

NOT FOR PUBLICATION

FILED

UNITED STATES COURT OF APPEALS

JUL 11 2025

FOR THE NINTH CIRCUIT

MOLLY C. DWYER, CLERK  
U.S. COURT OF APPEALS

WILLIAM J. FINNEGAN,

Appellant,

v.

FRANK BISIGNANO, Commissioner of  
Social Security,

Defendant - Appellee.

No. 24-3131

D.C. No.

3:22-cv-07554-RFL

MEMORANDUM\*

Appeal from the United States District Court  
for the Northern District of California  
Rita F. Lin, District Judge, Presiding

Submitted July 8, 2025\*\*  
San Francisco, California

Before: H.A. THOMAS and DE ALBA, Circuit Judges, and RAKOFF, District  
Judge.\*\*\*

William J. Finnegan appeals the district court's judgment affirming the

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\* This disposition is not appropriate for publication and is not precedent except as provided by Ninth Circuit Rule 36-3.

\*\* The panel unanimously concludes this case is suitable for decision without oral argument. *See* Fed. R. App. P. 34(a)(2).

\*\*\* The Honorable Jed S. Rakoff, United States District Judge for the Southern District of New York, sitting by designation.

Commissioner of Social Security’s partial denial of Finnegan’s application for disability insurance benefits under Title II of the Social Security Act. In his appeal, Finnegan argues that the Administrative Law Judge (“ALJ”) erred in evaluating medical opinions and in discounting the opinions of his treating doctor, his own testimony, and the testimony of his uncle regarding the severity of Finnegan’s medical conditions. Additionally, Finnegan argues that the ALJ erred in assessing his residual functional capacity (“RFC”). We have jurisdiction pursuant to 28 U.S.C. § 1291. We affirm.

“We review the district court’s order affirming the ALJ’s denial of social security benefits de novo and will disturb the denial of benefits only if the decision contains legal error or is not supported by substantial evidence.” *Lambert v. Saul*, 980 F.3d 1266, 1270 (9th Cir. 2020) (quotation marks omitted) (quoting *Tommasetti v. Astrue*, 533 F.3d 1035, 1038 (9th Cir. 2008)). “Where evidence is susceptible to more than one rational interpretation, it is the ALJ’s conclusion that must be upheld.” *Burch v. Barnhart*, 400 F.3d 676, 679 (9th Cir. 2005).

1. “[A]n ALJ cannot reject an examining or treating doctor’s opinion as unsupported or inconsistent without providing an explanation supported by substantial evidence.” *Woods v. Kijakazi*, 32 F.4th 785, 792 (9th Cir. 2022). “The agency must articulate how persuasive it finds all of the medical opinions from each doctor or other source, and explain how it considered the supportability and

consistency factors in reaching these findings.” *Id.* (internal citations, quotation marks, and alterations omitted). Here, the ALJ properly considered and articulated the supportability and consistency of the medical opinions at issue. *See Garrison v. Colvin*, 759 F.3d 995, 1010 (9th Cir. 1995) (“The ALJ is responsible for determining credibility, resolving conflicts in medical testimony, and for resolving ambiguities.”). The ALJ reasonably discounted Dr. Wise’s opinion because his own treatment notes did not indicate the severity of Finnegan’s limitations as stated in his report. *See Ghanim v. Colvin*, 763 F.3d 1154, 1161 (9th Cir. 2014) (noting that a “conflict between treatment notes and a [doctor’s] opinions may constitute an adequate reason to discredit [those] opinions”). The ALJ also reasonably discounted Dr. Wise’s opinion as inconsistent with the diagnostic imaging and the medical record. Further, the ALJ reasonably discounted this opinion as inconsistent with other medical opinions and with Finnegan’s own testimony regarding his daily activities.

Likewise, substantial evidence supports the ALJ’s evaluation of the other medical opinions. The ALJ found the other medical opinions to be persuasive because these doctors reviewed the full record, supported their conclusions with evidence, and their findings were both internally consistent and consistent with the objective medical record. *See Kitchen v. Kijakazi*, 82 F.4th 732, 739–40 (9th Cir. 2023) (noting that an ALJ can rely on consistency with other medical sources in

assessing a medical opinion).

2. If a claimant presents objective medical evidence of an impairment that could be expected to produce the symptoms alleged, “the ALJ can reject the claimant’s testimony about the severity of [his] symptoms only by offering specific, clear and convincing reasons for doing so.” *Garrison*, 759 F.3d at 1014–15 (quoting *Smolen v. Chater*, 80 F.3d 1273, 1281 (9th Cir. 1996)). The ALJ did not err in discounting Finnegan’s subjective symptom testimony. The ALJ noted that the medical record was inconsistent with Finnegan’s alleged limitations. *See Smartt v. Kijakazi*, 53 F.4th 489, 498 (9th Cir. 2022) (“When objective medical evidence in the record is *inconsistent* with the claimant’s subjective testimony, the ALJ may indeed weigh it as undercutting such testimony.”). The ALJ also reasonably concluded that Finnegan’s description of his daily activities contradicted his testimony. *See id.* at 499 (“Even if the claimant experiences some difficulty or pain, [his] daily activities may be grounds for discrediting the claimant’s testimony to the extent that they contradict claims of a totally debilitating impairment.” (internal quotation marks omitted)). And since Finnegan’s uncle’s testimony was consistent with Finnegan’s own testimony, the ALJ did not err in discounting it. *See Molina v. Astrue*, 674 F.3d 1104, 1117 (9th Cir. 2012) (noting that an ALJ need not discuss lay witness testimony that “does not describe any limitations not already described by the claimant” where the

ALJ’s “well-supported reasons for rejecting the claimant’s testimony apply equally well to the lay witness testimony”), *superseded on other grounds by* 20 C.F.R. § 404.1502(a).

**AFFIRMED.**<sup>1</sup>

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<sup>1</sup> Substantial evidence supports the ALJ’s RFC determination. Finnegan’s challenges to the ALJ’s RFC assessment are based upon the previously addressed arguments and thus lack support. *See Stubbs-Danielson v. Astrue*, 539 F.3d 1169, 1175–76 (9th Cir. 2008).