



# Tri-Cities Medical Massage

Sep 25, 2025

The Honorable Maria Cantwell  
United States Senate  
825 Jadwin Avenue, Room 206  
Richland, WA 99352

RE: Urgent Oversight Request - Systemic Denial of Authorized Care Under EEOICPA

Dear Senator Cantwell,

I am writing to raise serious concerns about a systemic barrier to patient care under the EEOICPA program. Massage therapy, prescribed by treating physicians and delivered by licensed providers in accordance with the Department of Labor's Procedure Manual, is now being denied through an unpublished, internal policy shift creating an administrative barrier to care by denying claimants access to the full range of authorized treatment modalities that DEEOIC itself recognizes in both the Procedure Manual and their own Massage Therapy Compliance Brochure.

I am a massage therapist who has treated this population since 2010. The transformation that medical massage therapy has provided in their lives led me to exclusively focus on this community. The need is so great in our area, with over 10,000 claimants who gave their careers to dangerous Department of Energy work, that my team of 8 highly trained therapists now focuses entirely on serving them.

We are in no way what you think of as a typical "spa" massage practice. We have developed specialized treatment protocols for the myofascial effects of restrictive lung disease, advanced scar tissue techniques for skin and other post-cancer surgeries, restorative techniques for radiation damage, and many on my team are trained CLT therapists (complete lymphedema therapy, the gold standard for post-cancer lymphedema). All our therapists are trained to provide condition-specific medical massage for this population in accordance with their treating physician's prescription and letter of medical necessity (LMN).

Massage therapy is a legitimate part of the health care team, recognized under Washington State law as an insurance covered medical service. Massage therapists are authorized providers eligible to bill commercial insurance carriers, Labor & Industries, and Personal Injury Protection.

Prior to April 2025, my clinic had only ever received three massage therapy denials. Since that time, following directives issued by Supervisory Medical Benefits Examiner (MBE) Dana Honeywell and enforced by DEEOIC Medical Officer Dr. Karyn Condie, I have received 28 denials: 22 involving pulmonary patients, 4 involving cancer patients, and 2 involving Parkinson's patients (one who also has lung disease). In addition, there are four outstanding letters of development sent to treating physicians that will become denials, as they already recommend denial by Dr. Condie and place an arduous burden on the already small pool of physicians willing to work within this program, demanding records from specialists and documentation that has no bearing on massage therapy authorization per the Department of Labor's Procedure Manual.

## Policy Framework and Safeguards

The DEEOIC Procedure Manual defines massage therapy as follows:

“Medical massage therapy is manual manipulation of the soft tissues of the body to treat the effect of a diagnosed medical condition.”

Therapy must demonstrate “specific improvements in functionality or in achieving relief from the symptoms of an accepted medical condition.” Cure is not required, nor is massage therapy required to be the sole or primary “standard of care.”

Per the EEOICPA Procedure Manual, Medical Benefit Examiners are tasked with adjudicating therapy requests based on the treating physician’s letter of medical necessity (LMN). As the Procedure Manual states: “The physician’s LMN must provide a well-rationalized justification for, and a written description of, the particular type of rehabilitative therapy they have prescribed, along with a discussion of the specific quantity, frequency, and duration of the therapeutic service.”

When additional medical input is needed, MBEs may consult a Contract Medical Consultant (CMC). The CMC is an independent physician who provides advisory review of the evidence, ensuring claimants receive fair, case-specific consideration. This safeguard protects against arbitrary or blanket denials by maintaining an individualized review process.

This process has now been displaced by an unpublished internal policy change, imposed by Supervisory MBE Dana Honeywell and Dr. Karyn Condie, Deputy Chief Medical Officer, outside the bounds of the Procedure Manual. MBEs have been stripped of their adjudicatory role, and the safeguard of CMC consultation has been eliminated. In its place, authorization requests are now centrally rerouted to Dr. Condie, whose categorical denials function as an administrative removal of the normal adjudicatory process, which appears designed to block approvals rather than evaluate medical necessity.

### April 17, 2025 Directive

On April 17, 2025, Dana Honeywell circulated an email to MBEs beginning: “In light of the surge in massage therapy requests...” This language makes clear the directive was aimed at restricting the number of approvals, not ensuring that each request was reviewed for medical necessity as policy requires.

She then quoted language from the Procedure Manual, which expressly defines massage therapy as treatment to address the **effects** of an accepted medical condition and defines functional improvement or symptom relief as rehabilitative goals:

“Medical massage therapy is manual manipulation of the soft tissues of the body to treat the effect of a diagnosed medical condition.”

However, immediately after citing this policy, she directed MBEs to apply a contradictory test, writing:

*“For example, if an employee is approved for a pulmonary condition, we should consider the following question in weighing medical evidence. How can massage therapy help, treat, give relief, or reduce the degree or the period of COPD, a lung condition, due to manipulation of soft tissues?”*

This improperly redefined the evaluation standard. Instead of determining whether massage improves function or relieves symptoms related to lung disease, MBEs were told to judge massage by whether it could treat the primary disease itself, a requirement that does not exist anywhere in DOL policy, for massage, for nursing, or even for the claimant's pulmonologist.

MBEs were then directed to send all massage authorization requests to Dr. Condie. Follow-up phone calls with multiple MBEs confirmed that she will not, under any circumstances, approve massage for lung patients.

This appears to be an errant attempt to reduce fraudulent billing practices seen in other markets, but it has been misapplied to legitimate medical massage care. Many denial letters explicitly rejected "in-home massage therapy" for clients who have never received home care and whose requests were explicitly for in-office treatment.

### **June 24, 2025 Directive**

On June 24, 2025, Dana Honeywell circulated another directive in which the process was further tightened. A weekly report of all massage therapy requests would now be generated from Acentra, the authorization database, and sent directly to Dr. Condie, with copies to the MBE unit manager and supervisors of claimants' assigned MBEs. Dr. Condie will review these requests and issue recommendations. MBEs are then alerted to review and take necessary action based on Dr. Condie's recommendations.

