

K102320

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MAR - 4 2011

## 510(K) SUMMARY

[as required by 807.92(c)]

A. 510k Number:

B. Applicant:

Company name: PATS CORP

Address: 49 Candlewood Way, Buena Park, CA 90621, USA

Contact person: Mr Brandon Choi

Phone: 714-523-1592 Fax: 714-523-1592

C. Proprietary and Established Names: DAESUNG MAREF CO LTD

Address: 689-31 Gumjung-dong, Gunpo-si Gyeonggi-do 451-864 KOREA

D. Regulatory Information

1. Classification Name: Massager, Powered Inflatable Tube
2. Common / Usual Name: Powered Inflatable Tube Massager
3. Proprietary Name: Compressible Limb Therapy System LX7(V7)
4. Classification / Product Code: Class II / IRP (21 CFR 890.5650)

E. Intended Use

LX7(V7) is intended for use by medical professionals and patients at home, who are under medical supervision, in treating many conditions, such as :  
Primary lymphedema, Edema following trauma and sport injuries,  
Postimmobilization edema, Venous insufficiencies, Lymphedema.

F. Device Description

LX7(V7) is used with four chamber garments for full leg, and period has its own variable duration, pressure, cycle time and gradient setting. Power unit features visual operation status and fault indicators.

G. Substantial Equivalence Information

1. Predicate Device

--Predicate Device 1

- 510(k) number: K013331

- Name: Lympha Press Plus

- Classification: 2

Predicate Device 2

- 510(k) number: K100656

- Name: Compressible Limb and Circulation Therapy Systems

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(WHF-324 (POWER-Q1000 PLUS))

2. Comparison with predicate

Model Name	LX7(V7)	Lympha press plus	WHF-324 (POWER-Q1000 Plus)
510(k) Number	None yet	K013331	K100656
Classification	Class II Device / IRP (21 CFR 890.5650)	Class II Device / JOW (21 CFR 870.5800)	Class II Device / IRP (21 CFR 890.5650)
Intended Use	LX7(V7) is intended for use by medical professionals and patients at home, who are under medical supervision, in treating many conditions, such as Primary lymphedema, Edema following trauma and sport injuries, Post immobilization edema, Venous insufficiencies, Lymphedema.	Treatment of Lymphatic disorders, Venous disorder, Post-mastectomy Lymphedema and Dysfunction of the Muscle Pump.	The WHF-324 (POWER Q1000 Plus) device is intended for use by medical professionals and patients at home, who are under medical supervision, in treating many conditions, such as: Primary lymphedema, Edema following trauma and sport injuries, Post immobilization edema, Venous insufficiencies, Lymphedema.
Standard	EN ISO 14971 EN 60601-1 EN 60601-2-10 EN 60601-1-2	EN ISO 14971 EN 60601-1 EN 60601-2-10 EN 60601-1-2	EN ISO 14971 EN 60601-1 EN 60601-2-10 EN 60601-1-2
Indications	Primary lymphedema, Edema following trauma and sport injuries, Postimmobilization edema, Venous insufficiencies, Lymphedema.	-	Primary lymphedema, Edema following trauma and sport injuries, Post immobilization edema, Venous insufficiencies, Lymphedema.
Mode of Compression	Sequential	Sequential	Sequential
Mode description	2 modes	2 modes (Lympha, Gradient12, Wave, Ballancer, and Pre-Therapy)	1 mode
Power Source	Electricity Supply: 230 V~, 50/60 Hz Electricity consumption: ,35W	Electricity Supply: 230 V~, 50/60 Hz	Electricity Supply: 220~240V 50/60Hz consumption: 25 watts
Therapy Time	0-30 minutes	0-10 minutes	0-30 minutes
Maximum and Minimum Pressure	0-230mmHg	0-200mmHg	0-235mmHg
Number of Chambers	4 to 8 chamber	12 chamber	4 to 8 chamber
Compression Cycle Time	30min	30 min	30min
Garments Sleeve Material	Nylon	-	Nylon

3. Conclusion

Compressible Limb Therapy System (LX7(V7)) has substantial equivalent intended use as the-market-cleared WHF-324 (POWER-Q1000 Plus) and has substantial equivalent technological and performance characteristics with Lympha Press plus .

