UNITED STATES DISTRICT COURT FOR THE NORTHERN DISTRICT OF CALIFORNIA

Michelle C. v. O'Malley

Michelle C. · No. 24-cv-03542-KAW · Decided May 28, 2025

SUMMARY

The United States District Court for the Northern District of California denied Plaintiff’s motion for summary judgment and granted the Commissioner’s cross-motion in an action seeking review of a Social Security disability benefits decision under 42 U.S.C. § 405(g). The court upheld the ALJ’s treatment of the Title II and Title XVI claims, the step-two findings, the evaluation of medical opinions and testimony, and the residual functional capacity determination. The court entered its order on May 28, 2025.

CASE DETAILS

COURT	United States District Court for the Northern District of California
JURISDICTION	United States District Court for the Northern District of California
DECIDED	May 28, 2025
DOCKET	24-cv-03542-KAW
DISPOSITION	affirmed
PROCEDURAL POSTURE	Plaintiff sought judicial review under 42 U.S.C. § 405(g) of the Commissioner's final decision denying Title II disability benefits. The parties filed cross-motions for summary judgment.
STANDARD OF REVIEW	The Court may reverse the Commissioner's decision only if it is based on legal error or is not supported by substantial evidence in the record as a whole. Substantial evidence is more than a mere scintilla but less than a preponderance and is evidence a reasonable mind might accept as adequate. The Court must consider the evidence as a whole, including evidence supporting and detracting from the Commissioner's conclusion; where the evidence permits more than one rational interpretation, the ALJ's decision should be upheld.
PRECEDENTIAL VALUE	Unknown; district-court order with no stated precedential status
PARTIES	Michelle C. v. Martin O'Malley

TOPICS

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

PRACTICE AREAS

Social Security disability | administrative law | federal civil procedure

QUESTIONS PRESENTED

1. Whether the ALJ was required to consolidate Plaintiff's Title II and Title XVI claims.
2. Whether the ALJ erred at step two by finding that Plaintiff's degenerative disc disease and mental-health impairments were not severe during the relevant period.
3. Whether the ALJ improperly evaluated the medical opinion evidence, including opinions rendered after Plaintiff's date last insured.
4. Whether the ALJ improperly evaluated Plaintiff's testimony by failing to separately discuss her oral testimony.
5. Whether the ALJ's residual functional capacity finding was unsupported by substantial evidence.

HOLDINGS

1. The ALJ did not commit reversible error by declining to consolidate the Title II and Title XVI claims because SSA rules permit, but do not require, joinder of claims sharing a common issue, and the Title XVI claim had not resulted in a final decision subject to judicial review.
2. The ALJ did not err in finding that Plaintiff's degenerative disc disease and mental-health impairments were not severe during the period ending December 31, 2019.
3. The ALJ did not err in evaluating the medical opinions because the opinions supporting significant limitations were based on examinations or treatment after the date last insured and were not shown to be retrospective, while the opinions the ALJ found persuasive were consistent with the evidence from the relevant period.
4. The ALJ did not err by failing to separately discuss Plaintiff's oral testimony because Plaintiff did not identify any inconsistency between her oral testimony and written statements, and the oral testimony was generally duplicative of the written statements.
5. The RFC finding was not erroneous because Plaintiff's challenge to the RFC depended on the alleged errors the Court rejected.

KEY QUOTATIONS

> *"A court may reverse the Commissioner's denial of disability benefits only when the Commissioner's findings are 1) based on legal error or 2) are not supported by substantial evidence in the record as a whole."* (at 4)

> *"Substantial evidence is "more than a mere scintilla but less than a preponderance"; it is "such relevant evidence as a reasonable mind might accept as adequate to support a conclusion.""* (at 4)

> *"Where evidence is susceptible to more than one rational interpretation, the ALJ's decision should be upheld."* (at 5)

> *"the [SSA]'s rules do not require an ALJ to join pending claims, even when those claims share a common issue, e.g., sharing an overlapping period of time and having the same deciding issue."* (at 5)

> *"[T]he step-two inquiry is a de minimis screening device to dispose of groundless claims."* (at 5)

FACTUAL BACKGROUND

Plaintiff applied for Title II disability benefits alleging disability from March 30, 2018 through December 31, 2019, her date last insured. The SSA denied the application, and after a hearing the ALJ found that Plaintiff's degenerative disc disease and mental-health conditions were not severe during the relevant period, properly evaluated the medical opinions and testimony, and determined an RFC supported by the record. Plaintiff also filed a Title XVI application alleging disability beginning in September 2019, but the ALJ concluded that the claims had been improperly consolidated and remanded the Title XVI application to the field office without deciding it.

