

ILLUSTRATIVE CLIENT REPORT | FICTIONAL PORTFOLIO

MASS TORT CLINICAL INTELLIGENCE REVIEW

Portfolio synthesis and bellwether development assessment

MATTER

Vascular Filter Portfolio | MT-DEMO-001

REVIEWED COHORT

25 completed claimant reviews | Illustrative

PREPARED FOR

Illustrative Mass Tort Counsel

REPORT DATE

October 3, 2026 | Version 1.0



Report purpose and document control

Mass Tort Clinical Intelligence Review

Illustrative vascular filter portfolio | MT-DEMO-001 | Version 1.0 | October 3, 2026

This completed example shows the structure and analytical depth of the \$35,000 aggregate review of up to 25 completed claimant reviews. It is a portfolio decision document: it identifies the files that warrant closer development, the findings that recur across the reviewed group, and the gaps that prevent a reliable common narrative.

Illustrative status. Every claimant, clinical event, product description, internal source identifier, page count and portfolio finding in this report is fictional. No patient records were supplied or reviewed. Simulated source references demonstrate traceability; they do not refer to actual evidence or enclosed source documents. This report must not be submitted as evidence or represented as an actual clinical review.

Control	Value
Prepared for	Illustrative Mass Tort Counsel
Prepared by	Lexcura Summit
Portfolio	Fictional retrievable vascular filter litigation
Cohort	MT-001 through MT-025; 25 simulated completed reviews
Analytical cutoff	September 30, 2026; simulated record freeze
Report date	October 3, 2026
Status	Completed illustrative example; no clinical release certification
Scope	Aggregate synthesis; individual report production is separate

How counsel should use this report

Begin with the executive assessment, review the claimant matrix, then examine the candidate discussions alongside the individual profiles. The gap register and specialist questions translate the findings into specific next work. Priority reflects the evidence available in this simulated cohort; it is not a probability of success, settlement valuation or finding of legal liability.

Lexcura Summit provides clinical analysis for attorneys. It is not a law firm and has no attorneys on staff. Counsel controls legal theories, privilege, discovery strategy and litigation decisions. Actual clinical and specialist sign-offs belong in the final matter-specific release record.

Reading guide

The report moves from the portfolio decision to the supporting claimant-level evidence. Internal PDF bookmarks provide direct navigation to each section.

Section	What it answers
Executive assessment	What should counsel advance, repair, separate or hold?
Scope and cohort rules	Which completed reviews are included, and what is excluded?
Seven pillar assessment	How was evidence organized and compared?
Portfolio matrix	Where does every claimant sit, and why?
Record integrity through causation	Which recurring findings survive closer examination?
Common patterns and claimant clusters	Which similarities matter and which differences prevent pooling?
Bellwether assessment	Which files are candidates for further development?
Adverse evidence and gaps	What weakens the theory and what could change the assessment?
Expert and discovery work	What should the next review or request resolve?
Damages and action sequence	How should counsel direct the next tranche of work?
Claimant profiles	What supports and limits each of the 25 assessments?
Source conventions and release controls	How do references, updates and verification work?

Read classifications as work directions

A - Advance: comparatively stronger documented mechanical-event pathway; specialist review still required. **B - Resolve:** a potentially coherent pathway with a material evidence gap. **C - Separate:** substantial competing explanation or a different clinical endpoint. **D - Hold:** exposure, injury or record attribution is not sufficiently verified.

The categories are mutually exclusive for this reporting snapshot. A claimant can also carry several nonexclusive issue flags, such as a baseline concern, missing images or incomplete damages support. Category labels are report-specific qualitative judgments, not a validated numerical Lexcura score.

All counts describe only this constructed 25-claimant example. They are not market statistics, device complication rates or a forecast for another litigation.

Executive assessment

Recommended direction: advance eight files for focused specialist development, repair seven before selecting them for a common presentation, analyze six separately because the endpoint or alternative-cause burden differs, and hold four pending foundational verification.

Disposition	Count	Portfolio implication
A - Advance	8	MT-001-008: corroborated mechanical findings and treatment records make these the strongest development group.
B - Resolve	7	MT-009-015: imaging, identity, procedure or chronology gaps could materially change the assessment.
C - Separate	6	MT-016-021: thrombosis and pain files carry distinct alternative-cause questions.
D - Hold	4	MT-022-025: exposure, injury or record ownership is insufficiently verified.

The strongest common clinical account

The eight advance files contain a documented mechanical finding followed by a clinically related evaluation or intervention. Their strength lies in the alignment of device identification, imaging reports, the treatment record and the individual timeline. This supports further assessment of an injury pathway. It does not by itself establish a shared product defect or a causal mechanism applicable to every claimant.

Bellwether development

MT-001 is the first development candidate for the fracture pathway. MT-003 offers a separate penetration presentation. MT-002 is a migration reserve whose continuing symptoms require separation from baseline venous disease. MT-004 is a fracture reserve. These are provisional clinical candidates; no file is designated trial-ready in this example.

Principal vulnerability

A single narrative would overstate this portfolio. Thrombosis without reported mechanical disruption and pain without a verified device complication cannot simply inherit the fracture or penetration account. The record attribution error in MT-025 must be corrected before its content is used anywhere else.

Immediate decisions for counsel

Authorize image and explant verification for the four candidate files; prioritize the seven category B gaps; maintain separate review tracks for category C; prevent category D records from entering the product-specific injury denominator until the foundational issue is resolved.

Basis: simulated completed reviews SIM-CR-001 through SIM-CR-025; claimant summaries and source conventions appear later in this report.

Scope and cohort rules

The illustrative engagement is a single aggregate review of 25 previously completed claimant analyses under the \$35,000 Mass Tort Clinical Intelligence Review offer. It synthesizes completed work and the supporting record references available to that work. It is separate from portfolio activation, individual claimant report fees and any later expansion beyond the agreed cohort.

Included analytical work

The review reconciles claimant identifiers and source inventories; compares the seven pillars across files; identifies recurring exposure, injury and timing patterns; separates stronger and weaker clinical presentations; examines alternative causes; develops a provisional bellwether shortlist; and specifies record, specialist and discovery questions that could change the portfolio assessment.

Cohort construction

The simulated cohort consists of the first 25 completed reviews submitted for this example, not a random sample of all exposed patients or all possible claimants. Each claimant is counted once. The same source appearing in several productions remains one source with several locations. A corrected or supplemental report replaces its earlier conclusion in the active matrix, with the change retained in the version history.

What completion means

An individual review can be complete while its underlying records remain incomplete. Completion means that the available record set has been analyzed and its limitations documented. It does not mean that exposure, injury, causation or damages have been proven. Seven completed reviews in this example still have material development gaps; four remain foundational holds.

Boundaries of this delivery

This document does not contain a general-causation expert opinion, engineering failure analysis, independent interpretation of original medical images, legal conclusions, individual damage valuations or a statistical study. It also does not reproduce the 25 individual reports. Those reports and their supporting records would remain available to authorized counsel in an actual engagement.

Information that could change the result

Original images, contemporaneous model identifiers, explant examination, complete baseline records and new follow-up could move a claimant between categories. Newly received records are not silently included in this snapshot. Their effect belongs in a dated addendum or a new report version with the revised denominator stated.

Seven pillar assessment method

The Lexcura Clinical Intelligence Model™ organizes the analysis into seven distinct questions. The aggregate review compares the answers across claimants while preserving the evidence and uncertainty unique to each file.

Pillar	Portfolio application
1 Record Integrity	Confirm identity, provenance, coverage, duplicated material, contradictions and source ownership before comparison.
2 Baseline Profiling	Identify preexisting disease, symptoms, function and competing vulnerabilities before the alleged injury.
3 Imaging Analysis	Compare reported findings, dates, communication and response; refer original-image interpretation to the appropriate specialist.
4 Timeline Reconstruction	Align implantation, symptoms, objective findings, treatment and follow-up without substituting report date for onset.
5 Standard of Care Review	Identify clinical decision points and the facts required for a qualified, time-specific standards assessment.
6 Regulatory and Compliance Overlay	Separate verified product and regulatory material from allegations; map relevance to the correct product and period.
7 Causation Mapping	Trace exposure, event, injury and outcome; test alternatives and identify unsupported links.

Assessment discipline

For each material issue the report separates the source observation, the analytical interpretation, the remaining uncertainty and the next action. No missing document is converted into proof that care did not occur. A diagnosis code is not treated as a substitute for the narrative record, and temporal sequence alone is not a causal conclusion.