This process adds an administrative layer that transforms the Medical Officer's opinion into binding instruction before the MBE even looks at the authorization request. This is an unpublished policy change creating administrative removal of MBEs from their adjudicatory role.

Instead of individualized authorization request review by the MBE, with CMC consultation if necessary, this unpublished procedure change undermines the adjudicatory framework set forth in the Procedure Manual.

This reroute to Dr. Condie has caused requests to sit unresolved in an already slow system for as long as an additional eight weeks before denial (or rare approval), effectively blocking treatment since authorizations are only valid for twelve-week periods. This is not merely a policy error; it is a deliberate structure that obstructs care by delaying or denying access to medically necessary treatment prescribed by patients' face-to-face treating physicians.

The Medical Officer's office is functioning as an administrative denial mechanism rather than oversight, substituting its authority for that of the treating physician, MBE adjudication, and if necessary, Contract Medical Consultant review. The Procedure Manual requires MBEs to evaluate the medical evidence described in the treating physician's LMN, with access to a CMC for consultation if needed. It does not authorize rerouting all requests to the Medical Officer for presumptive denial overriding the treating physician's medical opinion.

### **Federal Precedent**

The principle that treating physician opinions must be given meaningful consideration is well established. In *Dedic v. Fluor Federal* (2d Cir., April 2025), under the Longshore and Harbor Workers' Compensation Act, a

federal compensation program with a nearly identical adjudicatory structure, the court held that while an ALJ may in some cases give greater weight to other medical opinions, doing so requires substantial evidence and reasoned explanation. The treating physician's opinion cannot be disregarded or displaced by boilerplate or categorical rejection as is now happening with massage requests.

Further, under the *Accardi* doctrine (*United States ex rel. Accardi v. Shaughnessy*, 347 U.S. 260 (1954)), federal agencies are required to follow their own published rules and procedures. The DEEOIC Procedure Manual and the Massage Therapy Compliance Brochure define the role of the treating physician's LMN, the adjudicatory function of MBEs, and the consultative role of CMCs. Systematically routing all massage requests to the Medical Officer for blanket denial is inconsistent with those established, published procedures.

Together, these authorities reinforce that both by federal administrative law and by program precedent, treating physician LMNs cannot be displaced through unpublished categorical practices.

### **Systemic Denial Practices and Policy Contradictions**

The denials that follow this process are not individualized determinations but nearly identical, copy-and-paste letters. They repeat boilerplate language regardless of diagnosis, physician input, or patient history, and some even contain obvious copy-and-paste errors, such as confusing the sex of patients and doctors mid-sentence. This demonstrates that LMNs are not being meaningfully reviewed. Instead, massage therapy requests are being treated with a default stance of denial rather than evaluated on the LMN provided.

This posture is applied uniquely to massage therapy. Nursing services, for example, are routinely authorized for hundreds of hours at a time without comparable scrutiny. See attached examples demonstrating the blatant inconsistency between denial letters and the detailed LMNs submitted.

### **Disproportionate Targeting of Lung Patients**

This targeting was made explicit in Dana Honeywell's April 17 directive, which told MBEs: "For example, if an employee is approved for a pulmonary condition, we should consider the following question in weighing medical evidence. How can massage therapy help, treat, give relief, or reduce the degree or the period of COPD, a lung condition, due to manipulation of soft tissues?"

This improperly reframed the evaluation by requiring massage therapy to treat or cure COPD itself, rather than address the effects of the disease as the Procedure Manual directs. Out of 28 recent denials, 23 involved pulmonary diagnoses such as Chronic Beryllium Disease, Asbestosis, COPD, and Pulmonary Hypertension. This represents a targeted barrier against one of the most vulnerable claimant groups. These conditions are chronic and progressive, and the Massage Therapy Compliance Brochure explicitly recognizes that certain accepted medical conditions may require massage as part of treatment. The Compliance Brochure specifically states that potential benefits of massage therapy include "improving blood circulation promoting deeper and easier breathing." Yet the same brochure, often quoted in denial letters, is being selectively misinterpreted to justify denial.

## **Massage Therapy's Role in Pulmonary Conditions**

Massage therapy directly addresses the musculoskeletal effects of chronic breathing restriction, especially the overuse of secondary muscles of respiration in the neck, shoulders, chest, abdomen, and back. In restrictive lung disease, the diaphragm cannot adequately expand the thoracic cavity, so the body relies heavily on these accessory muscles in the ongoing struggle for breath. This compensatory overuse leads to muscle strain, postural dysfunction, and pain.

Our pulmonary clients report consistent relief from symptoms of lung disease, such as cramping that interrupts sleep, neck pain that interferes with driving, and inspiratory pain that can last for hours. Massage therapy has helped them sleep through the night, drive safely, engage in daily activities with less restriction, and even regain exercise endurance, allowing some to return to the gym. Since these diseases are chronic and progressive, symptoms return upon denial of massage benefits. These outcomes are documented in LMN and align exactly with the Procedure Manual's requirement that therapy produce "specific improvements in functionality or in achieving relief from the symptoms of an accepted medical condition."

## **Denial Arguments vs Policy**

### **Massage does not cure this illness and is not the standard of care for this diagnosis**

Denials consistently claim "massage does not treat or cure this illness" and "massage is not standard of care for this diagnosis." Yet the Procedure Manual, Ch. 3-0300, states that massage is intended to "treat the effect of a diagnosed medical condition" to provide "improvements in functionality or in achieving relief from the symptoms of a compensable illness." Cure is not required, nor is exclusivity as a "standard of care."

Myofascial pain is a predictable and well-recognized effect of most DOL-accepted diagnoses, ranging from lung disease to the rigidity of Parkinson's to post-cancer surgery, and massage therapy is uniquely suited to address it. Massage therapy is also an effective non-pharmacological alternative for treating or managing pain. This aligns with the role it plays for EEOICPA claimants, who often face progressive illnesses where reducing reliance on medication and improving quality of life are vital goals.