PROCEDURAL HISTORY

The Social Security Administration denied Plaintiff's Title II application initially and on reconsideration. After a hearing, the ALJ denied the Title II claim for the relevant insured period, did not decide the separately filed Title XVI claim, and remanded that claim to the field office. The Appeals Council denied review on April 22, 2024. Plaintiff then filed this action, and the Court denied Plaintiff's motion for summary judgment while granting Defendant's cross-motion.

DISPOSITION

affirmed

CASES CITED

- Tackett v. Apfel, 180 F.3d 1094, 1097-98 (9th Cir. 1999)
- Smolen v. Chater, 80 F.3d 1273, 1279, 1290 (9th Cir. 1996)
- Ryan v. Comm'r of Soc. Sec., 528 F.3d 1194, 1198 (9th Cir. 2008)
- Reddick v. Chater, 157 F.3d 715, 721 (9th Cir. 1998)
- Bustamante v. Massanari, 262 F.3d 949, 953-54 (9th Cir. 2001)
- Mason v. Berryhill, No. 3:16-cv-02245-MC, 2018 U.S. Dist. LEXIS 48294, at *6 (D. Or. Mar. 23, 2018)
- Bowen v. Yuckert, 482 U.S. 137, 153-54 (1987)
- Webb v. Barnhart, 433 F.3d 683, 686 (9th Cir. 2005)
- Bagdasaryan v. Saul, 787 Fed. Appx. 423, 424 (9th Cir. 2019)
- Smith v. Bowen, 849 F.2d 1222, 1225 (9th Cir. 1988)
- Lisa M. v. Nef, No. 23-cv-03892-KAW, 2024 U.S. Dist. LEXIS 171513, at *8 (N.D. Cal. Sept. 23, 2024)
- Szmania v. Kijakazi, No. 21-36053, 2023 U.S. App. LEXIS 24774, at *2-3 (9th Cir. Sept. 19, 2023)
- Lombardo v. Schweiker, 749 F.2d 565, 567 (9th Cir. 1984)

OPINION

Camarillo v. O'Malley

PER CURIAM.

1 2 3

4 UNITED STATES DISTRICT COURT

5 NORTHERN DISTRICT OF CALIFORNIA

6 7 MICHELLE C., Case No. 24-cv-03542-KAW 8 Plaintiff, ORDER DENYING PLAINTIFF'S MOTION FOR SUMMARY

9 v. JUDGMENT; GRANTING

DEFENDANT'S CROSS-MOTION FOR

10 MARTIN O'MALLEY, SUMMARY JUDGMENT

11 Defendant. Re: Dkt. Nos. 12, 16 12 13 Plaintiff seeks judicial review, pursuant to 42 U.S.C. § 405(g), of the Commissioner's final 14 decision, and the remand of this case for further proceedings. Pending before the Court is 15 Plaintiff's motion for summary judgment and Defendant's cross-motion for summary judgment. 16 Having considered the papers filed by the parties, and for the reasons set forth below, the Court 17 DENIES Plaintiff's motion for summary judgment, and GRANTS Defendant's cross-motion for 18 summary judgment.

19 I. BACKGROUND

20 On September 16, 2021, Plaintiff filed for Title II benefits, asserting disability as of March 21 30, 2018 through her date of last insured of December 31, 2019. (Administrative Record ("AR") 22 22, 89-91.) The Social Security Administration ("SSA") denied Plaintiff's Title II application 23 initially and on reconsideration. (AR 134, 140.) On December 6, 2022, Plaintiff requested a 24 hearing before an Administrative Law Judge ("ALJ"). (AR 146.) On January 5, 2023, Plaintiff 25 filed for Title XVI benefits, asserting disability as of September 2019. (See Dkt. No. 12 at 27, 29.) 26 The Title XVI application was escalated and consolidated with the Title II application. (AR 22.) 27 On June 30, 2023, the ALJ held a hearing. (AR 22.) Following the hearing, the ALJ 1 found that the Title XVI application was erroneously escalated and consolidated with the Title II 2 application because the Title II application concerned the period of March 30, 2018 through

3 December 31, 2019, while the Title XVI application contemplated the timeframe from the date of

4 the new application onward. (AR 22.) Thus, the ALJ did not decide the Title XVI application, 5 but remanded this application to the field office. (AR 22.) 6 A request for review of the ALJ's decision was filed with the Appeals Council on