Confidence and priority are different

Confidence describes how well a particular fact is documented. Priority describes the next useful action for counsel. A file may have high confidence in a fracture finding but incomplete support for permanent impairment. Conversely, a severe alleged outcome may remain low priority until the correct product is verified.

The categories used here are illustrative review dispositions. No numerical scoring algorithm, weighting system or validated predictive model is asserted.

Portfolio matrix Claimants 001 through 013

Primary disposition at the simulated cutoff. A mechanical finding is a record-supported description in this example, not a conclusion about defect. The claimant profiles provide the evidence and limiting issue.

Claimant	Pathway	Group	Principal qualification
MT-001	Fracture	A	First candidate for fracture pathway
MT-002	Migration	A	Reserve candidate for migration pathway
MT-003	Penetration	A	First candidate for penetration pathway
MT-004	Fracture	A	Reserve candidate for fracture pathway
MT-005	Migration	A	Advance for specialist review
MT-006	Penetration	A	Advance for specialist review
MT-007	Fracture	A	Advance for specialist review
MT-008	Migration	A	Advance with damages limitation
MT-009	Fracture	B	Hold pending imaging confirmation
MT-010	Penetration	B	Hold pending intervention verification
MT-011	Migration	B	Hold pending position comparison
MT-012	Fracture	B	Hold pending timeline repair
MT-013	Penetration	B	Hold pending source verification

Reading the advance group

MT-001-008 share comparatively coherent exposure-to-finding-to-treatment sequences. They should enter specialist development before less complete files consume comparable expert preparation time. Within that group, MT-007 has a retained-fragment and surveillance issue; MT-008 has a limited documented continuing-loss profile. Neither difference should be obscured by the common group label.

Reading the first five resolve files

MT-009-013 need different corrective work. An uncertain imaging description requires original images; an alleged intervention requires the operative record; a migration comparison requires a reliable baseline position. Collecting more pages without targeting the missing link will not necessarily strengthen the file.

Portfolio matrix Claimants 014 through 025

The remaining files show why portfolio classification must preserve clinical differences. An exposure gap is not the same problem as an injury gap; neither can be resolved by borrowing another claimant's proof.

Claimant	Pathway	Group	Principal qualification
MT-014	Migration	B	Hold pending product verification
MT-015	Fracture	B	Hold pending chronology reconciliation
MT-016	Thrombosis	C	Separate alternative-cause review
MT-017	Pain	C	Low priority for mechanical pathway
MT-018	Thrombosis	C	Separate alternative-cause review
MT-019	Pain	C	Low priority for mechanical pathway
MT-020	Thrombosis	C	Separate alternative-cause review
MT-021	Pain	C	Low priority for mechanical pathway
MT-022	Exposure gap	D	Do not advance until exposure verified
MT-023	Injury gap	D	Do not group with confirmed injury files
MT-024	Exposure gap	D	Hold outside product-specific analysis
MT-025	Injury gap	D	Quarantine misattributed evidence

Boundary between groups C and D

Category C files have enough information to identify a different clinical endpoint or a substantial competing explanation. Category D files lack a foundation needed to place them reliably in the proposed product-injury account. Category C calls for differential assessment; category D first calls for record verification.

Denominator reconciliation

All 25 files remain in the reviewed-cohort denominator. The 15 category A and B files form the mechanical-pathway development set. The six category C files remain a separate alternative-cause set. The four category D files are not included in a confirmed product-specific injury count. No count is presented as a rate of injury among exposed patients.

Record integrity findings

Record integrity is the first constraint on portfolio conclusions. A common allegation becomes unreliable if the comparison merges different devices, different record owners or unsupported event dates.

Issue	Files	Effect on review
Product identity unresolved	MT-014, MT-022, MT-024	One development file and two foundational holds require authoritative identity reconciliation.
Original-source or attribution concern	MT-013, MT-025	Copied interpretation and misattributed imaging cannot serve as independent corroboration.
Material chronology gap or conflict	MT-012, MT-015	Event ordering or symptom onset remains insufficiently settled.
Procedure support incomplete	MT-010, MT-011, MT-012	Treatment extent or the procedure itself is not fully documented.

Document ownership and deduplication

For MT-025, quarantine the disputed imaging from the active analysis and retain an audit note identifying where it entered the file. Do not delete the history. Check every summary, table and prior narrative that used it. A corrected claimant-specific study is required before injury assessment resumes. [SIM-MT025-IMG pp. 1-2; SIM-CR-025 §2]

Duplicate copies of a report do not provide multiple independent observations. The same radiology interpretation appearing in a discharge summary and referral note is one underlying interpretation. MT-013 illustrates why the original report must be obtained before copied text is given evidentiary weight. [SIM-MT013-IMG p. 1; SIM-CR-013 §3]

Common records are indexed once

The shared source register is maintained at portfolio level. Claimant analyses refer to the same controlled common source, with a claimant-specific relevance note where necessary. This avoids treating the same instructions, common allegations or shared document set as new evidence in every file. The commercial treatment of common records follows the portfolio agreement; this report does not impose a new page charge.

Issue rows overlap and must not be added together as a unique-claimant total. All source identifiers in this section are simulated.

Baseline profiling and alternative explanations

Baseline profiling identifies what was already present before the alleged event. It also tests the accuracy of the claimed change in health or function. A preexisting condition can be relevant without explaining the entire later injury.

Baseline concern	Illustrative files	Analytical consequence
Preexisting thrombotic disease	MT-016, MT-020	Separate underlying disease and treatment history from any device contribution.
Malignancy and treatment history	MT-018	Build an oncology and thrombosis timeline before assigning a common mechanism.
Chronic pain or prior surgery	MT-017, MT-019	Compare location, character, severity and functional effect before and after the alleged event.
Intervening injury	MT-021	Test whether later trauma better explains the recorded onset.
Preexisting impairment within stronger files	MT-002, MT-005	Preserve mechanical-event evidence while separating continuing symptoms and functional loss.

What the record supports

MT-001 and MT-003 have comparatively useful preimplant symptom records, giving the later focal findings more context. This is not proof that no unrecorded condition existed. It means that the supplied baseline contains no matching symptom pattern and therefore creates less documented conflict than the category C pain files.

What would change the analysis

A previously omitted baseline study showing the same abnormality would weaken an assertion that the finding first developed after implantation. A full preimplant examination documenting the absence of a specific symptom is more informative than an intake form that simply leaves the field blank. Later functional recovery can also narrow a claimed permanent loss without changing whether a mechanical event occurred.

Counsel-facing implication

Develop the baseline as carefully as the adverse event. A presentation that acknowledges preexisting disease and identifies the specific new injury is more precise than one that attributes every later symptom to the device. The expert should receive adverse baseline material with the supporting records, not encounter it for the first time in an opposing production.

Imaging analysis and response

Imaging Analysis is Pillar 3. This example reviews what the reports state, when the information became available, how it was communicated and what action followed. It does not independently interpret original images.

Question	Finding in this portfolio	Next requirement
Is the finding definite?	MT-009 describes possible fracture; MT-001 and MT-004 have concordant report and procedure descriptions.	Specialist review of original studies; preserve uncertainty in MT-009.
Is the comparison valid?	MT-011 lacks initial placement images; MT-002 has serial reports.	Obtain baseline series and verify comparable positioning measures.
Is the source original?	MT-013 relies on a copied specialist statement.	Retrieve the original radiology report and its source images.
Does the image belong to this claimant?	MT-025 contains misattributed abnormal imaging.	Resolve ownership before any further clinical use.
What happened after the result?	Advance files include related intervention records.	Trace result receipt, consultation, decision and treatment separately.

An abnormal finding and an injury are separate questions

A report of fracture or tissue contact establishes the reported structural observation within the example. The connection to pain, hospitalization or lasting impairment requires the rest of the clinical record. A treating clinician's interpretation and an operative observation may support that connection, but they do not eliminate the need to examine alternatives.

Communication and opportunity

For candidate files, counsel should request the report-finalization time, notification documentation, responsible clinician's assessment and subsequent action. An interval between imaging and treatment can reflect decision-making, referral, patient preference or an undocumented step. The interval alone does not establish avoidable delay or a standards departure.

Candidate image packet: original DICOM studies, corresponding final reports and addenda, placement images, retrieval imaging where available, and a dated comparison list. Interpretation belongs to a qualified imaging specialist.

Timeline reconstruction

A common chronology aligns comparable events without forcing identical clinical courses. The dates below are simulated source dates, not actual patient information.