If massage therapy were not useful or considered medically valuable, it would not be included in both the DEEOIC Procedure Manual and the Massage Therapy Compliance Brochure. That inclusion confirms that the Department of Labor already recognizes massage therapy as part of authorized medical treatment under its own policies.

### **Irrelevant Citation of a JAMA Evidence Map**

Denials repeatedly cite the JAMA Network Open evidence map, yet that review defined "massage therapy" so broadly that it aggregated interventions as diverse as reflexology, ear acupuncture, and nonspecified massage, some delivered in sessions as short as 90 seconds by non-massage personnel such as nurses, aromatherapists, and reflexologists. These providers do not meet the Department of Labor's own requirement that "A properly licensed or credentialed specialist, whose credentials meet relevant state requirements, must perform the services."

Notably, five studies using myofascial release, a core technique in our practice, showed moderate certainty of evidence, but these findings were diluted by pooling them with irrelevant modalities. The study also deliberately excluded sports massage, which would be far more related to what we practice than reflexology or 90 seconds of ear acupressure.

Further, under GRADE standards, “low certainty of evidence” does not mean that massage is ineffective; it simply means the available studies had limitations such as small size, heterogeneity, or methodology, and the estimate of effect may change with further research. The conclusions of this review are not directly applicable to licensed medical massage therapy in any way.

### **Not Rehabilitation, Not PT/OT, Not Pulmonary Rehab**

Denials frequently state that “This request is NOT for rehabilitation, it is not for physical or occupational therapy, it is not for pulmonary rehabilitation. It is not clear why the provider did not request physical therapy or pulmonary rehabilitation given the accepted conditions. Accordingly, your request for the above manual therapy is denied.”

This argument disregards DEEOIC policy. The Procedure Manual, Ch. 3-0300, explicitly recognizes massage therapy as a covered service when it “treats the effect of a diagnosed medical condition” to improve functionality or relieve symptoms. Massage is not required to duplicate another discipline in order to qualify.

Releasing myofascial tension is unique to massage therapy and not provided by PT, OT, or pulmonary rehabilitation. Pulmonary rehab is exercise and education based, PT focuses on strengthening and mobility, and OT emphasizes activities of daily living. None of these disciplines deliver systematic, targeted, soft tissue release. Massage therapy is a complementary - not redundant - intervention that reduces compensatory pain patterns, addresses restrictions of the thorax and diaphragm, and supports greater ease of breathing in patients with accepted pulmonary conditions. Its role as a recognized and authorized service is further affirmed in the DEEOIC Massage Therapy Compliance Brochure, which specifies that a properly licensed or credentialed massage therapist must provide care. Denial on the grounds that PT or pulmonary rehab could have been requested ignores the unique therapeutic value of massage and contradicts DEEOIC’s own published policies.

### **Patients with Comorbidities**

Several denials reference the presence of other diagnoses in the medical record as grounds for rejecting massage therapy. This logic is inconsistent with how other services are authorized. By this reasoning, one would deny nursing services for a patient with late-stage Chronic Beryllium Disease simply because they also have knee pain limiting movement. This standard is not applied to nursing or pulmonology, and its selective application to massage therapy is discriminatory. In fact, all but three of my 70 patients do indeed receive nursing care despite having the exact co-existing diagnoses used to deny massage care.

### **Recommendations and Corrective Actions**

The reality is that these denials are driven by an administrative structure designed to suppress approvals, not by published policy. They ignore massage therapy’s role in treating the effects of progressive conditions, including pulmonary disease where secondary breathing muscle overuse is a well-documented consequence of impaired

lung function. Patients are being denied the only therapy that consistently relieves these musculoskeletal sequelae, even when their treating physicians document clear improvements.

Massage therapy is an effective and inexpensive medical modality that directly addresses the secondary musculoskeletal strain caused by chronic illness. Myofascial pain is a common and well-recognized effect of many DOL-accepted diagnoses, and massage therapy is uniquely suited to relieve this pain and support functional independence.

We provide 90 minutes of hands-on treatment that delivers measurable outcomes at a fraction of the cost of pharmaceuticals or hospital care. This preserves quality of life and, by maintaining function, extends quantity of life—exactly what the EEOICPA program was intended to provide. Far from being excessive, massage saves money downstream by preventing decline and reducing reliance on more expensive interventions.

Massage therapy is also a critical non-pharmacological option for claimants with progressive illnesses where reducing medication dependence and preserving daily function are vital goals. Its inclusion in both the DEEOIC Procedure Manual and the Massage Therapy Compliance Brochure confirms the Department of Labor already recognizes it as an authorized form of treatment.

If fraud reduction is the goal of this internal policy shift, it should be pursued through proper oversight and accountability measures, not by categorically denying legitimate, physician-prescribed care to claimants who rely on these therapies to manage the effects of their approved diagnoses and maintain function and quality of life.

I respectfully ask Congress to:

### **1. Formal Inquiry**

Open a formal inquiry into unpublished directives regarding massage and manual therapy that have altered authorization procedures and restricted claimant access to care.

### **2. Require the Department of Labor to:**

- **Reinstate the Proper Review Pathway**

Authorization requests should flow from treating physician LMNs to MBEs for adjudication, with CMC consultation available if needed. The Medical Officer's office should return to its proper oversight role, not involvement in case-by-case determinations overriding the patient's treating physician.

- **End Centralized Administrative Denials**

The practice of routing all massage therapy requests to the Medical Officer through weekly reporting should be discontinued. This unpublished process is inconsistent with the Procedure Manual and undermines claimant access to authorized care.

- **Affirm Policy Standards in Guidance**

Issue updated guidance to MBEs clarifying that massage therapy is authorized when it treats the effects of an accepted medical condition and demonstrates functional improvement or symptom

relief. Cure of the underlying disease is not required.

