



Clinical Intelligence for Better Litigation Decisions™

ATTORNEY RESOURCE GUIDE

CLINICAL INTELLIGENCE REVIEW™

A practical guide for attorneys and law firms

PURPOSE

Understand the report, its value, and its limits

METHOD

Seven-pillar clinical intelligence review

INTENDED AUDIENCE

Attorneys and law firms evaluating a CIR

ISSUED BY

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A clearer view of the clinical story

Medical records are often extensive, fragmented, and difficult to connect across settings. A Clinical Intelligence Review™ (CIR) brings the material into a structured, source-aware analysis so counsel can see the patient's baseline, the sequence of care, what the records document, where the evidence is incomplete, and which clinical questions may need further attention.

The CIR is Lexcura Summit's comprehensive integrated review. It applies the Lexcura Clinical Intelligence Model™ across seven pillars and organizes the findings into a report designed to support attorney decision-making. It helps counsel understand the clinical record before deciding what to investigate, retrieve, screen, or refer for specialty review.

What this means for counsel

The report gives counsel a disciplined clinical map of the reviewed record. It helps connect material events and evidence, identify unresolved questions, and evaluate what the current record can and cannot support. Counsel remains responsible for legal analysis, case strategy, and decisions about pleadings, experts, negotiation, and litigation.

When the CIR is useful

A CIR is appropriate when counsel needs a broader integrated review than a chronology or initial case screen can provide, or when the matter has already been authorized for comprehensive analysis. It can be selected after an Attorney Case Brief™ when counsel elects to continue, or at the outset when the authorized scope calls for a full review.

What this guide covers

The pages that follow explain the seven pillars, walk through the report's required sections, describe practical advantages for an attorney and firm, and outline the information needed to scope a review. The examples focus on how the report can support better-informed review decisions; they do not promise a particular case result, savings, or litigation outcome.

The seven pillars

Each pillar answers a different question. Together, they turn a large record set into a structured clinical account with traceable support and visible limitations.

Pillar	Question it answers	Contribution to attorney review
1. Record Integrity	What records were received, what is missing or inconsistent, and what can each source establish?	Shows source-set limits, helps prevent unsupported assumptions, and identifies records that may be needed.
2. Baseline Profiling	What is documented about the patient before the event?	Places the acute course in context using relevant history, conditions, function, and other documented baseline facts.
3. Imaging Analysis	What do the available imaging reports document, and what remains uncertain?	Connects report findings to the timeline and response. Original image interpretation remains within qualified review scope.
4. Timeline Reconstruction	How did the clinical picture and documented response change over time?	Organizes findings, actions, transitions, and intervals in sequence, with source anchors and timing limits.

The first four pillars establish the reliability, context, objective findings, and sequence of the clinical record.

The seven pillars — continued

Pillar	Question it answers	Contribution to attorney review
5. Standard of Care Review	Which patient-specific care decisions warrant clinical review?	Frames record-based screening questions and identifies issues needing qualified clinical or specialty review.
6. Regulatory and Compliance Overlay	Which policies or regulatory sources may apply, and have they been verified?	Identifies relevant questions within scope; applicability and source versions must be confirmed.
7. Causation Mapping	What links are documented, plausible, disputed, or unresolved?	Maps baseline factors, the clinical course, alternative explanations, and outcome without deciding legal causation or damages.

How the pillars work together

The pillars inform one another. A timing question may depend on record integrity, baseline risk, imaging findings, treatment documentation, and alternative explanations. The report brings those connections into view while showing where the record does not answer a question.

The result is not seven isolated summaries. It is an integrated analysis that distinguishes documented facts, clinical interpretation, uncertainty, and questions requiring further review.

How to read the CIR report

The required section headings follow the controlled CIR report structure. Each section has a defined job, while cross-references help the reader follow issues that span multiple parts of the record.

Required section heading	What counsel can take from it
1. Matter Identification, Scope, and Questions Presented	Defines the matter, review window, authorized questions, and boundaries. Counsel can confirm that the analysis addresses the intended decision and remains within scope.
2. Materials Reviewed, Record Integrity, and Limitations	Lists the reviewed source set and describes completeness, conflicts, gaps, and other limits. Counsel can see what rests on available materials and what remains unverified.
3. Baseline Profiling	Summarizes documented health and functional context before the event, helping distinguish pre-existing conditions from changes during the reviewed episode.
4. Timeline Reconstruction	Presents key events chronologically using exact times where available. It identifies uncertainty, conflicting entries, late documentation, and source gaps; an interval alone does not prove unreasonable care or causation.
5. Standard of Care Review	Screens patient-specific assessment, monitoring, communication, escalation, treatment, and follow-up questions within scope.
6. Regulatory and Compliance Overlay	Organizes potentially relevant policy and regulatory questions without assuming a rule applies before its source, version, setting, and facts are checked.

How to read the CIR report — continued

The later sections integrate the pillar findings and translate them into record-based issues and next steps for counsel to consider.