Claimant	Implantation	First cited event	Interpretive limit
MT-001	2018-03-12	2022-06-08	Fracture detection date; not proven fracture onset.
MT-002	2019-05-20	2023-04-11	Migration described on later study; compare placement.
MT-003	2018-11-05	2022-12-19	Penetration documented; symptom onset assessed separately.
MT-012	2019-11-11	2024-05-06	Intervening studies missing.
MT-015	2019-04-15	2023-11-20	Intake onset conflicts with encounter chronology.
MT-021	2019-06-17	2024-03-04	Later injury precedes the recorded complaint.

Worked reconstruction MT-001

The simulated implant record identifies the filter on March 12, 2018. The June 8, 2022 CT report describes a separated strut. The linked procedure record documents retrieval of a fragment, and follow-up describes improvement in the focal complaint. The record therefore supports implantation before detection, followed by intervention and reported improvement. It does not establish the exact date of fracture or prove that removal was the sole cause of improvement. [SIM-MT001-IR pp. 1-2; IMG pp. 1-2; OP pp. 1-3; FU pp. 1-2]

Date hierarchy

Use the date of care for the clinical event, the finalization date for when a report was completed, and the documented receipt or acknowledgment date for communication. Retrospective history is labeled as history. When source dates conflict, both remain visible until the underlying record resolves the discrepancy.

Why timing changes the portfolio assessment

A verified event after exposure is necessary to the proposed sequence but insufficient for causation. Missing earlier studies can turn an apparent new abnormality into an uncertain interval finding. The timeline must also align competing disease, treatment changes and later trauma, particularly in MT-016-021.

Standard of care review

This pillar identifies clinical decision points that may explain the pathway or require specialist evaluation. It does not convert the existence of a complication into a finding that a clinician breached a standard of care.

Implantation and subsequent management

For a real matter, the review would establish the original indication, alternatives considered, the documented management plan and relevant follow-up instructions. Those facts must be judged against standards applicable to the clinician, clinical circumstances and time period. No particular retrieval deadline or universal management rule is assumed in this fictional case.

Response to an identified abnormality

The useful question is what the responsible team knew, what action was documented and whether an opportunity for a different outcome requires assessment. In MT-001 and MT-003 the example includes an intervention after the abnormal finding. In MT-010 the intervention itself is not verified. Those are different evidentiary positions; neither should be described as a completed standards conclusion.

Decision point	Evidence required	Portfolio relevance
Follow-up plan	Discharge instructions, referral orders, patient communications	Tests whether a shared management gap exists or files differ.
Abnormal report response	Acknowledgment, assessment, consultation and treatment notes	Separates documented action from missing documentation.
Intervention selection	Risk discussion, procedural indication and alternatives	Explains why removal, observation or another approach was selected.
Care-related contribution	Time-specific specialist standards analysis	May distinguish product issues from clinical management issues.

Implication for the litigation narrative

A care-related contribution can coexist with a product-related concern, or it can provide a different explanation. The aggregate report flags that question for counsel and qualified experts rather than allocating fault. If the eventual clinical theory depends on preventability, the file must support the proposed alternative action and its expected effect on the particular injury.

Regulatory and compliance overlay

No real manufacturer, marketed model, recall or regulatory determination is alleged in this example. The portfolio uses a fictional vascular filter solely to demonstrate the report structure. Product-specific regulatory and scientific materials have not been supplied.

Source category	Status in this example	Permitted use
Product instructions and labeling	SIM-PC-01 is a fictional common-source entry.	Demonstrates where the correct version would be indexed; establishes no real warning content.
Common allegations	SIM-PC-02 records the assumed mechanical-event theory.	Defines the question being tested; not proof of defect.
Design or manufacturing evidence	Not supplied.	No conclusion about a common defect or lot problem.
Regulatory correspondence or recall	Not supplied.	No inference of a regulatory violation or recall.
Adverse-event reports	No product dataset analyzed.	Would supply leads and context, not an injury rate or individual causal conclusion.

Required matching before reliance

Any real labeling, notice, complaint or design document must be matched to the relevant model, date and issue. A later revision cannot automatically establish what an earlier treating clinician received. A device-family document cannot automatically resolve the identity problem in MT-024.

Adverse-event reporting limitation

FDA explains that MAUDE reports alone cannot establish event incidence, prevalence or cause. Reporting limitations include underreporting, inaccuracies, missing exposure denominators and unverified device attribution. A report of an event is therefore not treated here as proof that a device caused it. [External source E1]

Counsel-facing action

Build one controlled portfolio source set for verified common materials, preserve versions and dates, and link only applicable sources to individual claimants. The common set should inform expert questions. It should not replace claimant-specific proof of exposure, injury, timing or alternative causes.

E1 is the sole external methodological source used in this illustrative report. Full title, URL and access date appear in the source register. No product-specific scientific opinion is offered.

Causation mapping

The central question is whether the evidence supports each link between the identified exposure, the observed event and the claimant's actual outcome. A repeated finding across files can identify an issue for investigation; it cannot supply a missing individual causal link.

Link	Stronger example	Unresolved counterexample
Correct product exposure	MT-001: implant record identifies the example product.	MT-024: product family conflicts with the proposed cohort.
Temporal sequence	MT-003: implantation precedes reported structural finding and intervention.	MT-015: symptom onset remains contradictory.
Objective event	MT-004: imaging and retrieval descriptions align.	MT-009: possible fracture remains unconfirmed.
Clinical injury connection	MT-001: focal complaint, finding, intervention and improvement align.	MT-017: longstanding pain with no reported structural change.
Alternative explanations	MT-003: supplied workup does not establish another explanation.	MT-018: malignancy and thrombotic history require differential assessment.
Extent of lasting loss	MT-006: follow-up documents persistent symptoms, attribution open.	MT-008: recovery record limits current permanent-loss claim.

General and specific causation

General causation asks whether the proposed exposure can cause the type of injury under the relevant conditions. Specific causation asks whether it contributed to this claimant's injury. This report organizes the clinical record for those inquiries. It does not establish general causation from a selected group of claimant files or issue a substitute expert opinion on specific causation.

Causal strength is conditional

The advance group has a better documented clinical sequence than the remaining files. The strongest supported statement is that these files warrant specialist development of a mechanical-injury pathway. A defect mechanism, the contribution of clinical management, and the full extent of attributable loss remain separate questions.

What would weaken the preferred account

A different product identifier, an earlier identical abnormality, a credible competing diagnosis, a procedural explanation for a fragment, or lack of an injury corresponding to the structural finding could materially change the result. Those possibilities belong in the expert packet alongside supporting evidence.

Common patterns and claimant clusters

The primary pathways below are mutually exclusive descriptions for this example. They do not represent mutually exclusive medical diagnoses in real practice.

Primary pathway	Claimants	Count	Assessment
Fracture	001, 004, 007, 009, 012, 015	6	Three advance; three require imaging or timeline repair.
Migration	002, 005, 008, 011, 014	5	Three advance; two require baseline-position or identity work.
Penetration	003, 006, 010, 013	4	Two advance; two require original-source or procedure support.
Thrombosis	016, 018, 020	3	Separate mechanism and substantial alternative-cause questions.
Pain without reported mechanical change	017, 019, 021	3	Do not inherit the mechanical-injury explanation.
Foundational exposure or injury gap	022, 023, 024, 025	4	Hold outside confirmed product-specific injury analysis.

Pattern that merits further investigation

The 15 mechanical-pathway files provide a focused set for testing whether similar reported structural events share a supported mechanism. Only eight are presently in the stronger development group. Pooling all 15 as confirmed mechanically caused injuries would erase the seven unresolved gaps.

Pattern that must remain separate

The three thrombosis files do not include a reported mechanical disruption in the constructed record. Their baseline and treatment histories differ. The three pain files lack a reported mechanical complication and contain credible alternative explanations. Neither subgroup should be described as corroborating fracture, migration or penetration simply because a filter is present.

Limits on extrapolation

This cohort was selected from completed claimant reviews. It lacks an exposed comparison population, a representative sampling design and verified product-use denominators. No incidence rate, relative risk, dose-response relation or portfolio-wide probability can be calculated from these counts. New cohorts may have a different distribution.

Bellwether development shortlist

The shortlist identifies files worth developing for counsel's consideration. It is not a trial selection or prediction. Court-specific criteria, procedural eligibility, witness considerations and legal issues remain for counsel.

Candidate	Clinical presentation	Why develop it	Condition before advancement
MT-001	Fracture with retrieved fragment	Concordant imaging and procedure record; usable baseline; focal improvement.	Original-image review and explant chain of custody.
MT-003	Penetration with operative correlation	A separate structural pathway with documented treatment.	Complete alternative-cause workup and image review.
MT-002	Migration reserve	Serial reported position change with retrieval.	Separate venous disease from continuing symptoms.
MT-004	Fracture reserve	Repeated report description and retrieved fragment documentation.	Specimen support and current function records.

