

NOT FOR PUBLICATION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

DEANNA L. KING,

Plaintiff - Appellant,

v.

FRANK BISIGNANO, Commissioner of
Social Security,

Defendant - Appellee.

No. 24-4619

D.C. No.

3:23-cv-05886-MLP

MEMORANDUM*

Appeal from the United States District Court
for the Western District of Washington
Michelle L. Peterson, Magistrate Judge, Presiding

Submitted July 9, 2025**
Seattle, Washington

Before: HAWKINS, GRABER, and BENNETT, Circuit Judges.

Plaintiff Deanna Lynn King appeals from the judgment affirming the
Commissioner of Social Security's decision denying Plaintiff's applications for
disability insurance benefits and supplemental security income under Titles II and

* 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).

XVI of the Social Security Act. We have jurisdiction under 28 U.S.C. § 1291 and 42 U.S.C. § 405(g). We review de novo, Stiffler v. O’Malley, 102 F.4th 1102, 1106 (9th Cir. 2024), and affirm.

1. Substantial evidence supports the ALJ’s evaluation of the medical testimony. We set aside an ALJ’s denial of benefits “only if it is not supported by substantial evidence or is based on legal error.” Id. (citation omitted); see Andrews v. Shalala, 53 F.3d 1035, 1039–40 (9th Cir. 1995) (“We must uphold the ALJ’s decision where the evidence is susceptible to more than one rational interpretation.”). The ALJ must discuss the persuasiveness of medical opinions in terms of supportability and consistency with the record. 20 C.F.R. § 404.1520c(b)(2). Supportability refers to whether a medical opinion is supported by the source’s own medical evidence; consistency refers to whether a medical opinion is consistent with evidence in the record provided by other sources. 20 C.F.R. § 404.1520c(c)(1)–(2).

a. The ALJ adequately explained her consideration of supportability and consistency in weighing Dr. Morgan’s opinion. The ALJ found that Dr. Morgan’s opinion—that Plaintiff had marked limitations in eleven categories of mental functioning—was inconsistent with Dr. Morgan’s own finding at a mental status examination that Plaintiff was within normal limits in all but one mental category. The ALJ also explained that Dr. Morgan’s findings were “extreme.” Finally, the

ALJ noted that Dr. Morgan expected Plaintiff's symptoms to last only ten months, two months below the twelve-month durational requirement. 42 U.S.C.

§§ 423(d)(1)(A), 1382c(a)(3)(A).

b. The ALJ did not err in weighing the medical opinion of Dr. Wooden, which the ALJ found to be extreme. As to Plaintiff's physical symptoms, the ALJ cited numerous physical examinations, some of which Dr. Wooden conducted, that showed normal findings. Regarding Plaintiff's mental limitations, the record contains several examinations, including examinations conducted by Dr. Wooden, in which Plaintiff presented with normal mood and affect. Finally, the ALJ found Dr. Wooden's opinion as to Plaintiff's psychological condition to be less persuasive because psychological disabilities are beyond Dr. Wooden's scope of expertise as a general practitioner. See 20 C.F.R. § 404.1520c(c)(4) (listing medical specialization as a factor for the ALJ to consider when weighing medical testimony).

c. The ALJ permissibly weighed the September 2020 medical opinion of Nurse Practitioner Williams. As above, the ALJ relied on the many instances of physical examinations with normal findings to discount Williams's testimony. The ALJ also relied on evidence showing improvement in Plaintiff's physical conditions.

d. Contrary to Plaintiff's assertions, the ALJ considered the medical opinion of non-examining psychologist Dr. Mitchell as part of a set of opinions that the ALJ discounted for being "extreme" and inconsistent with the record as a whole. Accordingly, the ALJ did not err in discounting Dr. Mitchell's opinion for the same reasons that the ALJ did not err in discounting the opinion of Dr. Morgan.

e. Dr. Madsen's opinion stated that Plaintiff "would likely benefit from frequent position changes between seated and standing." The ALJ found Dr. Madsen's opinion persuasive as to this point and incorporated it in substance into Plaintiff's residual function capacity ("RFC"). Thus, the ALJ did not err. See Kitchen v. Kijakazi, 82 F.4th 732, 740 (9th Cir. 2023) (finding no error where the RFC tracks persuasive medical opinion).

f. The ALJ permissibly found Dr. Rogers's opinion to be persuasive. Plaintiff argues that Dr. Rogers's opinion was inconsistent with his own findings in a single immediate recall assessment. But Dr. Rogers incorporated the results of that assessment into his medical opinion, stating that Plaintiff's "immediate recall is weak."

g. Plaintiff asserts that the ALJ erred in finding persuasive the opinion of two consultative psychologists, Harrison and Horn, because they did not consider evidence after May 2019, and their opinions were inconsistent with the opinions of Drs. Morgan and Wooden. But, for the reasons explained above, the ALJ

permissibly discounted the testimony of Drs. Morgan and Wooden. Furthermore, the ALJ found Harrison's and Horn's opinions to be consistent with the record as a whole, including other medical opinions and mental status evaluations.

2. Substantial evidence supports the ALJ's finding that Plaintiff's symptom testimony should not be credited fully. The ALJ provided "specific, clear, and convincing reasons" for discounting the remaining portions of Plaintiff's testimony. Smartt v. Kijakazi, 53 F.4th 489, 494 (9th Cir. 2022) (citation omitted).

Plaintiff asserts that the ALJ did not state convincing reasons for rejecting any of her testimony. But Plaintiff does not cite, or challenge, any specific instance in which the ALJ discounted her testimony without a clear reason. Instead, the ALJ provided clear and convincing reasons for discounting parts of Plaintiff's testimony, including (1) inconsistency with medical evidence, id., which the ALJ permissibly evaluated; (2) evidence of daily activities inconsistent with her alleged symptoms, id. at 499; (3) evidence that Plaintiff may not have provided full effort during medical examinations, see Thomas v. Barnhart, 278 F.3d 947, 959 (9th Cir. 2002) (ruling that a plaintiff's failure to provide full effort in an examination is compelling evidence to discount symptom testimony); and (4) evidence of improvement with treatment, see Wellington v. Berryhill, 878 F.3d 867, 876 (9th Cir. 2017) ("[E]vidence of medical treatment successfully relieving symptoms can undermine a claim of disability.").

In sum, we find that the ALJ did not err.

3. Finally, Plaintiff challenges the ALJ's RFC assessment because the ALJ erred in evaluating the medical evidence and Plaintiff's symptom testimony. For the reasons explained above, we disagree.

AFFIRMED.