7 September 5, 2023. (AR 214-15.) The Appeals Council denied Plaintiff's request for review on

8 April 22, 2024. (AR 1.)

9 On June 12, 2024, Plaintiff commenced this action for judicial review pursuant to 42 10 U.S.C. § 405(g). (Compl., Dkt. No. 1.) Plaintiff filed the motion for summary judgment on

11 October 11, 2024. (Pl.'s Mot., Dkt. No. 12.) Defendant filed an opposition and cross-motion for

12 summary judgment on December 11, 2024. (Def.’s Opp’n, Dkt. No. 16.) Plaintiff filed a reply on
13 December 26, 2025. (Pl.’s Reply, Dkt. No. 18.)
14 II. LEGAL STANDARD
15 A court may reverse the Commissioner’s denial of disability benefits only when the 16 Commissioner's findings are 1) based on legal error or 2) are not supported by substantial 17 evidence in the record as a whole. 42 U.S.C. § 405(g); Tackett v. Apfel, 180 F.3d 1094, 1097 18 (9th Cir. 1999). Substantial evidence is “more than a mere scintilla but less than a 19 preponderance”; it is “such relevant evidence as a reasonable mind might accept as adequate to 20 support a conclusion.” Id. at 1098; Smolen v. Chater, 80 F.3d 1273, 1279 (9th Cir. 1996). In 21 determining whether the Commissioner's findings are supported by substantial evidence, the 22 Court must consider the evidence as a whole, weighing both the evidence that supports and the 23 evidence that detracts from the Commissioner's conclusion. Id. “Where evidence is susceptible 24 to more than one rational interpretation, the ALJ's decision should be upheld.” Ryan v. Comm'r 25 of Soc. Sec., 528 F.3d 1194, 1198 (9th Cir. 2008). 26 Under SSA regulations, disability claims are evaluated according to a five-step sequential 27 evaluation. Reddick v. Chater, 157 F.3d 715, 721 (9th Cir. 1998). At step one, the Commissioner 1 claimant is not disabled. 20 C.F.R. § 404.1520(b). At step two, the Commissioner determines 2 whether the claimant has a “medically severe impairment or combination of impairments,” as 3 defined in 20 C.F.R. § 404.1520(c). Reddick, 157 F.3d 715 at 721. If the answer is no, the 4 claimant is not disabled. Id. If the answer is yes, the Commissioner proceeds to step three and 5 determines whether the impairment meets or equals a listed impairment under 20 C.F.R. § 404, 6 Subpart P, Appendix 1. 20 C.F.R. § 404.1520(d). If this requirement is met, the claimant is 7 disabled. Reddick, 157 F.3d 715 at 721. 8 If a claimant does not have a condition which meets or equals a listed impairment, the 9 fourth step in the sequential evaluation process is to determine the claimant's residual functional 10 capacity (“RFC”) or what work, if any, the claimant is capable of performing on a sustained basis, 11 despite the claimant’s impairment or impairments. 20 C.F.R. § 404.1520(e). If the claimant can 12 perform such work, he is not disabled. 20 C.F.R. § 404.1520(f). RFC is the application of a legal 13 standard to the medical facts concerning the claimant's physical capacity. 20 C.F.R. § 404.1545(a). 14 If the claimant meets the burden of establishing an inability to perform prior work, the 15 Commissioner must show, at step five, that the claimant can perform other substantial gainful 16 work that exists in the national economy. Reddick, 157 F.3d 715 at 721. The claimant bears the 17 burden of proof at steps one through four. Bustamante v. Massanari, 262 F.3d 949, 953-954 (9th
18 Cir. 2001). The burden shifts to the Commissioner at step five. Id. at 954.
19 III. DISCUSSION
20 Plaintiff challenges the ALJ’s decision on the following grounds: (1) the ALJ erred in 21 failing to consolidate the Title II and Title XVI claims, (2) the ALJ failed to find that Plaintiff’s 22