Selection principles

Favor a verifiable product, a coherent timeline, objective findings, a documented injury, transparent baseline history and manageable unresolved questions. A severe outcome is not automatically a stronger representative file. A less dramatic but better documented case may more clearly test a particular clinical issue.

Representativeness

MT-001 and MT-004 both sit within the fracture pathway. Selecting both alone would not test the migration or penetration presentation. MT-003 supplies a distinct penetration account, while MT-002 may test migration after its baseline and continuing-loss questions are resolved. None of these four represents the thrombosis or pain-only groups.

No file is trial-ready by this report alone

The next checkpoint is a documented specialist assessment of the unresolved causal links, followed by counsel's review of the complete adverse record. The shortlist should be revised if new evidence undermines identity, injury attribution, baseline consistency or the proposed representative role.

Candidate comparison and disqualifying findings

MT-001 compared with MT-003

MT-001 provides the more direct fracture narrative: identified implant, reported separated strut, retrieved fragment and subsequent focal improvement. MT-003 offers penetration with operative correlation and a different clinical injury pathway. The latter's gastrointestinal workup must be complete enough to test the competing explanation. The files should not be ranked by symptom severity alone.

MT-002 compared with MT-004

MT-002 broadens mechanism coverage to migration but carries more complexity in separating baseline venous symptoms from continuing complaints. MT-004 has a comparatively straightforward fracture description but needs stronger specimen documentation and updated function evidence. Use MT-002 when testing the migration issue matters; use MT-004 as a fracture reserve after evidence verification.

Finding discovered during development	Consequence
Implant identifier does not match the relevant product	Remove the file from the product-specific shortlist pending reconciliation.
Original images do not support the report summary	Reassess the objective-event link and category; do not retain the stronger label by inertia.
Retrieved material cannot be tied to this claimant or procedure	Limit reliance on the explant and repair provenance before engineering use.
Baseline records document the same symptoms or finding	Reassess what changed after exposure and narrow the injury claim.
Another diagnosis better explains the outcome	Require explicit differential assessment; revise the preferred account if warranted.
Current function contradicts claimed permanent impairment	Preserve the event analysis but narrow the damages narrative.

Recommended decision record

For every retained or rejected candidate, counsel's file should record the proposed representative issue, key supporting sources, adverse evidence, unresolved conditions and the reason for the selection. Retain the previous candidate list so later changes remain explainable.

Adverse evidence and defense questions

A useful portfolio review identifies the strongest challenges before the final presentation is chosen. These are evidence questions, not predictions of how an opposing party will litigate.

Potential challenge	Where it arises	What the record must answer
The product is wrong or unidentified.	MT-014, MT-022, MT-024	Which contemporaneous source fixes manufacturer and model?
The symptom was already present.	MT-017, MT-019 and parts of MT-002/005	What specific change in symptom or function followed the event?
The condition has a stronger alternative explanation.	MT-016, MT-018, MT-020, MT-021	Does the proposed device contribution remain persuasive after full differential review?
The reported structural finding is not verified.	MT-009, MT-013	Do original studies support the description and its clinical relevance?
The event occurred, but lasting damages are overstated.	MT-008 and potentially MT-004	What do later treatment and function records show?
The review relied on the wrong record.	MT-025	How was ownership corrected and every dependent conclusion updated?

Evidence favorable to the competing account

MT-017 has chronic back pain and spinal disease documented before implantation. MT-020 has a treatment interruption that precedes the hospitalization. MT-021 has a later injury aligned with symptom onset. These facts require explicit evaluation; they should not disappear into a generic list of comorbidities.

Evidence that does not settle the question

The presence of a comorbidity does not prove it caused the outcome. Improvement after device removal does not prove removal was the only explanation. A known complication does not settle defect, and a listed warning does not itself decide the adequacy of warnings or individual causation. The expert assessment must address the actual clinical facts and the limits of each inference.

Priority record gap register

The sequence below prioritizes work that can change classification or prevent use of unreliable evidence. Suggested owners describe functions, not assignments to real people.

Priority and files	Targeted request	Decision unlocked
Immediate • MT-025	Claimant identity verification; original imaging accession and record ownership trail.	Remove contaminated evidence and rebuild injury assessment.
Immediate • MT-022/024	Implant log, device identifiers and relevant operative records.	Confirm membership in the product cohort.
High • MT-001/003/002/004	Original image sets; full procedure records; available explant provenance.	Specialist assessment of candidate pathways.
High • MT-009/013	Original radiology source and images rather than repeated summaries.	Verify the structural finding.
High • MT-010/011/012	Missing procedure episodes, placement images and intervening studies.	Repair injury or temporal links.
High • MT-014/015	Implant identifier reconciliation; dated onset and encounter records.	Resolve identity or chronology conflict.
Targeted • MT-016-021	Baseline specialty records and alternative-cause workup.	Separate disease, treatment and injury explanations.
Targeted • MT-008/023	Current function and verified injury-supporting records.	Narrow continuing-loss claim or confirm endpoint.

Request closure

A request is closed only when the response is logged, the source is matched to the correct claimant, and the reviewer records its analytical effect. “Provider did not respond” and “provider confirms no record” are different outcomes. Neither should be silently coded as an uneventful clinical history.

Work ownership

Counsel or its authorized records team obtains and authenticates the source production. The clinical reviewer assesses the change in findings; the relevant specialist resolves technical interpretation. The portfolio coordinator updates the matrix after the review outcome, not merely after a document arrives.

Focused discovery and evidence development

Common product materials

Counsel may consider obtaining the applicable product identification materials, dated instructions and labeling, design-change history relevant to the alleged mechanism, complaint-handling records and available device examination documentation. Each request should be tied to an identified question rather than an assumed defect. No common manufacturing problem is established by the present example.

Implanting and treating facilities

For candidate files, the useful clinical package includes the original implant record, device sticker or identifier, placement imaging, subsequent diagnostic reports and images, consultation notes, procedure documentation, discharge instructions and follow-up. Where a report summary is disputed, obtain the underlying record rather than another copy of the summary.

Explant and fragment evidence

If material was removed, determine whether it was retained, photographed, transferred or discarded. Request the available chain-of-custody record before drawing conclusions from an examination. The clinical record can establish that a fragment was described as removed; it cannot independently establish engineering failure mode or manufacturing origin.

Record question	Illustrative target	Purpose
Which model was implanted?	MT-014, MT-022, MT-024	Resolve product identity.
What did the original study show?	MT-009, MT-013, candidate files	Resolve imaging uncertainty or copied interpretation.
What was known before intervention?	MT-001, MT-003, MT-010	Reconstruct indication, communication and response.
What explains continuing symptoms?	MT-002, MT-006, MT-016-021	Test alternatives and define the attributable endpoint.
What happened to the removed material?	MT-001, MT-004, MT-007	Evaluate availability and provenance for specialist work.

These are clinical evidence-development topics. Counsel determines formal requests, preservation measures, scope and legal procedure. No jurisdiction-specific legal recommendation is made.

Specialist review questions

The specialist packet should contain the complete relevant record, the competing explanations and the precise question to be answered. A favorable summary alone is insufficient.

Specialty or function	Question	Required packet
Radiology	Do original studies confirm the reported structural finding, location and chronology?	Original image series, final reports, addenda and comparison studies.
Interventional or vascular specialist	Does the finding plausibly explain the documented injury and intervention in this claimant?	Indication, implant, imaging, treatment and full follow-up record.
Engineering or device specialist	Is a supported failure mechanism present, and what can actually be inferred from the retained material?	Verified product identity, explant provenance and relevant design materials.
Hematology or relevant treating specialty	How do disease history and treatment explain the thrombotic outcome?	Longitudinal disease history, medication decisions and event records.
Relevant pain or other clinical specialty	What accounts for persistent symptoms where the mechanical link is uncertain?	Preimplant symptoms, intervening diagnoses, treatment response and current function.

Required distinctions in the response

Ask the specialist to distinguish confirmed observations from assumptions, explain whether the source record is adequate, identify plausible competing explanations, and state what additional evidence would materially change the opinion. When certainty is limited, the report should preserve that limitation rather than translate it into a stronger statement.

Candidate-specific questions

MT-001: Does the fragment's location and the contemporaneous symptom pattern support the proposed injury connection? **MT-003:** What role, if any, does the gastrointestinal differential play?

