

Shoulder Injuries After a Car Accident and Why Insurance Companies Undervalue Them

The Gap Between How Serious These Injuries Are and What Insurers Are Willing to Pay

There's a version of this story that plays out every day in Pittsburgh and across Western Pennsylvania. Someone gets hit in a crash, walks away thinking their shoulder is just sore, and shows up at an emergency room where nothing appears broken on the X-ray. A few weeks later, they can't sleep on that side, can't reach overhead, and can't get through a workday without pain. When they finally get an MRI and learn they've torn their rotator cuff or labrum, the insurance company's response is predictable: this injury was already there, it's just "normal wear and tear" for someone your age, and the accident had nothing to do with it.

That argument is not only wrong in many cases, it's a deliberate tactic. Experienced [Pittsburgh car accident attorneys](#) have seen it deployed routinely against people with real, crash-caused injuries. The shoulder is one of the most complex joints in the human body, and it's also one of the most frequently injured in vehicle collisions. When those injuries get minimized, the financial consequences for victims can be severe and lasting.

How a Car Accident Damages the Shoulder

The shoulder's design is what makes it so vulnerable. It trades structural stability for range of motion, held together by a network of four muscles and tendons called the rotator cuff, a ring of cartilage called the labrum, and various ligaments. That architecture is well-suited for lifting, rotating, and reaching in every direction. It is not well-suited for absorbing the sudden, violent forces of a vehicle collision.

In a rear-end crash, a driver who braces instinctively against the steering wheel locks the shoulder in a loaded position at the moment of impact. The force that transfers through tense, braced arms at that moment can tear tendons and cartilage in ways that no amount of degenerative wear would produce on its own. Side-impact collisions throw occupants against door panels and shoulder restraints, compressing and twisting the joint under external force. Even frontal crashes, where airbag deployment and sudden deceleration cause the arms to absorb energy, can produce injuries serious enough to require surgery.

These aren't theoretical mechanics. They are the biomechanical explanations behind why [shoulder injuries](#) are among the most commonly reported musculoskeletal injuries after car accidents, and why the people who suffer them often don't fully understand how serious they are until weeks after the crash.

The Most Common Shoulder Injuries We See After Crashes

Not every shoulder injury presents the same way, and the type of injury matters both medically and legally. Some require surgery and months of rehabilitation. Others limit function permanently. Here are the injuries our Pittsburgh car accident lawyers encounter most often:

- **Rotator Cuff Tears:** The rotator cuff consists of four muscles and their tendons that hold the shoulder joint in place and power arm movement. A tear can be partial or full-thickness, and crash-related tears tend to be more severe than those caused by age or repetitive motion alone. Symptoms include pain with any overhead movement, weakness when lifting, and a deep aching sensation that worsens at night.
- **Labral Tears (SLAP Lesions):** The labrum is the cartilage ring that deepens the shoulder socket and stabilizes the joint. A Superior Labrum Anterior to Posterior (SLAP) tear runs from the front to the back of the cartilage where the biceps tendon attaches. These injuries frequently produce a catching or clicking sensation, deep shoulder pain, and instability, and they often go undetected on standard imaging unless the radiologist is specifically looking for them.
- **Acromioclavicular (AC) Joint Separation:** The AC joint connects the collarbone to the shoulder blade at the top of the shoulder. A separation at that joint from a direct impact or fall onto a shoulder-belt-restrained shoulder can range from a mild ligament sprain to a complete tear requiring surgical repair.
- **Shoulder Dislocation:** A violent crash can force the head of the upper arm bone out of the shoulder socket entirely. Even after the joint is reduced, instability often remains, increasing the risk of future dislocations and often pointing toward underlying labral damage.
- **Clavicle and Proximal Humerus Fractures:** Direct blows and shoulder-belt loads can fracture the collarbone or the top portion of the upper arm bone. These fractures are visible on X-ray but can coexist with soft tissue damage that imaging won't always show.
- **Bursitis and Impingement Triggered by Trauma:** Crash-related inflammation can compress the bursa, a fluid-filled sac that cushions the joint, and irritate the tendons that pass through the space between the shoulder blade and the rotator cuff. What looks like a "minor" inflammation case on imaging can produce severe, chronic pain.

The injury type matters to your claim because insurers don't value all shoulder injuries the same way, and they'll look for every opportunity to reframe a surgical injury as something that can be managed with a cortisone shot and some rest. An experienced Pittsburgh car accident attorney can make sure the full medical picture, including the correct diagnosis, the recommended course of treatment, and the long-term functional consequences, gets built into the value of your claim from the start.

Why Shoulder Injuries Don't Always Show Up Right Away

One of the most dangerous aspects of crash-related shoulder injuries is that they frequently don't announce themselves at full intensity in the hours after a collision. Adrenaline suppresses pain signals during and immediately after a traumatic event, and the body's initial inflammatory response can make a serious injury feel like manageable stiffness for the first day or two. For rotator cuff tears in particular, the pain and weakness often intensify progressively over the first several weeks rather than peaking immediately.

The imaging gap compounds the problem. Emergency rooms typically rely on X-rays, which reveal fractures but tell you nothing about soft tissue damage to tendons, the labrum, or the rotator cuff. An MRI is required to visualize those structures, and MRIs are rarely ordered in an ER setting for patients who present without obvious bony injury. By the time someone follows up with an orthopedic specialist, gets an MRI, and receives a diagnosis, weeks or months may have passed since the accident.

Insurance companies treat this delay as a weapon. They argue that if the injury were real and crash-caused, it would have been documented immediately. That reasoning inverts the medical reality of how these injuries develop and get diagnosed, but it's persuasive to adjusters and, without an attorney, can be persuasive in settlement negotiations too.