- **Ensure Equitable Treatment Across Services**

Apply consistent adjudication standards to massage therapy as are applied to nursing. Massage therapy should not be singled out for heightened scrutiny and comorbidities must not be used as grounds to deny care.

- **Conduct Oversight Review**

Review recent denial patterns and communications between the Medical Director's office and MBEs to ensure compliance with the DEEOIC Procedure Manual, the Massage Therapy Compliance Brochure, and established administrative law principles.

- **FOIA Disclosure**

Release, through FOIA, all emails, memoranda, or directives concerning massage or manual therapy between Dana Honeywell and Dr. Karyn Condie, as well as any related communications that altered authorization review procedures. Transparency is essential to evaluate whether these unpublished policy changes comply with the Procedure Manual and federal law.

- **Protect Claimant Rights**

Implement safeguards to ensure that claimants with progressive illnesses receive timely, fair, and individualized review of their therapy requests, consistent with both program policy and federal precedent.

Claimants with progressive illnesses cannot afford systemic barriers to their authorized care. The sudden, disproportionate denials of massage therapy reflect administrative overreach, not policy. Oversight is urgently needed to realign DEEOIC practices with the EEOICPA statute and restore equitable access to care.

Sincerely,



Michelle Rankin, BS, LMT

Attachments: LMNs and denial language, relevant Procedure Manual pages, Massage Therapy Compliance Brochure, FOIA request quote

## Examples of boilerplate copy and paste denial language that conflict with clinical documentation submitted

**Patient 1 with accepted diagnoses:** Parkinson's, lumbar disc degeneration, impingement syndrome of the right shoulder, silicosis

### The LMN States:

Due to Parkinson's disease, (patient) suffers from significant musculoskeletal and neuromuscular complications. He presents with marked torso and neck rigidity and pain, with severely restricted bilateral neck rotation, flexion, and extension. His condition has resulted in an excessively kyphotic thoracic spine, reduced cervical curvature, and hypertonic anterior thoracic musculature. These Parkinson's-related postural deviations have led to a chronic forward-flexed head and torso posture, left-leaning spinal imbalance, mobility issues, and severe back and cervical pain.

Compounding his postural and neurologic deficits are DOL-approved orthopedic conditions including degenerative lumbar disc disease and shoulder impingement syndrome, both of which contribute to persistent pain, limited range of motion, and further compensatory postural changes.

Regular massage therapy, specifically deep tissue and neuromuscular interventions, can reduce muscle rigidity, spasms, and pain, enhance proprioception and circulation, and promote parasympathetic nervous system activity—all of which are especially important in slowing functional decline in Parkinson's disease and chronic musculoskeletal conditions.

Because Parkinson's is a progressive neurodegenerative disorder, symptoms such as rigidity, bradykinesia, and musculoskeletal compensation tend to worsen over time. Consequently, consistent deep tissue massage is not only beneficial but also essential in managing these progressing symptoms and maintaining patient independence for as long as possible.

### The denial letter states:

After careful review by the medical director and the medical benefits examiner MBE we are unable to approve this request. Massage therapy is classified under DEEOIC guidelines as an alternative medical service. It is not considered standard of care for the treatment relief or management of any of your accepted work-related medical conditions.

The submitted documentation describes symptoms of rigidity, postural deviation, and musculoskeletal discomfort associated with Parkinson's disease and other accepted conditions. However, there is insufficient medical evidence demonstrating that massage therapy is effective in diagnosing, treating, or curing these diseases. Moreover, DEEOIC does not recognize massage therapy as medically necessary for pulmonary or neurological conditions such as those accepted under your claim.

Furthermore, recent medical literature supports the conclusion that massage therapy lacks sufficient clinical evidence for long-term efficacy. For instance a 2024 study published in *JAMA Network Open* concluded that "despite hundreds of randomized clinical trials and dozens of systematic reviews since 2018 there were few conclusions [regarding massage therapy] that had greater than a low certainty of evidence therefore regular massage therapy even when framed as part of a multidisciplinary care plan does not meet the DEEOIC's criteria for medical necessity as such the requested massage therapy services are not authorized under DEEOIC policy.

**Patient 2 with accepted diagnoses: Glottis Cancer**

**The LMN States:**

(Patient) is experiencing ongoing complications from radiation-induced scarring, manifesting as restricted neck mobility, muscle cramping, spasms at the site of radiation, and a compromised voice due to tension and scarring in the head, neck, and throat regions.

It is my professional recommendation that it is medically necessary for (Patient) to receive massage therapy for the management of chronic neck pain as well as lymphatic drainage specific to EEOICPA-approved diagnosis.

(Patient's) treatment regimen will consist of comprehensive manual therapy focused on alleviating cancer-related pain, reducing muscle spasms, and addressing musculoskeletal restrictions including:

Radiation scar release (MSTR) will specifically target scar tissue resulting from radiation, helping to restore tissue flexibility and reduce discomfort.

Manual lymphatic drainage will be applied to the head, neck, and throat areas, promoting enhanced lymphatic circulation, reducing lymphedema, and improving fluid flow.

Intraoral therapy will involve direct manual techniques applied within the mouth, targeting the muscles of mastication and other oral structures affected by radiation-induced scarring. This approach aims to reduce muscle tension, enhance jaw mobility, and improve overall oral function.

Additionally, the treatment will incorporate myofascial release to relieve fascial restrictions, neuromuscular therapy to address muscle trigger points, strain/counterstrain techniques to decrease muscle tension, and positional release techniques to enhance flexibility and maintain range of motion in the neck.

Together, these interventions are designed to effectively manage (Patient's) chronic pain, minimize muscular adhesions, support lymphatic drainage, maintain oral function, and preserve functional mobility in his neck.