MT-002: Which continuing symptoms are supported as distinct from baseline venous disease?

MT-004: What can be concluded without retained specimen confirmation?

Actual opinions require qualified professionals working within their expertise. This illustrative report does not attribute an opinion or approval to any clinician.

Injury burden and damages support

Clinical injury burden and monetary valuation are different tasks. The portfolio review identifies what the health record supports and where counsel needs additional evidence. It assigns no settlement range, dollar value or probability of recovery.

Clinical component	Support in example	Limitation
Intervention and hospitalization	MT-001-008 include related procedure records.	The attributable extent and duration still require individual review.
Persistent symptoms	MT-006 and several category C files document continuing complaints.	Persistence does not resolve cause or establish permanent impairment.
Retained fragment and surveillance	MT-007 documents partial retrieval and monitoring.	Future surgery is undecided and must not be assumed.
Functional recovery	MT-008 describes return toward baseline.	A broad continuing-disability claim exceeds current support.
Unverified alleged injury	MT-023 and MT-025 lack reliable support for the claimed endpoint.	No injury burden should be assigned from intake alone.

Evidence required for a defensible clinical narrative

Separate the acute event, treatment burden, recovery period and present function. Link each claimed consequence to its supporting encounter or assessment. Work restrictions, assistance with daily activities and persistent treatment needs should be documented rather than inferred from the severity of the original event.

Future care

A treating plan can identify surveillance or a possible intervention, but it does not automatically establish that a procedure will occur or what it will cost. MT-007 supports describing an unresolved future-care question. It does not support a priced future surgery in this report.

Portfolio implication

Do not select a representative claimant solely because the intake alleges the greatest loss. A clear event with accurately bounded consequences can be more useful for testing a clinical theory than a larger claim with unresolved baseline and attribution issues. Counsel retains responsibility for legal damages analysis and valuation.

Recommended action sequence

The following sequence is proposed for this illustrative portfolio. It is an order of work, not a promised turnaround or an instruction to miss a court deadline.

Sequence	Work	Completion condition
1 Protect the evidence set	Resolve MT-025 record ownership and hold unverified product identities.	Corrected source register and affected conclusions identified.
2 Develop candidate files	Obtain originals and procedure/explant support for MT-001, MT-003, MT-002 and MT-004.	Specialist packet includes supporting and adverse material.
3 Repair category B	Close the specific identity, imaging, procedure and chronology gaps.	Each file has a documented disposition change or reason to remain B.
4 Test alternatives	Review category C on separate endpoint-specific tracks.	Specialist differential assessment addresses the actual competing cause.
5 Reconcile injury burden	Update current function and any claimed future care.	Clinical narrative matches the latest documented condition.
6 Refresh the portfolio	Update matrix, candidate list and common patterns.	New version states additions, changed categories and revised denominator.

Decision requested from counsel

Confirm which proposed candidates should receive the first specialist development effort, authorize the targeted record requests, and identify any procedural criteria that should constrain the eventual bellwether discussion. Maintain the weaker and unresolved files in the portfolio with their limitations visible rather than removing them from the analytical history.

Expected decision value

After the targeted work, counsel should be able to distinguish a gap that was resolved from one that remains genuinely uncertain, identify which clinical theories have supporting claimant-level evidence, and determine whether the candidate set represents more than one pathway. The output is a better supported allocation of work; it is not a guaranteed litigation outcome.

Updates and portfolio governance

Snapshot and change control

Version 1.0 describes the simulated cohort as of September 30, 2026. A later record may add information without changing classification, or it may reverse a prior conclusion. Both outcomes should be logged. The active report should never conceal the evidence that caused a change.

Change	Required handling
Additional records for an existing claimant	Log received date, source identity and new page range; record analytical effect.
Corrected identity or misattributed evidence	Quarantine the disputed source, correct dependent findings and preserve the audit trail.
New completed claimant reviews	Assign stable identifiers and state whether the work is an addendum or a newly scoped cohort.
Changed common-source material	Record version and applicability; reassess only claimants affected by the change.
Changed shortlist	Document the reason, supporting evidence and remaining selection conditions.

Commercial boundary

The illustrated \$35,000 review synthesizes up to 25 completed claimant reviews. Additional aggregate work beyond the agreed cohort or a material scope expansion requires a defined scope and quote. This does not impose another Portfolio Activation Fee on later batches within the same activated portfolio. Individual claimant reports and their batch discounts remain separately ordered services.

Record handling

An actual matter should use the firm-approved transfer, access, retention and deletion arrangements documented at activation. This example contains no confidential claimant information and makes no assertion about an implemented security configuration. The report itself should identify its approved recipients and distribution status in a real engagement.

No artificial certainty at release

A final report may properly retain open questions. The release decision confirms that the analysis, sources and limitations have been checked; it does not certify that every allegation is proven. An unresolved issue should have a named question and next action rather than a generic disclaimer.

Claimant profiles 001 and 002

MT-001 Fracture | Advance for specialist development

Simulated implant date: 2018-03-12 • First cited event: 2022-06-08

Completed review: SIM-CR-001 v1.0 • Illustrative source inventory: 637 pages

Record and baseline. CT describes a separated strut; retrieval note documents removal of a fragment. No similar focal complaint in the available preimplant notes. [SIM-MT001-IR pp. 1-2; SIM-MT001-BL pp. 1-3; SIM-MT001-IMG pp. 1-2]

Course and outcome. Focal pain improves after retrieval; longer follow-up remains limited. [SIM-MT001-FU pp. 1-2; SIM-MT001-OP pp. 1-3]

Interpretation and limiting evidence. No comparably strong competing explanation located in the supplied baseline. The exposure, reported mechanical finding and intervention provide a comparatively coherent pathway. Specialist confirmation of the causal links remains necessary.

Next action and decision trigger. Obtain original CT series and explant custody documentation. Retain in A if the original evidence supports the present sequence; revise if verification undermines identity, the finding or its injury connection.

MT-002 Migration | Advance for specialist development

Simulated implant date: 2019-05-20 • First cited event: 2023-04-11

Completed review: SIM-CR-002 v1.0 • Illustrative source inventory: 674 pages

Record and baseline. Serial imaging reports describe a change in filter position; procedure note records retrieval. Baseline venous disease is documented but does not explain the reported position change. [SIM-MT002-IR pp. 1-2; SIM-MT002-BL pp. 1-3; SIM-MT002-IMG pp. 1-2]

Course and outcome. Procedure-related admission and six-week recovery are documented. [SIM-MT002-FU pp. 1-2; SIM-MT002-OP pp. 1-3]

Interpretation and limiting evidence. Baseline venous disease complicates attribution of continuing leg symptoms. The exposure, reported mechanical finding and intervention provide a comparatively coherent pathway. Specialist confirmation of the causal links remains necessary.

Next action and decision trigger. Have a specialist compare the two image sets and separate leg symptoms from the retrieval injury. Retain in A if the original evidence supports the present sequence; revise if verification undermines identity, the finding or its injury connection.

Claimant profiles 003 and 004

MT-003 Penetration | Advance for specialist development

Simulated implant date: 2018-11-05 • First cited event: 2022-12-19

Completed review: SIM-CR-003 v1.0 • Illustrative source inventory: 711 pages

Record and baseline. CT report describes strut extension and adjacent tissue contact; surgeon records concordant operative findings. No matching abdominal symptom pattern appears in the available preimplant record. [SIM-MT003-IR pp. 1-2; SIM-MT003-BL pp. 1-3; SIM-MT003-IMG pp. 1-2]

Course and outcome. Operative treatment and short-term improvement are documented. [SIM-MT003-FU pp. 1-2; SIM-MT003-OP pp. 1-3]

Interpretation and limiting evidence. Concurrent gastrointestinal disease is investigated without an established explanation in the supplied record. The exposure, reported mechanical finding and intervention provide a comparatively coherent pathway. Specialist confirmation of the causal links remains necessary.

Next action and decision trigger. Obtain full gastrointestinal workup and original images before final selection. Retain in A if the original evidence supports the present sequence; revise if verification undermines identity, the finding or its injury connection.

MT-004 Fracture | Advance for specialist development

Simulated implant date: 2020-01-13 • First cited event: 2024-02-07

Completed review: SIM-CR-004 v1.0 • Illustrative source inventory: 748 pages

Record and baseline. Two imaging reports describe the same missing strut; procedure documentation accounts for the retrieved fragment. Preimplant records provide a usable symptom and functional baseline. [SIM-MT004-IR pp. 1-2; SIM-MT004-BL pp. 1-3; SIM-MT004-IMG pp. 1-2]

Course and outcome. Reintervention and temporary activity restrictions are documented. [SIM-MT004-FU pp. 1-2; SIM-MT004-OP pp. 1-3]

Interpretation and limiting evidence. No major competing explanation is identified in the sampled baseline. The exposure, reported mechanical finding and intervention provide a comparatively coherent pathway. Specialist confirmation of the causal links remains necessary.

