

# MICHELLE TALLMADGE

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Gladewater, TX 75647 • (972) 7658795 • Michelle@tallmadgeInc.com • **WWW:** TallmadgeInc.com  
• **WWW:** <http://www.linkedin.com/in/michelletallmadge0bb4621a1> • **WWW:** [Bold Profile](#)

## Professional Summary

I am a Certified Legal Nurse Consultant (CLNC®) and Registered Nurse with over 24 years of experience. My expertise spans Medical-Surgical Care, Case Management and Occupational Medicine. I have meticulously reviewed electronic medical records and rendered decisions for a variety of medical and surgical treatments. My roles demand exceptional critical thinking and analytical skills, enabling me to swiftly navigate electronic medical records and extract crucial details that enhance case assessments and conclusions. As a CLNC®, my comprehensive background promoted precise, informed, and valuable insights to support sound legal decisions.

## Skills

- Proficient in Electronic Medical Record Review
- Proficient attention to detail
- Cross-functional Collaboration
- Case Merit Analysis
- Time Management
- Experienced in Medical Literature Research
- Provide Medical Record Review and Summary
- Knowledge in Medical/Nursing Standards of Care

## Work History

**UTILIZATION REVIEW NURSE**, 11/2022 to Current

**NEXUS – SAN ANTONIO**

- Analyzing medical records and providing clinical documentation for review in multiple states including: Arkansas, California, Colorado, Florida, Illinois, Louisiana, Massachusetts, Michigan, New York, North/South Carolina and Texas
- Gathering demographics, clinical information on prospective, concurrent, retrospective, inpatient/outpatient treatments, appeals and determining medical necessity for treatments
- Creating professional executive reports to include summary, appropriate criteria/guidelines and rationale using evidence based guidelines
- Utilizing pre-approved criteria and guidelines to validate medical necessity/appropriate treatment such as ODG, CAMTUS, ACOEM, New York, CO, MA, and Louisiana Medical Treatment Guidelines

- Utilizing dragon dictation software to create reports
- Responsible for amending reports when necessary when additional clinical information is provided
- Participating in an interdisciplinary health care team to achieve positive outcomes.

**Telephonic Case Manager/Utilization Review Nurse, 04/2008 to 09/2022**

**AIG/ Healthdirect Inc – Dallas, TX**

- Facilitate quality case management services in an appropriate, cost-effective manner to employees who are receiving benefits under Workers' Compensation.
- Review case records and reports, collects and analyzes data, evaluates client's medical and vocational status and defines needs and problems in order to provide proactive case management services.
- Renders opinions regarding case costs, treatment plan, outcome and problem areas, and makes recommendations to facilitate rehabilitation goals and return to work.
- Facilitates timely return to work date by establishing a professional working relationship with the client, physician, and employer. Coordinate return to work with patient, employer and physicians.
- Maintains contact and communicates with insurance adjusters to apprise them of case activity, case direction or receive authorization for services. Maintains contact with all parties involved on case, necessary for case management for the client.
- Meets monthly production requirements and quality assessment (QA) requirements to ensure a quality product.
- Performs initial, concurrent, retrospective and expedited reviews for Workers Compensation patients utilizing evidence-based medical guidelines to determine the medical appropriateness of inpatient and outpatient services.
- Uses knowledge of the nursing process and pathophysiology to interpret the needs or requirements of patients and escalate complex cases for Peer Review Physician as required.
- Reviews medical records to verify that the content supports an appropriate treatment being requested.
- Review medical records for treatment appropriateness, causality, medication management per adjustor directive and coordinate continuum of care with peer review.

**Charge Nurse, 08/2005 to 04/2008**

**Medical Center of Plano – Plano, TX**

- Provided care and associated therapies to Med/Surg, Neuro medical and neurosurgical patients
- Performed telemetry monitoring and care for pre-op, post-op surgical patients
- Conducted admission histories, assessment and discharge planning

**Education**

**Bachelor Of Science:** Nursing, 05/1998

## **Affiliations**

Case Management Society of America (CMSA)

## **Education and Credentials**

Bachelor of Science in Nursing, College of Mount St Vincent, New York.

Registered Nurse, Texas, 2003- Present, Registered Nurse, New York, 1999-2007

CCM through Commission for Case Manager Certification (CCMC)

Certification Legal Nurse Consultation

## **Selected Highlights**

- Skilled in performing Case Management Services for injured workers in multiple states including but not limited to California, Texas, and New York.
- Proficient in performing Utilization reviews using medical treatment guidelines such as New York Medical Treatment Guidelines, Official Disability Guidelines by MCG, Massachusetts Guidelines, Louisiana Guideline and California MTUS/ACOEM.
- Strong interpersonal and organizational skills; effective communicator with patients, families, physicians, Attorneys, Employers, and other healthcare professionals.
- Recognized as an excellent trainer/preceptor with the ability to lead and motivate others to higher levels of performance.
- Dedicated, patient-focused with a strong commitment to ensuring cost-effective care while optimizing quality.

## **Certifications**

Certification in Case Management

Certification in Legal Nurse Consultation