**The denial letter states:**

After reviewing all of your requests our office Center referral to our DEEOIC chief medical officer for a comprehensive review of the medical evidence in response, our DEEOIC medical officer states the following:

Massage is not standard of care for any of (patient's) accepted conditions, and there is insufficient medical evidence to demonstrate that massage is an effective treatment modality for any of \*her accepted conditions. A 2024 study in JAMA Network Open concluded that "despite hundreds of randomized clinical trials and dozens of systematic reviews since 2018, there were few conclusions [regarding massage therapy] that had greater than a low certainty of evidence". Multiple systematic reviews and meta-analyses have shown that the quality of evidence supporting the medical benefits of massage is very low.

The division of energy employees occupational illness Compensation (DEEOIC) program does not consider massage or manual therapy medically appropriate when prescribed for illness prevention, spa therapy, or anxiety/stress reduction.

The DEEOIC can only authorize massage therapy that is specifically and medically necessary for the care, treatment, and/or relief of a claimant's accepted covered medical illnesses.

*Note: \*This is a male patient*

### **Patient 3 with accepted diagnoses: Berylliosis**

#### **The LMN States:**

(Patient) is currently under my care for his chronic and progressing EEOICPA-approved diagnosis of J63.6 Pneumoconiosis/Berylliosis.

As a result of Berylliosis, (patient) experiences chronic respiratory tension, chronic cough, and shortness of breath, which result in consistent recruitment of accessory muscles of inspiration contributing to persistent musculoskeletal complications. These include stiffness in the mid and upper back, intercostal tightness, chest and neck tension, right side thoracic cramping, and persistent diaphragm cramping which interferes with sleep, all of which are associated with the overuse and strain of the muscles of inspiration due to impaired respiratory function.

To address these issues, (patient) has been receiving pulmonary release massage therapy, aimed at mitigating the secondary muscular effects of his respiratory condition. This treatment helps reduce hypertonicity in the respiratory musculature, alleviates referred pain, and supports the restoration of optimal muscular function—thereby enabling deeper, more effective inhalation and promoting more relaxed breathing patterns.

This treatment helps reduce hypertonicity in the respiratory musculature, alleviates referred pain, and supports the restoration of optimal muscular function, thereby enabling deeper, more effective inhalation and promoting more relaxed breathing patterns.

Since beginning manual therapy, (patient) has reported marked improvement, including enhanced respiratory efficiency and increased range of motion in his neck, including rotation, flexion, side flexion, and extension. He also reports significant relief from diaphragm cramping, allowing him to sleep through the night.

**The denial letter states:** (Typos and grammatical errors are in the original letter. This patient used 20 out of a maximum of 60 visits.)

The Division of Energy Employees Occupational Illness Compensation (DEEOIC) received in a rehabilitative therapy reauthorization request on June 2nd, 2025. After further medical review, the request for manual therapy is denied. Information received by the DEEOIC is not sufficient to warrant reauthorization of payment of manual therapy. There is insufficient evidence provided to note any improvements from previous therapy. Per DEEOIC, renewal is not authorized unless new extenuating medical circumstances exist which is not indicated for you. Manual or massage is not the standard of care for any of your accepted DEEOIC conditions and there is insufficient medical evidence to demonstrate that massage is an effective treatment modality for any of you accepted conditions. Multiple system reviews and meta-analysis have shown that the quality of evidence supporting the medical benefits of manual therapy or massage therapy is very low. Finally authorizations for rehabilitative therapy must not exceed 90 days and are limited to 60 visits per calendar year. The above request has been denied.

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- (i) Travel Time. An MBE may not authorize separate reimbursement for travel time for pickup and/or delivery of DME. These costs are incorporated in the OWCP Fee Schedule and are not separately reimbursable.
    - (j) Emergency requests. The MBE may approve an emergency authorization for rental of DME, for a 30-day period, while undertaking necessary development.
  - b. Hearing Aids. The MBE may authorize hearing aids to address the effect of accepted, work-related hearing loss when a licensed otolaryngologist, otologist, or audiologist provides a well-rationalized LMN. The MBE’s authorization should encompass reimbursement for the costs of evaluation, fitting, and the hearing aid unit or units. The MBE may authorize one hearing aid per ear for purchase every three years. During any three-year authorization period, the MBE may authorize costs relating to the repair of damaged hearing aids. If a claimant seeks replacement of a hearing aid prior to the expiration of the three-year period, the MBE has the discretion to determine if a reasonable and medically compelling justification exists for a new authorization. Reasons for a new authorization, prior to the expiration of the three-year period, include, but are not limited to documented loss, an unrepairable unit, or a prescription change.
  - c. Rehabilitative Therapy Services. DEEOIC defines these as therapeutic services, for which a provider charges a fee to render care, that are outside the scope of routine and customary medical care generally provided by a qualified physician. The prescribed rehabilitative therapy must be considered safe and effective by the medical community and intended to improve the health of the patient, as it relates to an accepted medical condition. A properly licensed or credentialed specialist, whose credentials meet relevant state requirements, must perform the services.
    - (1) Types of Rehabilitative Therapy:
      - (a) Physical Therapy (PT). PT is the treatment of injuries or disorders using physical methods, such as exercise and massage. The goal of physical therapy is to relieve pain and to help the patient attain maximum functional motor potential.
      - (b) Occupational Therapy (OT). OT involves treatment that helps develop adaptive or physical skills that will aid the claimant in performing the ordinary tasks of daily living. OT focuses on the use of hands and fingers, coordination of movement, fine motor skills, and self-help skills such as preparing meals and dressing.
      - (c) Speech Therapy (ST). ST is the treatment of defects and disorders of speech and swallowing.

