510(k) Summary of Safety and Effectiveness:

HammerFiX Device

Submitter:	Extremity Medical, LLC. 300 Interpace Parkway, Suite 410 Parsippany, NJ 07054
Contact Person	Brian Smekal, MS, RAC Director, Regulatory Affairs Phone: (973) 588-8988 Email: bsmekal@extremitymedical.com
Date Prepared	January 31, 2014
Trade Name	HammerFiX
Classification Name and Number	Smooth or threaded metallic bone fixation fastener 21 CFR 888.3040
Product Code	HWC (screw, fixation, bone)
Predicate Devices	K120645 - PRO-TOE™ VO Hammertoe Implant System (Wright Medical) K120165 – Intraosseous Fixation System (Ortho Helix Surgical Designs, Inc.) K073674 – Kirschner Wires (Signal Medical Corp.) K061164 – ActivaPin™ Pin (Bioretec Ltd.) K071498 – Subtalar Implant (Biomet Sports Medicine) K120449 – Healix ADVANCE™ PEEK Anchor (Depuy Mitek)
Device Description	The HammerFiX device is a bone fixation device consisting of a sterile, threaded PEEK implant and a set of instruments used for implant site preparation and delivery. The device is offered in small, medium and large implant sizes to allow for use in the proximal interphalangeal (PIP) joints of the lesser toes of the foot.
Indications for use	The HammerFiX device is indicated for the fixation of osteotomies and reconstruction of the lesser toes following correction procedures for hammertoe, claw toe and mallet toe.
Statement of Technological Comparison	The HammerFiX device and predicate devices are equivalent in terms of indications for use, design, and material mechanical properties.
Non-clinical Testing	Bench testing, including pull-out, torque, static and dynamic bending were performed and compared to the predicate device.
Clinical Testing	No clinical testing was performed.
Conclusion	The HammerFiX device is substantially equivalent to its predicate device. This conclusion is based upon indications for use, principles of operation, design, and mechanical test data.

DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

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

March 28, 2014

Extremity Medical, L.L.C.
Mr. Brian Smekal, M.S., RAC
Director, Regulatory Affairs
300 Interspace Parkway, Suite 410
Parsippany, New Jersey 07054

Re: K133636
Trade/Device Name: HammerFiX
Regulation Number: 21 CFR 888.3040
Regulation Name: Smooth or threaded metallic bone fixation fastener
Regulatory Class: Class II
Product Code: HWC
Dated: February 14, 2014
Received: February 18, 2014

Dear Mr. Smekal:

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 contact 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. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21CFR 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,

Lori A. Wiggins

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

Enclosure

Indications for Use

510(k) Number (if known): K133636
Device Name: HammerFiX
Indications for Use:

The HammerFiX device is indicated for the fixation of osteotomies and reconstruction of the lesser toes following correction procedures for hammertoe, claw toe and mallet toe.

Prescription Use X **AND/OR Over-the-counter** _____
(PLEASE DO NOT WRITE BELOW THIS LINE-CONTINUE ON ANOTHER PAGE IF NEEDED)

Concurrence of CDRH, Office of Device Evaluation (ODE)

Elizabeth L. Frank -S

Division of Orthopedic Devices