The Pre-Existing Condition Argument and How Insurers Use It

This is where shoulder injury claims become a genuine legal fight. Research published in peer-reviewed orthopedic literature confirms that rotator cuff tears become increasingly common with age. Insurance adjusters and their medical consultants know this, and they use them aggressively.

The standard playbook goes like this: The insurer obtains the claimant's prior medical records, looks for any prior mention of shoulder pain or any imaging that shows degenerative changes, and argues that the current symptoms are simply the natural progression of an already-deteriorating condition. Even if the person was fully functional, working a physical job, and had never required treatment for their shoulder before the crash, the insurer will characterize their pre-accident shoulder as a time bomb that would have produced the same injury eventually.

Pennsylvania law has a direct answer to this argument. The Commonwealth recognizes what is commonly called the "eggshell plaintiff" doctrine, which holds that a negligent party must take an injured person as they find them. If you had a shoulder that showed some degenerative changes on imaging but was functional before the crash, and the crash made it far worse, the at-fault driver is responsible for the additional harm caused. You are not required to have been

in perfect health before the accident to pursue full compensation for the injuries the accident caused.

What matters under Pennsylvania law is whether the accident was a substantial factor in producing the current injury. That's a causation question, and it turns heavily on medical evidence, the testimony of treating physicians, and in many cases expert medical witnesses who can distinguish traumatic injuries from degenerative conditions.

Other Tactics Insurers Use to Undervalue Shoulder Injury Claims

The pre-existing condition argument is the most common, but it's not the only one. Our Pittsburgh personal injury attorneys see insurers use several other strategies to reduce what they pay on shoulder injury claims:

- **Disputing Causation Entirely:** When there's no prior shoulder history to point to, insurers may argue the crash simply wasn't severe enough to cause the injury, citing low vehicle damage as evidence that the forces involved couldn't have produced a meaningful tear. Biomechanical research consistently shows that soft tissue injuries, including rotator cuff and labral tears, can and do occur in crashes with minimal visible vehicle damage.
- **Downgrading Recommended Surgery to Conservative Treatment:** Even when a surgeon recommends surgical repair, the insurer's evaluation may value the claim as though physical therapy alone is appropriate. They're essentially substituting their own medical judgment for the treating physician's, and they're doing it to save money.
- **Using Independent Medical Examinations (IMEs) to Minimize Findings:** Insurance companies can require injured claimants to undergo an examination by a physician of the insurer's choosing. These physicians, often hired repeatedly by the same insurers, have a documented tendency to produce findings that favor the insurer's position. Their reports may attribute findings to degeneration, question the necessity of surgery, or suggest the claimant has reached maximum improvement before recovery is complete.
- **Arguing That Delayed Treatment Breaks the Causal Chain:** If weeks or months passed between the accident and the first documented complaint of shoulder pain, or between the initial complaint and the eventual diagnosis, the insurer will argue that this gap undermines the connection between the crash and the injury.
- **Lowballing Future Treatment Costs:** Shoulder surgeries, including rotator cuff repair and labral reconstruction, are followed by months of physical therapy. Some injuries require more than one procedure. Insurers routinely value claims based on the minimum projected treatment cost rather than a realistic assessment of what full recovery will require.

Insurance companies don't deploy these tactics randomly. They run them in combination, layering a low-impact argument on top of a pre-existing condition argument on top of a delayed-treatment argument, because the cumulative effect is harder to fight without legal representation. An attorney who handles Pittsburgh car accident claims regularly has seen all of them and knows how to counter them, whether that means retaining a medical expert to rebut an IME report, presenting biomechanical evidence to dispute a low-impact argument, or building a documented treatment timeline that closes the causation gap before it becomes a problem.

What a Shoulder Injury Claim Can Actually Be Worth

The true value of a shoulder injury claim is not what an insurer's first offer says it is. It reflects the full spectrum of losses the injury has produced and will produce. For a rotator cuff tear or significant labral injury, that means medical costs including the surgery itself, the anesthesiology, the facility fees, the post-operative imaging, and the months of physical therapy. It means lost wages for any time away from work during surgery and recovery. And it means lost earning capacity when the injury limits what a person can do for a living going forward.

Consider what a shoulder injury means for a tradesperson, a warehouse worker, a commercial driver, or anyone whose livelihood depends on physical function. A 45-year-old pipefitter who can no longer perform overhead work after a rotator cuff tear hasn't just suffered a temporary inconvenience. That injury may end their career as they know it or require a transition to lower-paying work for the remainder of their working life. Pennsylvania law allows compensation for that projected future loss, not just the medical bills that have already accumulated.

Pain and suffering compensation is equally significant. Living with a serious shoulder injury means broken sleep, inability to perform basic daily activities, and in many cases permanent functional limitations even after the best available treatment. These non-economic losses are real, and they must be part of any fair resolution of the claim.

We Don't Back Down From Insurance Companies That Undervalue Serious Injuries

When an insurance company tells you that your torn rotator cuff is just something that was going to happen anyway, or that the crash wasn't severe enough to cause real harm, that's not a neutral medical opinion. It's a litigation strategy. At [Romanow Law Group](#), our Pittsburgh car accident lawyers know exactly how these arguments are constructed and how to dismantle them, using your medical records, your physicians, expert witnesses, and if necessary, a courtroom.

We represent injury victims throughout Pittsburgh and Western Pennsylvania on a contingency fee basis, which means there are no upfront legal fees and no payment of any kind unless we recover compensation for you. If you've been injured in a crash and you're dealing with a shoulder injury that an insurer is trying to minimize, [contact us](#) today for a free consultation.