- (d) Pulmonary Therapy. Pulmonary therapy is a supervised program that includes exercise training, health education, and breathing techniques for people who have certain lung conditions or lung problems due to other condition.
  - (e) Medical Massage Therapy. Medical massage therapy is manual manipulation of the soft tissues of the body to treat the effect of a diagnosed medical condition.
  - (f) Acupuncture Treatment. Acupuncture involves the insertion of very thin needles, through the skin, at strategic points in the body. It is most commonly used to treat pain, and/or to stimulate nerves, muscles, and connective tissue, which a physician prescribes as medically necessary treatment for an accepted medical condition.
- (2) Evaluating Claims for Rehabilitative Therapy. When evaluating claims for reimbursement of rehabilitative therapy services, the MBE considers several factors in making a determination of medical necessity. The physician's LMN must provide a well-rationalized justification for, and a written description of, the particular type of rehabilitative therapy they have prescribed, along with a discussion of the specific quantity, frequency, and duration of the therapeutic service. DEEOIC considers rehabilitative therapy services medically appropriate only if a qualified physician provides an appropriate medical rationale explaining how the prescribed rehabilitative therapy will lead to an expected, measurable improvement in one or more activities of daily living, within a reasonable period.
- (a) The MBE may authorize an initial evaluation request upon receipt of a physician-signed prescription and indication that the evaluation is regarding an accepted work-related condition(s).
  - (b) Authorizations for services may be for a lesser period, but must not exceed, 3 months (90 days). The assigned MBE may approve up to three visits per week, for each therapy discipline. Each visit is equal to a maximum of 1.5 hours (6 units). PT, OT, or ST services are limited to one hour (4 billable units) when the provider bills with combined codes. The MBE may not authorize therapy for any one discipline for more than 60 visits per calendar year.
  - (c) Rehabilitative therapy providers must conduct services in an appropriate setting (i.e., in a clinic, professional office, or other similar location). The MBE cannot authorize reimbursement requests for in-home rehabilitative therapy unless the employee is homebound, and the treating physician has provided evidence that the employee is medically unable to travel outside the home.

Provider travel, to and from an employee's residence, is not a billable service.

- (3) When submitting reimbursement requests, providers of rehabilitative therapy services must submit appropriate clinical notes to the BPA, along with their bill, describing in detail the particular therapeutic care provided during each visit, and the time spent providing that care. The therapy notes must document compliance with the LMN. The notes should describe the effect of the rehabilitative therapy specific to unique features of the employee, including any specific improvements in functionality or in achieving relief from the symptoms of an accepted medical condition. The MBE may weigh information communicated in therapy notes when evaluating reauthorization requests. Moreover, the MBE may refer claims to the Program Integrity Unit, for investigation of those situations where an applicable therapy provider does not provide an employee-specific description of the services provided, lists vague or non-descriptive services, or conducts therapy services that do not comply, or align with the prescribing physician's LMN.
- d. **Chiropractic Services.** The MBE may authorize reimbursement for chiropractic services, limited to treatment for correction of spinal subluxation and the tests performed or required by a chiropractor to diagnose such subluxation. A physician or chiropractor must document a diagnosis of spinal subluxation in the LMN, arising from an accepted condition and supported by an x-ray before the MBE can authorize reimbursement of chiropractic services.
- e. **Enteral Formula.** Enteral formula is a nutritional supplement for patients who are unable to get sufficient nutrients in their diet. Patients prescribed enteral formula consume it by mouth or through a feeding tube. The MBE may authorize reimbursement for enteral formula when provided with a well-rationalized justification for its need. The physician's LMN must provide a description of the type of formula the patient requires, along with information detailing the specific quantity, frequency, and duration of use. The physician may also provide guidance on how the patient receives the formula (orally or via feeding tube).
- f. **Organ Transplants and Experimental Treatments.** Both procedures are complex and medically challenging treatment options that require a special level of review for reimbursement authorization submitted through the BPA and routed to the MBE.
  - (1) **Evidence Necessary for Review of Requested Organ Transplant (including stem cell transplants).** Upon receipt of a request for an organ transplant, the MBE immediately obtains all relevant documentation from the prescribing physician supporting the medical necessity of an organ transplant related to an accepted condition. This should include relevant laboratory and diagnostic test results, CT or MRI scan results, and a transplant protocol with information on the type of transplant, such as:



U.S. Department of Labor  
Office of Workers' Compensation Programs  
Division of Energy Employees Occupational Illness Compensation

## Massage Therapy

### **General Information**

The Energy Employees Occupational Illness Compensation Program Act (EEOICPA) provides medical benefits to covered employees under Parts B and E of the Act. The EEOICPA ensures that employees who have an accepted illness receive necessary medical care for that illness. The Division of Energy Employees Occupational Illness Compensation (DEEOIC) has determined that certain authorized medical conditions may require massage therapy as part of their treatment. This frequently asked questions document defines the authorization process to bill for massage therapy benefits. For further information about special circumstances or individual cases, please contact your Medical Benefits Examiner (MBE) at the DEEOIC National Office or contact the Resource Center that services your area. For your convenience, we list the contact information for the National Office and the Resource Centers at the end of this document.

### **What is massage therapy?**

Massage therapy is the manipulation of body soft tissues for the purpose of normalizing those tissues and consists of manual techniques that include applying fixed or movable pressure.

### **Potential benefits of massage therapy**

- ✓ Reduces pain and muscle tension
- ✓ Increases flexibility, range of motion, and relaxation
- ✓ Improves blood circulation promoting deeper and easier breathing

### **What are the requirements for approving payment for massage therapy authorization?**

- ✓ Prescription for massage therapy or manual therapy signed by the treating physician
- ✓ Face-to-face evaluation conducted by the treating physician for initial pre-authorization request
- ✓ Letter of medical necessity from the physician must list the therapeutic benefits of massage therapy for the accepted condition. The letter should also include the frequency and duration of the therapy to be provided with the allotted time, i.e.; twice a week for eight weeks
- ✓ All requests must be submitted in writing before authorization for payment can occur
- ✓ All requests require prior authorization

### **How will I be notified of an approval?**

If the information received by DEEOIC is sufficient for approval, an authorization letter is sent to the claimant, provider and treating physician outlining the following:

- ✓ Covered condition for massage therapy
- ✓ Number of visits approved
- ✓ Authorized billing codes
- ✓ Period of authorization

Note: The DEEOIC does not consider massage or manual therapy medically appropriate when prescribed for illness prevention, recreation (spa therapy), or stress reduction.

