

K112509

NOV 24 2011

# 510(k) Summary of Safety and Effectiveness

## TRIMED CLAVICLE FIXATION PLATES

**Submitted/Distributed By:** TriMed, Inc.  
27533 Avenue Hopkins  
Santa Clarita, CA 91355  
(800)633-7221

**Registration No.:** 2031009

**Prepared By/Contact Person:** Doug Steinberger  
Phone: (661)255-7406  
Fax: (661)254-8485

**Proprietary Name:** TriMed Clavicle Fixation System

**Classification:** Class II: Screw, Fixation, Bone  
HWC – Section 888.3040  
Class II: Plate, Fixation, Bone  
HRS – Section 888.3030

**Summary Preparation Date:** August 24, 2011

### I. Indications for Use:

The TriMed Clavicle Fixation Plates and Screws are intended for use in fixation of fractures, mal-unions, non-unions, and osteotomies of the clavicle.

### II. Device Description

The TriMed Clavicle Fixation Plates are designed to provide total immobilization of the clavicle. The plates utilize 2.7mm and 3.2mm locking and non-locking cortical screw to secure the plates to the bone. All plates and screws are similar to predicate devices. The TriMed Clavicle Fixation Plates are available in a variety of shapes and sizes to provide superior and anterior fixation of the clavicle.

### III. Substantial Equivalence Discussion

When compared to the predicate devices listed below, substantial equivalence is based upon similarities in design features and overall indications for use.

510(k) Number	Device Name or System	Manufacturer
K100944	Clavicle Locking Plating System	NewClip
K012655	Congruent Bone Plate System	Acumed

An engineering analysis has been conducted to compare the bending strength of the TriMed Clavicle Fixation Plates to predicate devices to provide justification of the safety and effectiveness of the TriMed devices.



DEPARTMENT OF HEALTH & HUMAN SERVICES

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

NOV - 4 2011

TriMed Inc.  
% Doug Steinberger  
27533 Avenue Hopkins  
Santa Clarita CA 91355

Re: K112509

Trade/Device Name: TriMed Clavicle Fixation System  
Regulation Number: 21 CFR 888.3030  
Regulation Name: Single/multiple component metallic bone fixation appliance and accessories  
Regulatory Class: II  
Product Code: HRS, HWC  
Dated: August 24<sup>th</sup>, 2011  
Received: August 30<sup>th</sup>, 2011

Dear Mr. Steinberger:

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,

A handwritten signature in black ink, appearing to read "Mark N. Melkerson". The signature is stylized and written over the printed name.

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): unknown K112509

Device Name: Clavicle Fixation System Plates and Screws

Indications For Use:

The Clavicle Fixation System Plates and Screws are intended for use in fixation of fractures, mal-unions, non-unions, and osteotomies of the clavicle.

Prescription Use    
 (Part 21 CFR 801 Subpart D)

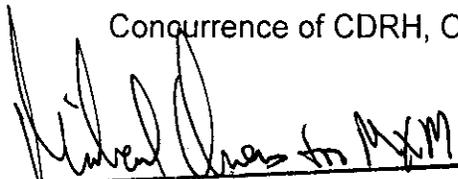
AND/OR

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

510(k) Number K112509