Next action and decision trigger. Obtain retained specimen photographs and updated function records. Retain in A if the original evidence supports the present sequence; revise if verification undermines identity, the finding or its injury connection.

Claimant profiles 005 and 006

MT-005 Migration | Advance for specialist development

Simulated implant date: 2019-08-26 • First cited event: 2023-09-14

Completed review: SIM-CR-005 v1.0 • Illustrative source inventory: 785 pages

Record and baseline. Baseline placement report and later CT report describe different filter locations; operative record confirms retrieval. A trauma admission preceded implantation; subsequent recovery is documented. [SIM-MT005-IR pp. 1-2; SIM-MT005-BL pp. 1-3; SIM-MT005-IMG pp. 1-2]

Course and outcome. Retrieval-related treatment is documented separately from original trauma. [SIM-MT005-FU pp. 1-2; SIM-MT005-OP pp. 1-3]

Interpretation and limiting evidence. Earlier trauma may account for part of the claimed functional loss. The exposure, reported mechanical finding and intervention provide a comparatively coherent pathway. Specialist confirmation of the causal links remains necessary.

Next action and decision trigger. Obtain the rehabilitation discharge record to separate baseline limitations. Retain in A if the original evidence supports the present sequence; revise if verification undermines identity, the finding or its injury connection.

MT-006 Penetration | Advance for specialist development

Simulated implant date: 2020-02-10 • First cited event: 2024-04-03

Completed review: SIM-CR-006 v1.0 • Illustrative source inventory: 822 pages

Record and baseline. CT and operative reports describe a strut beyond the vessel wall with a corresponding surgical finding. Baseline records do not document the later focal symptom pattern. [SIM-MT006-IR pp. 1-2; SIM-MT006-BL pp. 1-3; SIM-MT006-IMG pp. 1-2]

Course and outcome. Surgical treatment and persistent localized symptoms appear in follow-up. [SIM-MT006-FU pp. 1-2; SIM-MT006-OP pp. 1-3]

Interpretation and limiting evidence. Persistent pain after treatment has not been fully explained. The exposure, reported mechanical finding and intervention provide a comparatively coherent pathway. Specialist confirmation of the causal links remains necessary.

Next action and decision trigger. Obtain pain evaluation and compare preoperative and postoperative symptoms. Retain in A if the original evidence supports the present sequence; revise if verification undermines identity, the finding or its injury connection.

Claimant profiles 007 and 008

MT-007 Fracture | Advance for specialist development

Simulated implant date: 2018-07-09 • First cited event: 2023-01-23

Completed review: SIM-CR-007 v1.0 • Illustrative source inventory: 859 pages

Record and baseline. CT report documents fracture and a retained fragment; procedure record confirms partial retrieval. Baseline cardiopulmonary symptoms are absent from supplied routine visits. [SIM-MT007-IR pp. 1-2; SIM-MT007-BL pp. 1-3; SIM-MT007-IMG pp. 1-2]

Course and outcome. Retained fragment and surveillance are documented; future intervention is undecided. [SIM-MT007-FU pp. 1-2; SIM-MT007-OP pp. 1-3]

Interpretation and limiting evidence. Anxiety contributes to symptom reporting; structural finding is separately documented. The exposure, reported mechanical finding and intervention provide a comparatively coherent pathway. Specialist confirmation of the causal links remains necessary.

Next action and decision trigger. Obtain current specialist surveillance plan and avoid assuming future surgery. Retain in A if the original evidence supports the present sequence; revise if verification undermines identity, the finding or its injury connection.

MT-008 Migration | Advance for specialist development

Simulated implant date: 2020-09-21 • First cited event: 2025-03-17

Completed review: SIM-CR-008 v1.0 • Illustrative source inventory: 896 pages

Record and baseline. Serial report comparison and retrieval record support a documented position change. Baseline records document recovery from the original acute illness. [SIM-MT008-IR pp. 1-2; SIM-MT008-BL pp. 1-3; SIM-MT008-IMG pp. 1-2]

Course and outcome. Follow-up describes return toward baseline after retrieval. [SIM-MT008-FU pp. 1-2; SIM-MT008-OP pp. 1-3]

Interpretation and limiting evidence. Residual symptoms are limited; claimed permanent loss exceeds present documentation. The exposure, reported mechanical finding and intervention provide a comparatively coherent pathway. Specialist confirmation of the causal links remains necessary.

Next action and decision trigger. Reconcile claimed continuing disability with return-to-work records. Retain in A if the original evidence supports the present sequence; revise if verification undermines identity, the finding or its injury connection.

Claimant profiles 009 and 010

MT-009 Fracture | Resolve material evidence gap

Simulated implant date: 2019-02-04 • First cited event: 2023-07-10
Completed review: SIM-CR-009 v1.0 • Illustrative source inventory: 933 pages

Record and baseline. CT report describes possible fracture; confirmatory image comparison is absent. Preimplant baseline is available. [SIM-MT009-IR pp. 1-2; SIM-MT009-BL pp. 1-3; SIM-MT009-IMG pp. 1-2]

Course and outcome. Symptoms are reported, but no retrieval record is supplied. [SIM-MT009-FU pp. 1-2]

Interpretation and limiting evidence. Artifact remains an unresolved explanation for the imaging description. The current evidence could support a mechanical pathway, but the identified gap prevents using this file as a confirmed representative case.

Next action and decision trigger. Obtain original images and specialist confirmation of fracture. Move toward A only if the missing link is verified and alternatives are addressed; otherwise maintain B or reclassify to the appropriate separate or hold group.

MT-010 Penetration | Resolve material evidence gap

Simulated implant date: 2020-05-18 • First cited event: 2024-01-29
Completed review: SIM-CR-010 v1.0 • Illustrative source inventory: 970 pages

Record and baseline. CT report describes extension beyond the vessel wall; intervention report is missing. Baseline symptom history is partially documented. [SIM-MT010-IR pp. 1-2; SIM-MT010-BL pp. 1-3; SIM-MT010-IMG pp. 1-2]

Course and outcome. Intake reports surgery, but the procedure itself is not verified. [SIM-MT010-FU pp. 1-2]

Interpretation and limiting evidence. Other abdominal causes cannot be assessed without the missing workup. The current evidence could support a mechanical pathway, but the identified gap prevents using this file as a confirmed representative case.

Next action and decision trigger. Obtain operative report and abdominal differential workup. Move toward A only if the missing link is verified and alternatives are addressed; otherwise maintain B or reclassify to the appropriate separate or hold group.

Claimant profiles 011 and 012

MT-011 Migration | Resolve material evidence gap

Simulated implant date: 2018-10-15 • First cited event: 2022-08-22

Completed review: SIM-CR-011 v1.0 • Illustrative source inventory: 1007 pages

Record and baseline. Later CT report describes migration; initial placement images are unavailable. Baseline venous disease is documented. [SIM-MT011-IR pp. 1-2; SIM-MT011-BL pp. 1-3; SIM-MT011-IMG pp. 1-2]

Course and outcome. Removal is documented, but extent of injury is incompletely recorded. [SIM-MT011-FU pp. 1-2]

Interpretation and limiting evidence. Original position cannot be compared with the later study. The current evidence could support a mechanical pathway, but the identified gap prevents using this file as a confirmed representative case.

Next action and decision trigger. Obtain implant images and the complete removal episode. Move toward A only if the missing link is verified and alternatives are addressed; otherwise maintain B or reclassify to the appropriate separate or hold group.

MT-012 Fracture | Resolve material evidence gap

Simulated implant date: 2019-11-11 • First cited event: 2024-05-06

Completed review: SIM-CR-012 v1.0 • Illustrative source inventory: 1044 pages

Record and baseline. Later imaging reports a fragment; onset and earlier imaging sequence are incomplete. Early symptom records are missing. [SIM-MT012-IR pp. 1-2; SIM-MT012-BL pp. 1-3; SIM-MT012-IMG pp. 1-2]

Course and outcome. A retrieval encounter is present; complete procedure record is absent. [SIM-MT012-FU pp. 1-2]

Interpretation and limiting evidence. A long undocumented interval prevents a reliable onset account. The current evidence could support a mechanical pathway, but the identified gap prevents using this file as a confirmed representative case.