degenerative disc disease and mental health impairments were severe impairment at step two, (3) 23 the ALJ erred in considering the medical opinion evidence, (4) the ALJ improperly evaluated 24 Plaintiff's testimony, and (5) the ALJ erred in determining Plaintiff's RFC. 25 A. Consolidation of Title II and Title XVI Claims 26 First, Plaintiff argues that the ALJ should have considered both Plaintiff's Title II and Title 27 XVI claims because there was overlap in the time period and medical issues. (Pl.'s Mot. at 5-6.) 1 there was overlap. Rather, "the [SSA]'s rules do not require an ALJ to join pending claims, even 2 when those claims share a common issue, e.g., sharing an overlapping period of time and having 3 the same deciding issue. This rule is simply permissive; an ALJ may, but is not required to, join 4 claims that share a common issue." Mason v. Berryhill, No. 3:16-cv-02245-MC, 2018 U.S. Dist. 5 LEXIS 48294, at *6 (D. Or. Mar. 23, 2018). Moreover, it is unclear how the Court could review 6 the Title XVI claim when no final decision has been made; the Title XVI claim was not rejected, 7 but remanded for determination by the field office. (AR 22.) The Court finds no reversible error. 8 B. Step Two Severe Impairments 9 "[T]he step-two inquiry is a de minimis screening device to dispose of groundless claims." 10 Smolen v. Chater, 80 F.3d 1273, 1290 (9th Cir. 1996) (citing Bowen v. Yuckert, 482 U.S. 137, 11 153-54 (1987)). As a result, "[a]n impairment or combination of impairments may be found 'not 12 severe only if the evidence establishes a slight abnormality that has no more than a minimal effect 13 on an individual's ability to work.'" Webb v. Barnhart, 433 F.3d 683, 686 (9th Cir. 2005) 14 (quoting Smolen, 80 F.3d at 1290). 15 Here, Plaintiff argues that the ALJ should have found her degenerative disc disease and 16 mental health impairments to be severe impairments. (Pl.'s Mot. at 6.) 17 i. Degenerative Disc Disease 18 The ALJ found that Plaintiff's degenerative disc disease was not a severe impairment prior 19 to December 31, 2019, the claimant's date of last insured. (AR 26.) Rather, a June 2019 x-ray 20 found "[m]inimal disc space narrowing at L5-S1" and "[n]o acute osseous abnormality of the 21 lumbar spine." (AR 26, 2270.) The ALJ found that compared to subsequent examinations, these 22 findings did not support a diagnosis of degenerative disc disease. (AR 26.) Further, the ALJ 23 found that Plaintiff's limited and conservative treatment related to reports of pain showed there 24 was not more than minimal functional limitations during the relevant period. (AR 26.) 25 The Court finds no error. Plaintiff argues that she testified to back pain since a car 26 accident in 2006. (Pl.'s Mot. at 7.) Plaintiff, however, cites no record evidence that this back pain 27 was due to the degenerative disc disease, as opposed to her postural orthostatic tachycardia 1 2019 x-ray, but fails to explain how its findings demonstrate that Plaintiff suffered from 2 degenerative disc disease at that time. Further, the ALJ could properly find that the limited and 3 conservative treatment related to the reports of back pain during the relevant period showed it was 4 not a severe impairment. See Bagdasaryan v. Saul, 787 Fed. Appx. 423, 424 (9th Cir. 2019) 5 (affirming the ALJ's finding that the plaintiff's fibromyalgia was non-severe at step two where the 6 ALJ found that the condition was well-controlled with medication and did not require a specialist). 7 In the alternative, Plaintiff argues that the ALJ should have considered medical records 8 from after the date of last insured, specifically January 2023 MRI results that