### **How will I be notified of a denial?**

If the information received by DEEOIC is not sufficient to warrant authorization or reauthorization of payment for massage therapy, DEEOIC will send a detailed letter decision to the claimant, provider and treating physician. The decision will explain the evidence reviewed and why that evidence was insufficient.

### **Are there any limitations on how many times I can receive massage therapy?**

DEEOIC can approve payment for massage therapy for up to 2 visits per week, up to 8 weeks (16 initial visits). Each treatment session may be no more than 1.5 hours in duration. Reauthorization is required from the medical provider every 8 weeks. DEEOIC authorizes approval in increments of 16 visits. No more than 60 visits can be approved in any calendar year.

### **Appropriate Locations for Massage Therapy Services**

- Medical clinic
- Medical office

### **Can I receive these services in my home?**

For consideration for approval of in home visit requests, the patient must demonstrate that they are homebound. Medical evidence from the treating physician must demonstrate that the claimant is medically unable to travel to obtain massage therapy.

### **Are there any special requirements that my provider of choice must follow?**

It is also important to note that a provider must be enrolled with DEEOIC to be paid for their services. The provider must also hold a valid massage therapist license or certification in the state where the services are rendered; and services are billed daily. The provider must submit the bill, along with medical notes, to the DEEOIC bill processing contractor. The medical notes need to describe the particular therapeutic care provided during each authorized visit. The notes should describe the benefits of the massage therapy, including any specific improvements in functionality or in achieving relief from the symptoms of the compensable illness. For more information on enrollment, your provider can visit <https://owcpmed.dol.gov> or, call 1-866-272-2682 for additional assistance.

### **What if I need services beyond the initial 8-week authorization period?**

DEEOIC will evaluate requests for extensions for payment authorizations of massage therapy services. Medical documentation must support that the condition or level of function has not improved, and that the ongoing services provide tangible medical relief.

## **DEEOIC RESOURCE CENTERS & REGIONAL JURISDICTION**

The DEEOIC has established eleven (11) Resource Centers nationwide to assist employees and their families with applying for benefits under the EEOICPA. If you want help with any part of your EEOICPA claim, including massage therapy or the medical billing process, you may contact one of the Resource Centers. They can provide assistance either in person or over the telephone, and, therefore, are able to service individuals who are outside the immediate geographical area. For assistance, you should contact a Resource Center based on the location of the employee's last employment. The Resource Centers, including their regional jurisdiction, are listed below:

### **California Resource Center**

7027 Dublin Blvd  
Suite 150  
Dublin, CA 94568  
Telephone: 925-606-6302  
Toll-Free: 1-866-606-6302  
Fax: 925-606-6303  
[California, Hawaii](#)

### **Denver Resource Center**

8758 Wolff Ct  
Suite 101  
Westminster, CO 80031  
Telephone: 720-540-4977  
Toll-Free: 1-866-540-4977  
Fax: 720-540-4976  
[Colorado, Iowa, Kansas, Nebraska, Oklahoma, Wyoming](#)

### **Espanola Resource Center**

412 Paseo De Onate  
Suite D  
Espanola, NM 87532  
Telephone: 505-747-6766  
Toll-Free: 1-866-272-3622  
Fax: 505-747-6765  
[New Mexico, Texas](#)

### **Oak Ridge Resource Center**

800 Oak Ridge Turnpike  
Suite C-103  
Oak Ridge, TN 37830  
Telephone: 865-481-0411  
Toll-Free: 1-866-481-0411  
Fax: 865-481-8832  
[Alabama, Arkansas, Louisiana, Mississippi, Tennessee, Virginia](#)

### **Hanford Resource Center**

303 Bradley Blvd  
Suite 206  
Richland, WA 99352  
Telephone: 509-946-3333  
Toll-Free: 1-888-654-0014  
Fax: 509-946-2009  
[Alaska, Oregon, Washington](#)

### **Idaho Resource Center**

1820 E 17th St  
Suite 250  
Idaho Falls, ID 83404  
Telephone: 208-523-0158  
Toll-Free: 1-800-861-8608  
Fax: 208-557-0551  
[Idaho, Montana, North Dakota, South Dakota, Utah](#)

### **Las Vegas Resource Center**

1050 E Flamingo Rd  
Suite W-156  
Las Vegas, NV 89119  
Telephone: 702-697-0841  
Toll-Free: 1-866-697-0841  
Fax: 702-697-0843  
[Arizona, Nevada](#)

### **New York Resource Center**

6000 N Bailey Ave  
Suite 2A, Box #2  
Amherst, NY 14226  
Telephone: 716-832-6200  
Toll-Free: 1-800-941-3943  
Fax: 716-832-6638  
[Connecticut, Delaware, Maine, Maryland, Massachusetts, New Hampshire, New Jersey, New York, Pennsylvania, Rhode Island, Vermont](#)

### **Portsmouth Resource Center**

3612 Rhodes Ave  
New Boston, OH 45662-4935  
Telephone: 740-353-6993  
Toll-Free: 1-866-363-6993  
Fax: 740-353-4707  
[Ohio, Michigan, Minnesota, Puerto Rico, West Virginia, Wisconsin](#)

### **Savannah River Resource Center**

1708-B Bunting Dr  
North Augusta, SC 29841  
Telephone: 803-279-2728  
Toll-Free: 1-866-666-4606  
Fax: 803-279-0146  
[Florida, Georgia, North Carolina, South Carolina](#)

### **Paducah Resource Center**

125 Memorial Center  
Paducah, KY 42001  
Telephone: 270-534-0599  
Toll-Free: 1-866-534-0599  
Fax: 270-534-8723  
[Illinois, Indiana, Kentucky, Missouri](#)