Next action and decision trigger. Obtain intervening imaging and the complete retrieval record. Move toward A only if the missing link is verified and alternatives are addressed; otherwise maintain B or reclassify to the appropriate separate or hold group.

Claimant profiles 013 and 014

MT-013 Penetration | Resolve material evidence gap

Simulated implant date: 2021-01-25 • First cited event: 2025-02-12

Completed review: SIM-CR-013 v1.0 • Illustrative source inventory: 1081 pages

Record and baseline. Report describes tissue contact; source attribution relies on a copied specialist note. Baseline is available and includes intermittent nonspecific discomfort. [SIM-MT013-IR pp. 1-2; SIM-MT013-BL pp. 1-3; SIM-MT013-IMG pp. 1-2]

Course and outcome. Follow-up pain is documented without a completed differential evaluation. [SIM-MT013-FU pp. 1-2]

Interpretation and limiting evidence. The copied note may overstate what the original imaging established. The current evidence could support a mechanical pathway, but the identified gap prevents using this file as a confirmed representative case.

Next action and decision trigger. Obtain original radiology report and independent image review. Move toward A only if the missing link is verified and alternatives are addressed; otherwise maintain B or reclassify to the appropriate separate or hold group.

MT-014 Migration | Resolve material evidence gap

Simulated implant date: 2020-06-08 • First cited event: 2024-06-17

Completed review: SIM-CR-014 v1.0 • Illustrative source inventory: 1118 pages

Record and baseline. CT describes a position change; a device card is supplied without the implant record. Baseline medical history is available. [SIM-MT014-IR pp. 1-2; SIM-MT014-BL pp. 1-3; SIM-MT014-IMG pp. 1-2]

Course and outcome. Retrieval and short-term recovery are documented. [SIM-MT014-FU pp. 1-2; SIM-MT014-OP pp. 1-3]

Interpretation and limiting evidence. Exact model identity is unverified despite a named device on the card. The current evidence could support a mechanical pathway, but the identified gap prevents using this file as a confirmed representative case.

Next action and decision trigger. Obtain the implant log and reconcile model identifiers. Move toward A only if the missing link is verified and alternatives are addressed; otherwise maintain B or reclassify to the appropriate separate or hold group.

Claimant profiles 015 and 016

MT-015 Fracture | Resolve material evidence gap

Simulated implant date: 2019-04-15 • First cited event: 2023-11-20
Completed review: SIM-CR-015 v1.0 • Illustrative source inventory: 1155 pages

Record and baseline. CT and retrieval summary describe fracture; discharge summary contradicts intake timing. Preimplant baseline is available. [SIM-MT015-IR pp. 1-2; SIM-MT015-BL pp. 1-3; SIM-MT015-IMG pp. 1-2]

Course and outcome. Treatment is documented, but symptom onset is disputed. [SIM-MT015-FU pp. 1-2; SIM-MT015-OP pp. 1-3]

Interpretation and limiting evidence. Exposure precedes the finding; the disputed onset affects symptom attribution. The current evidence could support a mechanical pathway, but the identified gap prevents using this file as a confirmed representative case.

Next action and decision trigger. Reconcile dated encounter records with the intake narrative. Move toward A only if the missing link is verified and alternatives are addressed; otherwise maintain B or reclassify to the appropriate separate or hold group.

MT-016 Thrombosis | Separate alternative-cause assessment

Simulated implant date: 2018-04-23 • First cited event: 2022-03-14
Completed review: SIM-CR-016 v1.0 • Illustrative source inventory: 1192 pages

Record and baseline. Imaging confirms thrombosis around a filter without a reported structural failure. Recurrent thrombosis predates implantation. [SIM-MT016-IR pp. 1-2; SIM-MT016-BL pp. 1-3; SIM-MT016-IMG pp. 1-2]

Course and outcome. Admission and anticoagulation changes are documented. [SIM-MT016-FU pp. 1-2]

Interpretation and limiting evidence. Underlying thrombotic disease offers a substantial competing explanation. The file should not inherit the common mechanical-event narrative. A claimant-specific differential assessment is needed before asserting a device contribution.

Next action and decision trigger. Obtain longitudinal hematology records and expert differential assessment. Reclassify only when new evidence supports a materially different causal account; the severity of the complaint alone does not change the group.

Claimant profiles 017 and 018

MT-017 Pain | Separate alternative-cause assessment

Simulated implant date: 2019-09-09 • First cited event: 2023-02-06
Completed review: SIM-CR-017 v1.0 • Illustrative source inventory: 1229 pages

Record and baseline. Imaging report describes an intact filter without a positional complication. Chronic back pain and spinal disease predate implantation. [SIM-MT017-IR pp. 1-2; SIM-MT017-BL pp. 1-3; SIM-MT017-IMG pp. 1-2]

Course and outcome. Persistent pain is documented; device-specific treatment is absent. [SIM-MT017-FU pp. 1-2]

Interpretation and limiting evidence. Preexisting spinal disease matches the longstanding complaint. The file should not inherit the common mechanical-event narrative. A claimant-specific differential assessment is needed before asserting a device contribution.

Next action and decision trigger. Compare pain location, onset and function with preimplant records. Reclassify only when new evidence supports a materially different causal account; the severity of the complaint alone does not change the group.

MT-018 Thrombosis | Separate alternative-cause assessment

Simulated implant date: 2020-03-02 • First cited event: 2024-07-15
Completed review: SIM-CR-018 v1.0 • Illustrative source inventory: 1266 pages

Record and baseline. Imaging documents new clot burden without a reported fracture or migration. Active malignancy and prior thrombosis are documented. [SIM-MT018-IR pp. 1-2; SIM-MT018-BL pp. 1-3; SIM-MT018-IMG pp. 1-2]

Course and outcome. Hospital care for thrombotic disease is documented. [SIM-MT018-FU pp. 1-2]

Interpretation and limiting evidence. Malignancy and treatment history require separate causal assessment. The file should not inherit the common mechanical-event narrative. A claimant-specific differential assessment is needed before asserting a device contribution.

Next action and decision trigger. Obtain oncology timeline and hematology opinion before grouping. Reclassify only when new evidence supports a materially different causal account; the severity of the complaint alone does not change the group.

Claimant profiles 019 and 020

MT-019 Pain | Separate alternative-cause assessment

Simulated implant date: 2018-12-03 • First cited event: 2022-10-10

Completed review: SIM-CR-019 v1.0 • Illustrative source inventory: 1303 pages

Record and baseline. Imaging report describes no acute device change. Prior abdominal surgery and recurrent abdominal pain are documented. [SIM-MT019-IR pp. 1-2; SIM-MT019-BL pp. 1-3; SIM-MT019-IMG pp. 1-2]

Course and outcome. Pain visits continue without a device-directed procedure. [SIM-MT019-FU pp. 1-2]

Interpretation and limiting evidence. Postsurgical and gastrointestinal explanations remain unresolved. The file should not inherit the common mechanical-event narrative. A claimant-specific differential assessment is needed before asserting a device contribution.

Next action and decision trigger. Obtain operative history and the full gastrointestinal workup. Reclassify only when new evidence supports a materially different causal account; the severity of the complaint alone does not change the group.

MT-020 Thrombosis | Separate alternative-cause assessment

Simulated implant date: 2021-02-08 • First cited event: 2025-01-13

Completed review: SIM-CR-020 v1.0 • Illustrative source inventory: 1340 pages

Record and baseline. Imaging documents thrombosis but does not identify mechanical disruption. Prior clotting episodes and medication interruptions are documented. [SIM-MT020-IR pp. 1-2; SIM-MT020-BL pp. 1-3; SIM-MT020-IMG pp. 1-2]

Course and outcome. Hospitalization follows a documented interruption of prescribed therapy. [SIM-MT020-FU pp. 1-2]

Interpretation and limiting evidence. Medication interruption is a competing temporal explanation, not automatic patient fault. The file should not inherit the common mechanical-event narrative. A claimant-specific differential assessment is needed before asserting a device contribution.

Next action and decision trigger. Obtain prescribing instructions and reasons for interruption. Reclassify only when new evidence supports a materially different causal account; the severity of the complaint alone does not change the group.

Claimant profiles 021 and 022

MT-021 Pain | Separate alternative-cause assessment

Simulated implant date: 2019-06-17 • First cited event: 2024-03-04
Completed review: SIM-CR-021 v1.0 • Illustrative source inventory: 1377 pages

Record and baseline. CT describes a stable filter; pain onset follows a later injury. Earlier pain history is present but limited. [SIM-MT021-IR pp. 1-2; SIM-MT021-BL pp. 1-3; SIM-MT021-IMG pp. 1-2]

Course and outcome. Treatment addresses the later injury; no device intervention is documented. [SIM-MT021-FU pp. 1-2]

Interpretation and limiting evidence. Intervening injury aligns more closely with the recorded symptom onset. The file should not inherit the common mechanical-event narrative. A claimant-specific differential assessment is needed before asserting a device contribution.