showed disc bulging 9 and protrusions consistent with degenerative disc disease. (Pl.'s Mot. at 8.) In general, "reports 10 containing observations made after the period for disability are relevant to assess the claimant's 11 disability. It is obvious that medical reports are inevitably rendered retrospectively and should not 12 be disregarded solely on that basis." Smith v. Bowen, 849 F.2d 1222, 1225 (9th Cir. 1988). That 13 does not, however, mean that all reports are necessarily probative of a plaintiff's capacities during 14 the relevant time period. While Plaintiff's MRI evidenced degenerative disc disease in January 15 2023, there is no explanation for how it is retrospective to Plaintiff's capacity to work more than 16 three years prior. See Lisa M. v. Nef, No. 23-cv-03892-KAW, 2024 U.S. Dist. LEXIS 171513, at 17 *8 (N.D. Cal. Sep. 23, 2024) (finding no error in the consideration of post-2017 records where the 18 plaintiff "fail[ed] to provide any explanation for how Dr. Dickey's opinions as to Plaintiff's 19 capacities in September 2022 are retrospective to Plaintiff's capacity to work in 2017"); Szmania 20 v. Kijakazi, No. 21-36053, 2023 U.S. App. LEXIS 24774, at *2 (9th Cir. Sep. 19, 2023) (finding 21 no error in rejecting opinions "issued several years after Szmania's date last insured [because] they 22 do not address Szmania's level of functioning during the relevant period"). The Court finds that 23 the ALJ did not err in weighing the imaging after Plaintiff's date of last insured. 24 ii. Mental Health Impairments 25 Plaintiff argues that the ALJ erred in failing to find her mental health impairments to be a 26 severe impairment. (Pl.'s Mot. at 9.) Rather, the ALJ found that the records in support of these 27 conditions all concerned the period after Plaintiff's date of last insured, and that the medical 1 the Title II application. (AR 26.) 2 First, Plaintiff argues that there was one record of her being treated for anxiety in August 3 2018. (Pl.'s Mot. at 9-10.) The Court notes that the record does not show she was treated for 4 anxiety; rather, she was described as having anxiety, but was in fact treated for physical symptoms 5 related to asthma and a mild urinary tract infection. (AR 677.) Thus, there is no showing that 6 Plaintiff's anxiety resulted in any functional limitations during the relevant period. 7 Second, Plaintiff again complains that the ALJ failed to consider records following her 8 date of last insured. (Pl.'s Mot. at 10.) As before, Plaintiff fails to connect those records to her 9 capacity to work during the relevant period. For example, Plaintiff points to records diagnosing 10 her with major depressive disorder, anxious distress, and post-traumatic stress disorder in
11 September 2022, but does not explain how these disorders affected her ability to work up to
12 December 31, 2019. (See AR 2205-09.) While Plaintiff points to a March 2020 diagnoses for
13 anxiety and depression and a prescription for Zoloft in March 2020, Plaintiff does not explain how 14 this affected her ability to work; indeed, the March 2020 treatment was in respect to physical 15 symptoms such as dry cough and wheezing. (AR 717-18.) 16 Accordingly, the Court finds no error in the ALJ's finding that Plaintiff did not have a 17 mental health impairment affecting her ability to work during the relevant period. 18 C. Medical Opinions 19 Next, Plaintiff argues that the ALJ erred in evaluating the opinions of Madeline Furst, 20 N.P., Nina Marucheck, A.M.F.T., Katherine Wiebe, Psy.D., M. Morando, M.D., and Phaedra 21 Caruso-Radin, Psy.D.

(Pl.’s Mot. at 11-15.) 22 Under the updated regulations, the SSA “will no longer give any specific evidentiary 23 weight to medical opinions; this includes giving controlling weight to any medical opinion.” 20 24 C.F.R. § 416.920c(a). Instead, each medical opinion’s persuasiveness is evaluated based on 25 various factors, the most important of which are “supportability” (the extent to which the medical 26 opinion is supported by relevant and objective medical evidence) and “consistency” (the extent to 27 which a medical opinion is consistent with evidence from other medical and nonmedical sources). 1 the claimant is to be considered, “the ALJ no longer needs to make specific findings regarding 2 these relationship factors.” Id. An ALJ, however, “cannot reject an examining or treating doctor’s 3 opinion as unsupported or inconsistent without providing an explanation supported by substantial 4 evidence. The agency must articulate how persuasive it finds all of the medical opinions from 5 each doctor or other source and explain how it considered the supportability and consistency 6 factors in reaching these findings.” Id. at 792 (internal quotation omitted). 7 With respect to Ms. Furst, Ms. Marucheck, and Dr. Wiebe, Plaintiff again effectively 8 argues that the ALJ erred in the consideration of records long after the date of last insured of

9 December 31, 2019. Ms. Furst’s opinion, which was made on September 14, 2022, found that
10 Plaintiff had severe limitations with her mobility and posture, including her ability to lift, stand, 11 sit, or walk. (AR 2211-17.) The ALJ found that her opinion was inconsistent with Plaintiff’s 12 limited and conservative history of treatment during the relevant period. (AR 31-32, 2217.) The 13 ALJ further noted that Ms. Furst’s opinion was based primarily on Plaintiff’s degenerative disc 14 disease, which was not a medically determinable impairment prior to Plaintiff’s date of last 15 insured. (AR 32.) The Court finds no error; the ALJ could reasonably find that Ms. Furst’s 16 opinion did not reflect Plaintiff’s limitations during the relevant period based on the limited and 17 conservative treatment. See Lombardo v. Schweiker, 749 F.2d 565, 567 (9th Cir. 1984) (finding 18 that the ALJ could reasonably consider the remoteness of an opinion where the medical opinion 19 was based on an examination one and a half years after the plaintiff’s date of last insured). 20 Further, as discussed above, Plaintiff has not demonstrated that the ALJ erred in finding that 21 Plaintiff’s degenerative disc disease was a severe impairment during the relevant period, and that 22 Ms. Furst’s opinion’s reliance on Plaintiff’s degenerative disc disease would not be probative of 23 her capabilities almost three years prior. 24 Likewise, on September 12, 2022, Ms. Marucheck opined extreme limitations in Plaintiff’s 25 cognitive abilities, including her ability to concentrate, interact with others, understand and apply 26 information, and adapt or manage herself. (AR 2207-08.) The ALJ found that Ms. Marucheck’s 27 opinion was based on treatment starting in August 2021, after the relevant period. (AR 31, 2205.) 1 relevant period, which did not document any mental impairments. (AR 31.) The Court finds no 2 error; the ALJ could reasonably find that such extreme limitations were not consistent with the 3 record when there was no showing of mental impairments prior to December 31, 2019. 4 Dr. Wiebe, in turn, rendered her opinion on June 3, 2022 based on an assessment of 5 Plaintiff on May 31, 2022. (AR 1916.) Dr. Wiebe found that

