

DEC 21 2004



### 510(k) Summary

**Applicant/Sponsor:** Biomet Manufacturing Corp.

**Contact Person:** Patricia Sandborn Beres  
Senior Regulatory Specialist

**Proprietary Name:** M<sup>2</sup>a™/C<sup>2</sup>a™ Acetabular System

**Common Name:** Metallic Acetabular System

**Classification Name:**

1. Hip joint metal/metal semi-constrained, with an uncemented acetabular component prosthesis (21 CFR 888.3330)
2. Hip joint metal/metal semi-constrained, with a cemented acetabular component prosthesis (21 CFR 888.3320)

**Legally Marketed Devices To Which Substantial Equivalence Is Claimed:** Biomet devices:

K993438 - Metal on Metal Acetabular System  
K003363 - M<sup>2</sup>a™ 32mm Taper System  
K861114 - Mallory/Head PF Acetabular Component

**Device Description:** The M<sup>2</sup>a™/C<sup>2</sup>a™ Acetabular System consists of a titanium outer acetabular shell with a cobalt alloy metallic liner for metal on metal articulation.

The acetabular shells are hemispherical in shape to closely match the natural acetabulum. Two screw holes in the dome allow for additional fixation by the use of screws. The outer surface of the shells are covered with Biomet's plasma sprayed coating.

The metallic cobalt alloy bearing liner fits into the outer shell by means of a taper similar to the taper used for the attachment of a modular head to a femoral stem. The metallic liners articulate with cobalt alloy modular heads.

MAILING ADDRESS  
P.O. Box 587  
Warsaw, IN 46581-0587

SHIPPING ADDRESS  
56 E. Bell Drive  
Warsaw, IN 46582

OFFICE  
574.267.6639

FAX  
574.267.8137

E-MAIL  
biomet@biomet.com

M<sup>2</sup>a™/C<sup>2</sup>a™ Acetabular System  
510(k) Summary  
Page 2

**Intended Use:** The M<sup>2</sup>a™/C<sup>2</sup>a™ Acetabular System is intended for cemented or non-cemented use in cases of:

- 1) Non-inflammatory degenerative joint disease including osteoarthritis and avascular necrosis
- 2) Rheumatoid arthritis
- 3) Correction of functional deformity
- 4) Revision procedures where other treatment or devices have been unsuccessful
- 5) Treatment of non-union, femoral neck fracture, trochanteric fractures of the proximal femur with head involvement, unmanageable using other techniques

**Summary of Technologies:** The technological characteristics of the new device are similar of identical to the predicates.

**Non-Clinical Testing:** None provided

**Clinical Testing:** None provided.

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*All trademarks are property of Biomet, Inc.*



Food and Drug Administration  
9200 Corporate Boulevard  
Rockville MD 20850

DEC 21 2004

Ms. Patricia S. Andborn Beres  
Senior Regulatory Specialist  
56 East Bell Drive  
P.O. Box 587  
Warsaw, Indiana 46582

Re: K042841

Trade/Device Name: M<sup>2</sup>a / C<sup>2</sup>a™ Acetabular System

Regulation Number: 888.3330; 888.3320

Regulation Name: Hip joint metal/semi constrained, with uncemented acetabular component prosthesis; Hip joint metal / metal semi-constrained acetabular component prosthesis

Regulatory Class: III

Product Code: KWA, JDL

Dated: November 26, 2004

Received: November 29, 2004

Dear Ms. Andborn Beres:

We have reviewed your Section 510(k) premarket notification of intent to market the device referenced above and have determined the device is substantially equivalent (for the indications for use stated in the enclosure) to legally marketed predicate devices marketed in interstate commerce prior to May 28, 1976, the enactment date of the Medical Device Amendments, or to devices that have been reclassified in accordance with the provisions of the Federal Food, Drug, and Cosmetic Act (Act) that do not require approval of a premarket approval application (PMA). You may, therefore, market the device, subject to the general controls provisions of the Act. The general controls provisions of the Act include requirements for annual registration, listing of devices, good manufacturing practice, labeling, and prohibitions against misbranding and adulteration.

If your device is classified (see above) into either class II (Special Controls) or class III (PMA), it may be subject to such additional controls. Existing major regulations affecting your device can be found in the Code of Federal Regulations, Title 21, Parts 800 to 898. In addition, FDA may publish further announcements concerning your device in the Federal Register.

Please be advised that FDA's issuance of a substantial equivalence determination does not mean that FDA has made a determination that your device complies with other requirements of the Act or any Federal statutes and regulations administered by other Federal agencies. You must comply with all the Act's requirements, including, but not limited to: registration and listing (21 CFR Part 807); labeling (21 CFR Part 801); good manufacturing practice requirements as set forth in the quality systems (QS) regulation (21 CFR Part 820); and if applicable, the electronic product radiation control provisions (Sections 531-542 of the Act); 21 CFR 1000-1050.

Page 2 – Ms. Patricia S. Andborn Beres

This letter will allow you to begin marketing your device as described in your Section 510(k) premarket notification. The FDA finding of substantial equivalence of your device to a legally marketed predicate device results in a classification for your device and thus, permits your device to proceed to the market.

If you desire specific advice for your device on our labeling regulation (21 CFR Part 801), please contact the Office of Compliance at (240) 276-0210. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21CFR Part 807.97). You may obtain other general information on your responsibilities under the Act from the Division of Small Manufacturers, International and Consumer Assistance at its toll-free number (800) 638-2041 or (301) 443-6597 or at its Internet address <http://www.fda.gov/cdrh/dsma/dsmamain.html>

Sincerely yours,



Celia M. Witten, Ph.D., M.D.

Director

Division of General, Restorative  
and Neurological Devices

Office of Device Evaluation

Center for Devices and

Radiological Health

Enclosure

## Indications for Use

510(k) Number (if known): K 072841

Device Name: M<sup>2</sup>a™/C<sup>2</sup>a™ Acetabular System

### Indications For Use:

The M<sup>2</sup>a™/C<sup>2</sup>a™ Acetabular System is intended for cemented or non-cemented use in cases of:

- 1) Non-inflammatory degenerative joint disease including osteoarthritis and avascular necrosis
- 2) Rheumatoid arthritis
- 3) Correction of functional deformity
- 4) Revision procedures where other treatment or devices have been unsuccessful
- 5) Treatment of non-union, femoral neck fracture, trochanteric fractures of the proximal femur with head involvement, unmanageable using other techniques

Prescription Use X  
(Part 21 CFR 801 Subpart D)

AND/OR

Over-The-Counter Use \_\_\_\_\_  
(21 CFR 807 Subpart C)

(PLEASE DO NOT WRITE BELOW THIS LINE-CONTINUE ON ANOTHER PAGE IF NEEDED)

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Concurrence of CDRH, Office of Device Evaluation (ODE)

  
\_\_\_\_\_  
(Division Sign-Off)  
Division of General, Restorative  
and Neurological Devices

Page 1 of 1

510(k) Number K642841