Required section heading	What counsel can take from it
7. Causation Mapping	Maps the clinical sequence, baseline factors, possible causal links, countervailing evidence, and unanswered questions. It is not a legal causation or damages opinion.
8. Integrated Clinical Intelligence Findings	Brings material findings together across the seven pillars so counsel can see how the evidence connects and where analysis remains limited.
9. Strengths, Vulnerabilities, and Countervailing Evidence	Presents supportive facts alongside adverse, incomplete, or alternative evidence, helping counsel test the case rather than rely on a one-sided summary.
10. Litigation-Ready Issue Summary	Condenses record-supported clinical issues for counsel to review, verify, and use to guide further inquiry. It does not supply legal theories or attorney work-product strategy.
11. Recommended Next Actions / Further Review Needs	Identifies record retrieval, clarification, focused analysis, or specialty review that may be warranted based on the current record and authorized scope.
12. Source Reference Appendix and Record Gap Log	Provides source anchors and a record-gap list so the reader can locate material support and track unresolved evidence needs.

Source references support traceability. They help counsel return to the underlying record and verify the context of a material date, event, or observation. The report distinguishes documented facts from clinical interpretation and states uncertainty rather than filling gaps by inference.

Practical advantages for the attorney and firm

A more coherent record view

The report connects baseline, chronology, imaging, care-process questions, policy context, and causation considerations in one integrated structure. That can make complex records easier to discuss across the legal team.

Visible evidence limits

Record gaps, conflicts, and unavailable information are made explicit. Counsel can decide whether to seek additional records or whether a current question remains unresolved.

Better-targeted follow-up

By identifying what the records support and what they do not, the CIR can help counsel define follow-up questions for providers, records custodians, or appropriately qualified experts.

Balanced issue development

Supportive and countervailing facts appear together. This gives the firm a clearer basis for testing assumptions and preparing for questions that may arise from the other side.

A shared framework for the team

Consistent section headings and source anchors help attorneys and staff refer to the same events, records, and open issues during internal review.

More informed next-step decisions

The integrated findings can help counsel decide whether to pause for records, pursue focused analysis, seek specialty review, or move to another authorized deliverable. Counsel makes those decisions.

What it can mean for the firm

A CIR introduces structured clinical analysis into the firm's case-development process. It can help the team work from a common, source-linked account and make its limits visible. It does not replace medical experts, legal research, attorney judgment, or case-management systems.

Where the CIR fits in the firm's workflow

The Attorney Case Brief™ is the default first step when counsel needs an initial viability or direction screen. After that screen, counsel decides whether to stop, request a focused report, or authorize a comprehensive CIR. When comprehensive analysis is already authorized, a matter may be routed directly to the CIR under an approved scope.

Stage	What the firm should expect
1. Define the decision	Identify what counsel needs to understand, the allegation or defense context, date range, care settings, known issues, deadline, and requested focus.
2. Assemble and validate the record set	Provide available records, an index if available, known missing materials, and relevant policies or protocols.
3. Confirm scope and work authorization	Agree on review questions, deliverable, schedule, and engagement terms before substantive work begins.
4. Complete the integrated review	The record is organized and analyzed across all seven pillars. Clinical review and specialty escalation are included as required by the approved review plan.
5. Quality review and controlled delivery	The report is checked for source support, limitations, section completeness, and release requirements before controlled delivery.

Confidentiality and secure record transfer

Attorneys can create an account through the dedicated attorney portal at lexcurasummit.com and upload records as needed. Records are protected through encryption in transit and at rest, from upload through controlled delivery. Access should be limited to authorized firm personnel, and matter identifiers and distribution instructions should be confirmed before submission.

What the CIR does and does not provide

The CIR is a record-based clinical intelligence report intended to support attorney review and decision-making within an authorized scope. It organizes and analyzes clinical information; it does not determine the legal significance of that information.

The CIR is designed to

- Organize a complex record into a traceable clinical account.
- Identify material care-process questions, evidence strengths, vulnerabilities, countervailing evidence, and open record needs.
- Help counsel determine what further records, focused analysis, or qualified specialty review may be appropriate.

The CIR does not

- Provide legal advice, select legal claims or defenses, determine liability, or direct litigation strategy.
- Decide negligence, admissibility, damages, settlement value, or legal causation.
- Substitute for retained expert testimony or a separately authorized expert opinion.
- Promise a case outcome, prevent a claim, or replace attorney judgment or independent clinical review.

Lexcura Summit is a clinical intelligence company, not a law firm. It does not represent attorneys or clients in legal matters. The attorney remains responsible for legal analysis, use of the report, and case decisions.

Start with the decision you need to make

A useful CIR begins with a clear question, a defined record set, and an authorized scope. When counsel knows what the firm needs to understand, the review can be directed toward the records and clinical issues that matter to that decision.

ACCESS THE ATTORNEY PORTAL

lexcurasummit.com

Create an account, submit records securely, and request a Clinical Intelligence Review.