Next action and decision trigger. Obtain injury records and compare the two clinical timelines. Reclassify only when new evidence supports a materially different causal account; the severity of the complaint alone does not change the group.

MT-022 Exposure gap | Hold foundational verification

Simulated implant date: Unverified • First cited event: 2024-08-12
Completed review: SIM-CR-022 v1.0 • Illustrative source inventory: 1414 pages

Record and baseline. Only a claimant intake statement names the product; no implant or device identifier is supplied. Baseline records are sparse. [SIM-MT022-IR pp. 1-2; SIM-MT022-BL pp. 1-3; SIM-MT022-IMG pp. 1-2]

Course and outcome. Reported pain is not linked to a verified device exposure. [SIM-MT022-FU pp. 1-2]

Interpretation and limiting evidence. Product identity and exposure cannot be established from the supplied record. The missing foundation prevents reliable product-specific injury attribution. Retain the file in the reviewed cohort while withholding a stronger causal classification.

Next action and decision trigger. Obtain implant log or authoritative device documentation. Reopen the clinical classification after the foundational issue is resolved. Do not use intake allegations as a substitute for verification.

Claimant profiles 023 and 024

MT-023 Injury gap | Hold foundational verification

Simulated implant date: 2020-10-05 • First cited event: 2025-05-19
Completed review: SIM-CR-023 v1.0 • Illustrative source inventory: 1451 pages

Record and baseline. Implantation is documented; follow-up report describes an intact device without the alleged injury. Baseline is adequately documented for this limited question. [SIM-MT023-IR pp. 1-2; SIM-MT023-BL pp. 1-3; SIM-MT023-IMG pp. 1-2]

Course and outcome. Concern about future harm is reported; present alleged injury is unverified. [SIM-MT023-FU pp. 1-2]

Interpretation and limiting evidence. The supplied record does not establish the claimed clinical endpoint. The missing foundation prevents reliable product-specific injury attribution. Retain the file in the reviewed cohort while withholding a stronger causal classification.

Next action and decision trigger. Clarify the alleged injury and obtain supporting treatment records. Reopen the clinical classification after the foundational issue is resolved. Do not use intake allegations as a substitute for verification.

MT-024 Exposure gap | Hold foundational verification

Simulated implant date: Unverified • First cited event: 2023-06-26
Completed review: SIM-CR-024 v1.0 • Illustrative source inventory: 1488 pages

Record and baseline. A procedure history lists a filter, but the source names a different model family. Baseline venous disease is documented. [SIM-MT024-IR pp. 1-2; SIM-MT024-BL pp. 1-3; SIM-MT024-IMG pp. 1-2]

Course and outcome. Later intervention is documented without reconciled product identity. [SIM-MT024-FU pp. 1-2; SIM-MT024-OP pp. 1-3]

Interpretation and limiting evidence. Possible product mismatch prevents assignment to the common product cohort. The missing foundation prevents reliable product-specific injury attribution. Retain the file in the reviewed cohort while withholding a stronger causal classification.

Next action and decision trigger. Reconcile the operative log, device card and explant identifiers. Reopen the clinical classification after the foundational issue is resolved. Do not use intake allegations as a substitute for verification.

Claimant profiles 025

MT-025 Injury gap | Hold foundational verification

Simulated implant date: 2019-12-16 • First cited event: 2024-09-09
Completed review: SIM-CR-025 v1.0 • Illustrative source inventory: 1525 pages

Record and baseline. The cited abnormal imaging belongs to another record episode; claimant-specific injury support is absent. Baseline is partly available. [SIM-MT025-IR pp. 1-2; SIM-MT025-BL pp. 1-3; SIM-MT025-IMG pp. 1-2]

Course and outcome. Intake alleges injury; supplied claimant-specific follow-up does not verify it. [SIM-MT025-FU pp. 1-2]

Interpretation and limiting evidence. Record attribution error undermines the existing injury narrative. The missing foundation prevents reliable product-specific injury attribution. Retain the file in the reviewed cohort while withholding a stronger causal classification.

Next action and decision trigger. Correct record ownership and obtain claimant-specific imaging. Reopen the clinical classification after the foundational issue is resolved. Do not use intake allegations as a substitute for verification.

Portfolio consequence of this hold

MT-025 demonstrates why a completed individual review can appropriately conclude that the available record cannot support the alleged injury. Correcting the source does more than change one narrative: it can change group counts, common-pattern language and the bellwether comparison. The source register and every dependent table must be reconciled before an updated report is released.

The review preserves this file as one of the 25 analyzed claimants. It does not treat the disputed imaging as corroboration for any other claimant. A later claimant-specific study would be new evidence requiring a dated reassessment, not retroactive validation of the original attribution.

Source register and reference conventions

All SIM references are fictional. They show how an actual report would direct counsel to the precise supporting source. The source packets and the 25 individual reports are not attached to this example. No source citation here represents patient evidence that was actually received.

Reference	Meaning and use
SIM-CR-001 through SIM-CR-025	Simulated completed individual reviews, version 1.0; \$2 record integrity, \$3 clinical evidence, \$4 chronology, \$5 interpretation.
SIM-MTnnn-IR pp. 1-2	Implant or identity evidence extract for claimant nnn. Where absent or disputed, the pointer identifies the illustrative gap entry, not an implant confirmation.
SIM-MTnnn-BL pp. 1-3	Baseline extract or missing-baseline entry.
SIM-MTnnn-IMG pp. 1-2	Reported imaging extract, copied-source note or attribution exception as described in the profile.
SIM-MTnnn-OP pp. 1-3	Procedure extract where specifically cited. Missing procedure evidence remains a gap.
SIM-MTnnn-FU pp. 1-2	Follow-up extract or entry documenting unverified outcome information.
SIM-PC-01 / SIM-PC-02	Fictional common-source slots for product materials and the allegation summary; neither is external scientific evidence.
SIM-PC-03 / SIM-PC-04	Constructed claimant comparison register and source inventory used to reconcile the 25-file cohort.

Pagination and authenticity

The page numbers above are illustrative extract locations, not actual Bates numbers. In a real delivery, replace them with stable source-file identifiers and exact PDF pages or verified Bates ranges. A reviewer must be able to distinguish a source document from a register entry recording that the source is missing.

External source E1

U.S. Food and Drug Administration. About Manufacturer and User Facility Device Experience (MAUDE) Database. Section: Limitations of Medical Device Reports. Accessed October 3, 2026. Used only for the limitations of passive adverse-event reporting, not for any fictional product or claimant conclusion.
Read the FDA source online

Cohort reconciliation and release controls

Reconciliation item	Illustrative result
Unique claimant reviews	25; identifiers MT-001 through MT-025
Primary disposition total	8 advance + 7 resolve + 6 separate + 4 hold = 25
Primary pathway total	6 fracture + 5 migration + 4 penetration + 3 thrombosis + 3 pain + 4 foundational gaps = 25
Mechanical development set	15; 8 advance and 7 unresolved
Candidate development set	4; MT-001, MT-003, MT-002 and MT-004
Illustrative inventory total	27,025 pages across 25 fictional claimant inventories; not a page allowance or fee calculation.
Common materials	Indexed separately at portfolio level; not multiplied by claimant count.

Actual release requirements

In a real engagement, the release record should identify the responsible clinical reviewer, specialist reviewers where applicable, QA approver, approved recipients, matter identifier, version and release date. Required score confirmation, clinical review and QA approval must be completed through the applicable workflow before client delivery. This example does not assign a fabricated score or mark a clinical review gate as passed.

Checks completed for this illustrative document

The constructed cohort has been reconciled to the tables and profiles. The source-reference scheme is explicitly identified as simulated. The document has been checked for layout, readable tables and consistent headings. These production checks do not constitute clinical review, specialist review or actual case QA approval.

Final portfolio conclusion

The fictional portfolio supports focused development of eight mechanically coherent files and a four-file provisional candidate set. Seven files require targeted repair; six require separate alternative-cause analysis; four remain foundational holds. The next investment should follow those distinctions. No common defect, final causal opinion or litigation outcome is established by this example.

Prepared by Lexcura Summit • lexcurasummit.com

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Illustrative client deliverable. All claimant information and internal source references are fictional.