



active motion; Less than 30 minutes of morning stiffness.  
Repeat series of injections: If documented significant improvement in symptoms for 6 months or more, and symptoms recur, may be reasonable to do another series. No maximum established by high quality scientific evidence.  
This claimant has an original date of injury xxxxxx with ORIF of both knees. She has responded well to injections with both steroid and Orthovisc, and the last series of Orthovisc was 7 months ago. She had good results from that series with pain relief for 6 months. She XX age and total knee arthroplasty should be delayed as long as possible. She has met the ODG criteria for repeat injections and the request should be approved. She is working, taking Mobic, and she has functional limitations due to the knee pain and dysfunction.

## **IRO REVIEWER REPORT TEMPLATE -WC**

### **A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:**

**MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**