 (D. 20 Ariz. June 27, 2024); see also Stubbs-Danielson v. Astrue, 539 F.3d 1169, 1175-76 (9th
21 Cir. 2008) (holding that ALJ did not err in omitting limitations unsupported by substantial
22 evidence in the record from the hypothetical posed to the VE). As discussed, substantial 23 evidence supports the ALJ's evaluation of Plaintiff's testimony, his family and girlfriend's 24 testimony, and Dr. Coelho's opinion. The ALJ did not err in the step-five determination.
25 IV. CONCLUSION
26 Accordingly, substantial evidence supports the ALJ's decision. 27 IT IS ORDERED affirming the ALJ's decision (A.R. at 15-32). 28 . . . . 1 IT IS FURTHER ORDERED directing the Clerk of Court to enter final judgment || consistent with this Order and close this case. 3 Dated this 26th day of January, 2026. 4 Michael T, Liburdi 7 United States District Judge 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 -ll-