DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Food and Drug Administration
10903 New Hampshire Avenue
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Silver Spring, MD 20993-0002

March 8, 2016

Zimmer Gmbh
Ms. Annemie Rehor Kausch
Senior Specialist Regulatory Affairs
Sulzerallee 8
8404 Winterthur
Switzerland

Re: K160085
Trade/Device Name: Anatomical Shoulder™ System, Anatomical Shoulder Domelock® System, Anatomical Shoulder™ Fracture System
Regulation Number: 21 CFR 888.3660
Regulation Name: Shoulder joint metal/polymer semi-constrained cemented prosthesis
Regulatory Class: Class II
Product Code: KWS, KWT, HSD, PHX
Dated: January 8, 2016
Received: January 15, 2016

Dear Ms. Rehor Kausch:

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 Industry and Consumer Education 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 Industry and Consumer Education 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 -S

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

Enclosure

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Food and Drug Administration

Indications for Use

Form Approved: OMB No. 0910-0120
Expiration Date: January 31, 2017
See PRA Statement below.

510(k) Number *(if known)*
K160085

Device Name
Anatomical Shoulder™ System
Anatomical Shoulder™ Domelock®
Anatomical Shoulder™ Fracture System

Indications for Use *(Describe)*

Hemi or Total Arthroplasty Application of the Anatomical Shoulder Humeral Stems and Domelock System

The Anatomical Shoulder Humeral Stems and Domelock System are indicated for
• Advanced wear and tear of the shoulder joint resulting from degenerative, posttraumatic or rheumatoid arthritis.
• Avascular necrosis.
• Conditions consequent to earlier operations.
• Omarthrosis.
• Rheumatoid arthritis.
• Revision of shoulder prosthesis.

The Humeral Stems Cemented are intended for cemented use and the Humeral Stems Uncemented are intended for uncemented use. When used in a total shoulder application, the Anatomical Shoulder Pegged and Keeled Glenoids Cemented and the Biomet all-polyethylene Keeled Glenoid are intended for cemented use only. The Biomet Modular Hybrid Glenoid is intended to be implanted with bone cement. The optional porous titanium peg may be inserted without bone cement. The optional polyethylene peg should be inserted with bone cement.

Reverse Application of the Anatomical Shoulder System

• The Anatomical Shoulder Inverse/Reverse System is indicated for primary, fracture or revision total shoulder replacement for the relief of pain and significant disability due to gross rotator cuff deficiency.
• The patient's joint must be anatomically and structurally suited to receive the selected implants and a functional deltoid muscle is necessary to use the device.

The Humeral Stems Cemented are intended for cemented use and the Humeral Stems Uncemented are intended for uncemented use. When used with the Anatomical Shoulder Glenoid Fixation, it is intended for uncemented use and requires two screws for fixation.

Fracture Application of the Anatomical Shoulder Fracture System

The Anatomical Shoulder Fracture System is intended for use in prosthetic replacement of the proximal humerus and the glenoid articular surface of the scapula during total-, hemi and fracture shoulder arthroplasty in treatment of the following:
• Complex 3- and 4-part fractures of the proximal humerus with subluxation of the head fragment
• Complex 3- and 4-part fractures of the proximal humerus with loosening of the spongiosa in the head fragment
• Complex 3- and 4-part fractures of the proximal humerus with additional cross split of the head fragment
• Fracture instability after osteosynthesis of 3- and 4-part fracture fragments of the proximal humerus
• Posttraumatic necrosis of the humeral head
• Posttraumatic arthrosis after humeral head fracture

The Humeral Fracture Stems are intended for either cemented or uncemented use. When used in a total shoulder application, the Anatomical Shoulder Pegged and Keeled Glenoids Cemented are intended for cemented use only.

Type of Use *(Select one or both, as applicable)*

☒ Prescription Use (Part 21 CFR 801 Subpart D) ☐ Over-The-Counter Use (21 CFR 801 Subpart C)

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Zimmer GmbH
Sulzerallee 8
8404 Winterthur
Switzerland