September 10, 2025

Ms. Michelle Rankin  
925 Stevens Drive, Suite 3C  
Richland, WA 99352

RE: Freedom of Information Act (FOIA) Tracking Number: **2025-F-14985**

Dear Ms. Rankin:

This letter pertains to your Freedom of Information Act (FOIA) request of July 30, 2025, and modified on August 17, 2025, in which you requested records maintained by the Office of Workers' Compensation Programs, Energy Employees Occupational Illness Compensation Program Act (EEOICPA), under the FOIA, 5 U.S.C. § 552, access to and copies of:

1. All messages (sent and received) in Dr. Karen Condie's email that include any of the words "massage", "manual therapy", or "pulmonary release" from June 2024 through present.
2. All messages (sent and received) in Dana Honeywell's email that include any of the words "massage", "manual therapy", or "pulmonary release" from June 2024 through present.
3. Any other non-email communications between Dr. Karyn Condie and Dana Honeywell concerning Massage, Manual Therapy, or Pulmonary Release.
4. All emails or other non-email communication sent from Dana Honeywell to medical benefit examiners, from June 2024 through present, including the words "massage" or "manual therapy" or "pulmonary release"; specifically including, but not limited to, emails dated on or around April 17, 2025, and June 24, 2025.

On August 20, 2025, you were sent a letter explaining a fee amount to process your FOIA request, and you indicated you were sending a check for \$880.00. On September 2, 2025, you were notified by Renee Richardson, via email, that additional offices that maintain records potentially responsive to your request were identified. You were informed that due to this expanded scope, a revision of the fee estimate is required. Further, you were provided with an option if you have already submitted a check or money order for the initial fee estimate of \$880.00, to apply that amount toward the revised total once finalized, or have the check or money order returned to you before processing by the Treasury Department. Your email response dated September 4, 2025, to Ms. Richardson advised that you would like to proceed with the request and that your check has been sent.

Your email also included a waiver of any applicable fees associated with your FOIA request, stating that it is in the public interest. After careful consideration, your request for a fee waiver is denied. Under the FOIA (5 U.S.C. § 552(a)(4)(A)(iii)) and applicable Department of Labor regulations (29 C.F.R. § 70.41), a fee waiver may be granted when the requester demonstrates that:

1. Disclosure of the requested information is in the public interest because it is likely to contribute significantly to public understanding of the operations or activities of the government, and
2. Disclosure is not primarily in the requester's commercial interest.

While you have expressed a sincere concern for the systemic impact of massage therapy denials under EEOICPA and a desire for greater transparency, we find that your request does not meet the criteria for a public interest fee waiver. Specifically:

- You have not demonstrated how the information you seek will significantly enhance the general public's understanding of government operations. A conclusory statement that the information may be of interest to claimants, advocates, or the public is insufficient without a detailed explanation of how the records will be disseminated or otherwise made accessible to a broader audience.
- Although you state that you are not motivated by personal commercial interest, your status as a licensed massage therapist and the nature of the records sought reasonably suggest that the information may still serve a private or professional interest. This does not automatically preclude a fee waiver. Still, in this case, your request lacks a clear plan for how the information will be used in a way that removes it from serving your own occupational or private advocacy role.
- As an "other requester" (i.e., not a representative of the news media, an academic researcher, or an educational institution), you must provide a compelling explanation of both the potential for public interest and how disclosure would contribute meaningfully to it. Your request does not provide sufficient detail in this regard.

For these reasons, we are denying your request for a fee waiver.

You have been classified as a FOIA requester in the "other requester" category. As such, you are entitled to two hours of search time and the first 100 pages of duplication at no charge. Our federal staff estimates that the revised records search will take a total of 120 hours, minus 2 hours of search time, to locate records responsive to your request. Therefore, the FOIA search fees to process your request are \$40 per hour x 118 hours, which equals \$4,720.00. In addition, the first 100 pages of records are provided at no charge. The reproduction and copying fee for additional pages will be charged at .15 cents per page.

On September 9, 2025, the Office of Workers Compensation Programs received your check for \$880.00; however, we will not process it until you confirm whether you wish to proceed with the processing of FOIA tracking number **2025-F-14985**. If you would like to proceed with this request, please submit the additional payment of \$3,840.00 for the estimated search time and reproduction

fees within 30 days from the date of this letter. The payment should be made by check or money order, payable to the Treasury of the United States.

Additionally, we are providing you with an opportunity to reformulate or clarify your request in writing to lower the estimated FOIA fees. Your response should be submitted to the Division of Energy Employees Occupational Illness Compensation, U.S. Department of Labor, Suite C-3510, 200 Constitution Avenue, N.W., Washington, D.C. 20210. If you have questions concerning your request, please contact Renee Richardson by email at [Richardson.Renee@dol.gov](mailto:Richardson.Renee@dol.gov) and reference your FOIA request tracking number.

Although this is not a final response to your request, you may file an appeal with the Solicitor of Labor regarding this fee waiver denial determination decision within 90 days from the date of this letter. The appeal must state, in writing, the grounds for the appeal, including any supporting statement or arguments. To facilitate processing of the appeal, please include your mailing address and daytime telephone number, as well as a copy of the initial request and this letter. The envelope and letter of the appeal should be clearly marked "Freedom of Information Act Appeal." Any amendment to the appeal must be made in writing and received before a decision. The appeal should be addressed to the Solicitor of Labor, Division of Management and Administrative Legal Services, U.S. Department of Labor, 200 Constitution Avenue, N.W., Room N-2420, Washington, D.C. 20210. Appeals may also be submitted by email to [foiaappeal@dol.gov](mailto:foiaappeal@dol.gov). Appeals submitted to any other email address will not be accepted. Please note that if we do not receive a written response from you within 30 days of the date of this letter, we will assume you are not interested in pursuing this FOIA request and will return your check for \$880.00 and administratively close this request.

Sincerely,

*Carrie Rhoads*

Carrie Rhoads  
Executive Officer  
Office Of Workers' Compensation Programs