Plaintiff had moderate to severe 6 impairments in memory, moderate impairment to executive functioning, and mild to moderate 7 impairment in attention and concentration. (AR 1929.) The ALJ found that while Dr. Wiebe's 8 assessment was supported by her observations of Plaintiff during the examination, they were 9 inconsistent with the records from the relevant period, which did not reflect any mental health 10 complaints. (AR 31.) Again, the Court finds no error; the ALJ could reasonably find that an 11 opinion based on an examination from well after the date of last insured was not consistent with 12 records from the relevant period. See Szmania, 2023 U.S. Dist. LEXIS 24774, at *3 (finding that 13 the ALJ could assign little weight to the VA's disability rating because it did not address the 14 plaintiff's functional ability during the relevant period, but was instead based on exams that began 15 years after the date of last insured). 16 Finally, Plaintiff complains that the ALJ improperly found the opinions of Dr. Morando 17 and Caruso-Radin persuasive, arguing that their opinions were incomplete because they did not 18 consider records from after Plaintiff's date of last insured. (Pl.'s Mot. at 15.) For the same 19 reasons as above, the Court finds that the ALJ could reasonably find these opinions were 20 persuasive because the treatment records from after the relevant period do not necessarily reflect 21 Plaintiff's functional capacity during the relevant period. 22 To summarize, the Court does not suggest that Plaintiff did not suffer from limitations, as 23 found by Ms. Furst, Ms. Marucheck, or Dr. Wiebe. Rather, the issue is whether these records 24 show that Plaintiff suffered limitations in her ability to work during the relevant time period. It is 25 not sufficient to simply point to later records; there must be some basis to show that those 26 limitations existed during the relevant time period, particularly when no contemporaneous records 27 indicated limitations then. For example, if the opinions purported to offer a retrospective opinion 1 reflective of Plaintiffs functional capacity during the relevant period. Absent any such showing 2 or explanation, the Court finds no error. 3 D. 'Plaintiff's Testimony 4 Next, Plaintiff asserts that the ALJ erred as to Plaintiffs testimony. Notably, Plaintiff does 5 || not challenge the ALJ's reasons for finding that Plaintiffs allegations are not entirely consistent 6 || with the evidence. Rather, Plaintiff complains that the ALJ erred by not discussing Plaintiffs oral 7 || testimony; rather, the ALJ only discussed Plaintiff's written statements. (P1.'s St. at 16-17.) 8 Plaintiff cites no authority that the ALJ must specifically discuss Plaintiffs oral testimony, 9 || particularly when there is no suggestion that Plaintiff's oral testimony and written statements are 10 || inconsistent with each other. Indeed, Defendant points out -- and Plaintiff does not dispute -- that 11 Plaintiffs oral testimony was generally duplicative of her written statement. (Def.'s Opp. at 17- 12 18; see Pl.'s Reply at 6.) The Court finds no error. 13 E. RFC Finding 14 Finally, Plaintiff argues that the RFC was not based on substantial evidence because of the 3 15 above errors. (Pl.'s Mot. at 18-20.) Because the Court finds no error as previously discussed, the a 16 || Court finds no error as to the RFC finding.

2 17 IV. CONCLUSION

Z 18 For the reasons stated above, the Court DENIES Plaintiff's motion for summary judgment 19

and GRANTS Defendant’s cross-motion for summary judgment. 20 IT IS SO ORDERED. 21 Dated: May 28, 2025 . 23 United States Magistrate Judge 24 25 26 27 28