

OCT 01 2008

K081893 1/2

**510(K) SUMMARY**  
ARTHROCare CORPORATION  
OPUS MAGNUM SPEEDSCREW KNOTLESS FIXATION DEVICE

**General Information**

**Submitter Name/Address:** ArthroCare Corporation  
680 Vaqueros Avenue  
Sunnyvale, CA 94085-3523

**Establishment Registration No.:** 2951580

**Contact Person:** Laura N. Kasperowicz  
Sr. Manager, Regulatory Affairs

**Date Prepared:** July 2, 2008

**Device Description**

**Trade Name:** Opus<sup>®</sup> Magnum SpeedScrew<sup>™</sup> Knotless Fixation Device

**Generic/Common Name:** Bone Anchor

**Classification Name:** Screw, Fixation, Bone  
(Class II per 21 CFR 888.3040, Product code: HWC)

**Predicate Devices**

Opus Magnum PI K070227 (Cleared 04/16/07)  
Arthrex PEEK SwiveLock K061863 (Cleared 10/19/06)

**Product Description**

The Opus<sup>®</sup> SpeedScrew<sup>™</sup> device is a bone anchor system with inserter handle designed for specific indications in arthroscopic and orthopedic procedures.

**Indications For Use**

The Opus<sup>®</sup> SpeedScrew<sup>™</sup> device is a bone anchor system with inserter that is indicated for use in fixation of soft tissue to bone. Examples of such procedures include:

**Shoulder:** Bankart Repair, SLAP lesion repair, acromio-clavicular separation, rotator cuff repair, capsule shift/capsule-labral reconstruction, biceps tenodesis and deltoid repair

**Ankle:** Lateral instability, medial instability, Achilles tendon repair/reconstruction and midfoot reconstruction

**Foot:** Hallux valgus reconstruction

**Elbow:** Tennis elbow repair, biceps tendon attachment

**Knee:** Extra-capsular repairs; reattachment of: medial collateral ligament, posterior oblique ligament or joint capsule closure to anterior proximal tibia; extra capsular reconstruction, ITB tenodesis; patellar ligament and tendon avulsions

2/2

## 510(k) SUMMARY

### **Substantial Equivalence**

By definition, substantial equivalence means that a device has the same intended use and technical characteristics as the predicate device, or has the same intended use and different technological characteristics, but can be demonstrated to be as safe and effective as the predicate devices. The Opus Magnum SpeedScrew design and technology is substantially equivalent to the existing Arthrex PEEK SwiveLock and Opus Magnum PI Knotless Fixation Device cleared by the Food & Drug Administration [K061863 and K070227 respectively]. The differences between the Opus Magnum SpeedScrew and the predicate devices do not raise any questions regarding the safety and effectiveness of the implant. Furthermore, the materials are well characterized and have been used in predicate devices with similar indications. The device, as designed, is as safe and effective as predicate devices.

### **Summary and Reason for 510k Notification**

The purpose of this 510k is to notify the Food and Drug Administration of a new product, the Opus Magnum SpeedScrew Knotless Fixation Device. This new product is substantially equivalent to the Arthrex PEEK SwiveLock originally cleared under K061863, and the Opus Magnum PI Knotless Fixation Device originally cleared under K070227.



DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Food and Drug Administration  
9200 Corporate Boulevard  
Rockville MD 20850

Arthrocare Corporation  
% Ms. Laura Kasperowicz  
Senior Manager, Regulatory Affairs  
680 Vaqueros Avenue  
Sunnyvale, California 94085

OCT 01 2008

Re: K081893  
Trade/Device Name: Opus<sup>®</sup> Magnum SpeedScrew<sup>™</sup> Knotless Fixation Device  
Regulation Number: 21 CFR 888.3040  
Regulation Name: Smooth or threaded metallic bone fixation fastener.  
Regulatory Class: Class II  
Product Code: HWC  
Dated: July 2, 2008  
Received: July 3, 2008

Dear Ms. Kasperowicz:

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. Laura Kasperowicz.

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 Center for Devices and Radiological Health's (CDRH's) Office of Compliance at (240) 276-0120. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21CFR Part 807.97). For questions regarding postmarket surveillance, please contact CDRH's Office of Surveillance and Biometric's (OSB's) Division of Postmarket Surveillance at (240) 276-3474. For questions regarding the reporting of device adverse events (Medical Device Reporting (MDR)), please contact the Division of Surveillance Systems at (240) 276-3464. You may obtain other general information on your responsibilities under the Act from the Division of Small Manufacturers, International and Consumer Assistance at toll-free number (800) 638-2041 or (240) 276-3150 or Internet address <http://www.fda.gov/cdrh/industry/support/index.html>.

Sincerely yours,



Mark N. Melkerson  
Director  
Division of General, Restorative  
and Neurological Devices  
Office of Device Evaluation  
Center for Devices and  
Radiological Health

Enclosure

## INDICATIONS FOR USE STATEMENT

510(k) Number: K 081893

Device Name: Opus® Magnum SpeedScrew™ Knotless Fixation Device

Indications for Use:

The Opus Magnum SpeedScrew bone anchor with inserter is indicated for use in fixation of soft tissue to bone. Examples of such procedures include:

**Shoulder:** Bankart Repair, SLAP lesion repair, acromio-clavicular separation, rotator cuff repair, capsule shift/capsule-labral reconstruction, biceps tenodesis and deltoid repair

**Ankle:** Lateral instability, medial instability, Achilles tendon repair/reconstruction and midfoot reconstruction

**Foot:** Hallux valgus reconstruction

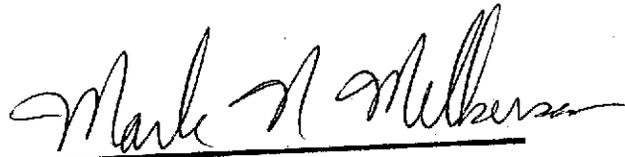
**Elbow:** Tennis elbow repair, biceps tendon attachment

**Knee:** Extra-capsular repairs; reattachment of: medial collateral ligament, posterior oblique ligament or joint capsule closure to anterior proximal tibia; extra capsular reconstruction, ITB tenodesis; patellar ligament and tendon avulsions

Prescription Use (Part 21 CFR 801 Subpart D)        X        AND/OR      Over-The-Counter Use (21 CFR 801 Subpart C)        NO  

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

Concurrence of CDRH, Office of Device Evaluation (ODE)



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

510(k) Number           K081893