After analyzing both bench as well as laboratory testing to applicable standards, it is the conclusion of Compressible Limb Therapy System (LX7(V7)) is as safe and effective as the predicate devices, has few technological differences, but there are no new indications for use and without raising any new safety and/or effectiveness concerns.

Consequently, it is clear that it substantially equivalent to the predicate devices.

H. Performance Characteristics (If/when applicable)

LX7(V7) has conducted and applied by standard of

- Council Directive 93/42/EEC of 14 June 1993 concerning medical devices
- IEC 980:2003, Graphical symbols for use in the labeling of medical devices
- IEC1041:1998, Information supplied by the manufacturer with medical devices
- ISO 13485:2003, Medical devices - Quality management systems - Requirements for regulatory purposes
- ISO 14155-1:2003, Clinical investigation of medical devices for human subjects - Part 1: General requirements
- ISO 14971:2007, Medical devices - Application of risk management to medical devices
- IEC 60601-1, Medical electrical equipment - Part 1: General requirements for safety (IEC 60601-1:1988/A1:91/A2:95)
- IEC 60601-2-10, Medical electrical equipment - Part 2-10: Particular requirements for the safety of nerve and muscle stimulators
- IEC 60601-1-2, Medical electrical equipment - Part 1: General requirements for safety - Collateral standard: Electromagnetic compatibility - Requirements and tests



Food and Drug Administration  
10903 New Hampshire Avenue  
Document Control Room -WO66-G609  
Silver Spring, MD 20993-0002

Daesung Maref Co., Ltd.  
% PATS Corporation  
Mr. Brandon Choi  
205 S. Broadway, Suite 718  
Los Angeles, CA 90012

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Re: K102320

Trade/Device Name: Compressible Limb Therapy System LX7(V7)

Regulation Number: 21 CFR 890.5650

Regulation Name: Powered Inflatable Tube Massager

Regulatory Class: Class II

Product Code: IRP

Dated: February 25, 2011

Received: March 1, 2011

Dear Mr. Choi:

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. Please note: CDRH does not evaluate information related to contract liability warranties. We remind you; however, that device labeling must be truthful and not misleading.

If your device is classified (see above) into either class II (Special Controls) or class III (PMA), it may be subject to 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); medical device reporting (reporting of medical device-related adverse events) (21 CFR 803); 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.

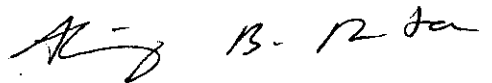
If you desire specific advice for your device on our labeling regulation (21 CFR Part 801), please go to <http://www.fda.gov/AboutFDA/CentersOffices/CDRH/CDRHOffices/ucm115809.htm> for the Center for Devices and Radiological Health's (CDRH's) Office of Compliance. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21 CFR Part 807.97). For questions regarding the reporting of adverse events under the MDR regulation (21 CFR Part 803), please go to

<http://www.fda.gov/MedicalDevices/Safety/ReportaProblem/default.htm> for the CDRH's Office of Surveillance and Biometrics/Division of Postmarket Surveillance.

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) 796-7100 or at its Internet address

<http://www.fda.gov/MedicalDevices/ResourcesforYou/Industry/default.htm>.

Sincerely yours,



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

Enclosure

## Indications for Use

510(k) Number (if known): K102320

Device Name: Compressible Limb Therapy System LX7(V7)

Indications For Use: LX7(V7) is intended for use by medical professionals and patients at home, who are under medical supervision, in treating many conditions, such as : Primary lymphedema, Edema following trauma and sport injuries, Postimmobilization edema, Venous insufficiencies, Lymphedema.

Prescription Use   X    
(Part 21 CFR 801 Subpart D)

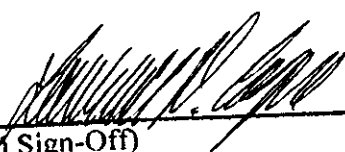
AND/OR

Over-The-Counter Use \_\_\_\_\_  
(21 CFR 801 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 Surgical, Orthopedic,  
and Restorative Devices

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