510(k) Summary

Sponsor:	Zimmer GmbH Sulzerallee 8, P.O. Box 8404 Winterthur, Switzerland
Contact Person:	Annemie Rehor Kausch Senior Specialist, Regulatory Affairs Telephone: +41 58 854 82 61 Fax: + 41 52 244 86 58
Date:	March, 1st 2016
Trade Name:	Anatomical Shoulder™ System Anatomical Shoulder ™ Domelock® Anatomical Shoulder ™ Fracture System
Classification Product Code /	**HSD** – Prosthesis, Shoulder, Hemi-, Humeral, Metallic Uncemented **KWS** – Prosthesis, Shoulder, Semi-Constrained, Metal/Polymer Cemented **KWT** – Prosthesis, Shoulder, Non-Constrained, Metal/Polymer Cemented **PHX** – Shoulder Prosthesis, Reverse Configuration
Device Classification Name:	Shoulder Prosthesis
Regulation Number / Description:	21 CFR § 888.3690 – Shoulder joint humeral (hemishoulder) metallic uncemented prosthesis 21 CFR § 888.3660 – Shoulder joint metal/polymer semi-constrained cemented prosthesis 21 CFR § 888.3650 – Shoulder joint metal/polymer non-constrained cemented prosthesis
Predicate Device:	*Anatomical Shoulder* System / *Anatomical Shoulder Domelock* / *Anatomical Shoulder* Fracture System, manufactured by Zimmer GmbH, K142403, cleared November 24, 2014

Anatomical Shoulder with Removable Head, manufactured by Zimmer GmbH, K030259, cleared April 24, 2003

Anatomical Shoulder Fracture Stem, K062029, cleared July 17, 2006.

Device Description:

The *Anatomical Shoulder* System is a modular shoulder prosthesis designed to be used in primary or revision, total or hemi shoulder arthroplasty.

Anatomical Shoulder Humeral Stems are available as either cemented or uncemented designs. Cemented stems are available in longer designs to support revision cases. The *Anatomical Shoulder* Fracture Stem is available as a slim and standard version, with longer stems available for revision surgery. They may be used with or without bone cement where appropriate fixation using cement or via a press-fit is achieved using the correct choice of rasp size. All Humeral Stems possess a female oval taper geometry, which is the basis for all modularity with compatible mating components. The stems can be combined with the *Anatomical Shoulder Domelock* Head or the *Anatomical Shoulder* Ball-taper Humeral Head. The assembled humeral component may be used alone for hemiarthroplasty or combined with the glenoid component of the *Anatomical Shoulder* System for total arthroplasty. Alternatively, the Legacy Biomet *Bio-Modular* Keeled all-polyethylene Glenoid or Modular Hybrid Glenoids are proposed as compatible glenoid components.

Intended Use:

The *Anatomical Shoulder* System is intended for long-term implantation into the human shoulder joint in primary or revision, total or hemi shoulder arthroplasty. The system is intended to relieve pain and restore function in patients with adequate bone stock to support the prosthesis.

Indications for Use:

<u>Hemi or Total Arthroplasty Application of the *Anatomical Shoulder* Humeral Stems and *Domelock* System</u>

The *Anatomical Shoulder* Humeral Stems and *Domelock* System are indicated for

- Advanced wear and tear of the shoulder joint resulting from degenerative, posttraumatic or rheumatoid arthritis.
- Avascular necrosis.
- Conditions consequent to earlier operations.
- Omarthrosis.
- Rheumatoid arthritis.
- Revision of shoulder prosthesis.

The Humeral Stems Cemented are intended for cemented use and the Humeral Stems Uncemented are intended for uncemented use. When used in a total shoulder application, the *Anatomical Shoulder* Pegged and Keeled Glenoids Cemented and the Biomet all-polyethylene Keeled Glenoid are intended for cemented use only. The Biomet Modular Hybrid Glenoid is intended to be implanted with bone cement. The optional porous titanium peg may be inserted without bone cement. The optional polyethylene peg should be inserted with bone cement.

Reverse Application of the Anatomical Shoulder System

- The Anatomical Shoulder Inverse/Reverse System is indicated for primary, fracture or revision total shoulder replacement for the relief of pain and significant disability due to gross rotator cuff deficiency.
- The patient's joint must be anatomically and structurally suited to receive the selected implants and a functional deltoid muscle is necessary to use the device.

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Fracture Application of the *Anatomical Shoulder* Fracture System

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Comparison to Predicate Device:	The devices are not modified as compared to their predicates. Instead, the compatibility of the Anatomical Shoulder Humeral Heads is extended to allow articulation against the legally marketed Bio-Modular Keeled all-polyethylene Glenoid and the Modular Hybrid Glenoid. The indications for use/intended use are unchanged. The articulating materials remain the same with the new compatibility and therefore the fundamental technology is unchanged.
Performance Data (Nonclinical and/or Clinical):	The results of non-clinical performance testing and analyses demonstrate that the devices are safe and effective and substantially equivalent to the predicate devices. Performance analyses included: 1. Range of Motion Analysis (ASTM F1378-12) 2. Radial Mismatch Analysis Clinical Performance and Conclusions: Clinical data and conclusions were not needed to demonstrate substantial equivalence.