

Smith & Nephew, Inc. Meenakshi Gupta Senior Regulatory Affairs Specialist 7135 Goodlett Farms Parkway Cordova, Tennessee 38016 July 25, 2019

Re: K191211

Trade/Device Name: JOURNEY II Unicompartmental Knee System

Regulation Number: 21 CFR 888.3520

Regulation Name: Knee Joint Femorotibial Metal/Polymer Non-Constrained Cemented Prosthesis

Regulatory Class: Class II Product Code: HSX, KRR, NPJ

Dated: May 3, 2019 Received: May 6, 2019

#### Dear Meenakshi Gupta:

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. Although this letter refers to your product as a device, please be aware that some cleared products may instead be combination products. The 510(k) Premarket Notification Database located at <a href="https://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfpmn/pmn.cfm">https://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfpmn/pmn.cfm</a> identifies combination product submissions. 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 <u>Federal Register</u>.

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) for devices or postmarketing safety reporting (21 CFR 4, Subpart B) for combination products (see <a href="https://www.fda.gov/combination-products/guidance-regulatory-information/postmarketing-safety-reporting-combination-products">https://www.fda.gov/combination-products/guidance-regulatory-information/postmarketing-safety-reporting-combination-products</a>); good manufacturing practice requirements as set forth in the quality systems (QS) regulation (21 CFR Part 820) for devices or current good manufacturing practices (21 CFR 4, Subpart A) for combination products; and, if applicable, the electronic product radiation control provisions (Sections 531-542 of the Act); 21 CFR 1000-1050.

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 <a href="https://www.fda.gov/medical-devices/medical-device-safety/medical-device-reporting-mdr-how-report-medical-device-problems">https://www.fda.gov/medical-device-problems</a>.

For comprehensive regulatory information about medical devices and radiation-emitting products, including information about labeling regulations, please see Device Advice (<a href="https://www.fda.gov/medical-devices/device-advice-comprehensive-regulatory-assistance">https://www.fda.gov/medical-devices/device-advice-comprehensive-regulatory-assistance</a>) and CDRH Learn (<a href="https://www.fda.gov/training-and-continuing-education/cdrh-learn">https://www.fda.gov/training-and-continuing-education/cdrh-learn</a>). Additionally, you may contact the Division of Industry and Consumer Education (DICE) to ask a question about a specific regulatory topic. See the DICE website (<a href="https://www.fda.gov/medical-devices/device-advice-comprehensive-regulatory-assistance/contact-us-division-industry-and-consumer-education-dice">https://www.fda.gov/medical-devices/device-advice-comprehensive-regulatory-assistance/contact-us-division-industry-and-consumer-education-dice">https://www.fda.gov/medical-devices/device-advice-comprehensive-regulatory-assistance/contact-us-division-industry-and-consumer-education-dice</a>) for more information or contact DICE by email (<a href="DICE@fda.hhs.gov">DICE@fda.hhs.gov</a>) or phone (1-800-638-2041 or 301-796-7100).

Sincerely,

FOR Vesa Vuniqi, MS Assistant Director DHT6A: Division of Joint Arthroplasty Devices OHT6: Office of Orthopedic Devices Office of Product Evaluation and Quality 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: 06/30/2020 See PRA Statement below.

510(k) Number (if known)
K191211
Device Name JOURNEY II Unicompartmental Knee System
Indications for Use <i>(Describe)</i>

Unicompartmental knee implants are indicated for restoring either compartment of a knee that has been affected by the following:

- Non-inflammatory degenerative joint disease including osteoarthritis, traumatic arthritis, or avascular necrosis.
- Correction of functional deformity.
- Revision of previous arthroplasty procedures.
- Treatment of fractures that are unmanageable using other techniques.

Unicompartmental knee implants are single use only and are intended for implantation only with bone cement

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)

#### CONTINUE ON A SEPARATE PAGE IF NEEDED.

This section applies only to requirements of the Paperwork Reduction Act of 1995.

## \*DO NOT SEND YOUR COMPLETED FORM TO THE PRA STAFF EMAIL ADDRESS BELOW.\*

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### 510(K) SUMMARY

Submitted by: Smith & Nephew, Inc.

Advanced Surgical Devices Division

7135 Goodlett Farms Parkway Cordova, Tennessee 38016

**Date of Submission:** May 3, 2019

Contact Person: Meenakshi Gupta, Sr. Regulatory Affairs Specialist

T (901) 399-6139

F (901) 721-2748

Name of Device: Smith & Nephew, Inc. JOURNEY II<sup>◊</sup> Unicompartmental

Knee System (Journey II UK)

Common Name: Knee Prosthesis

**Device Classification** 21 CFR 888.3520 Knee Joint Femorotibial

Name and Reference: Metal/Polymer Non-Constrained Cemented Prosthesis

Device Class II

Panel Code: Orthopaedics/87

Product Code: HSX, KRR, NPJ

**Predicate Device:** Primary Predicate: JOURNEY II<sup>(1)</sup> Unicompartmental

Knee System (Journey II UK)-K190085

Secondary Predicate: Zimmer Unicompartmental Knee

System—K160738

The predicate devices have not been subject to a

design related recall.

### **Device Description:**

The subject of this traditional 510(k) is to add the MR safety information to the Journey II Unicompartmental Knee System (Journey II UK) labeling. The Journey II UK was cleared under K190085.

Journey II UK system consist of a femoral implant, tibia baseplate, modular articular insert, and requisite US Class II surgical instruments.

The package insert and label of Journey II UK is being updated to add MR conditional information.

The indication for use of Journey II UK system was updated to clarify the definition of the revision cases. This change does not change the indication for use.

#### **Indications for Use**

Unicompartmental knee implants are indicated for restoring either compartment of a knee that has been affected by the following:

- Non-inflammatory degenerative joint disease including osteoarthritis, traumatic arthritis, or avascular necrosis.
- · Correction of functional deformity.
- Revision of previous arthroplasty procedures.
- Treatment of fractures that are unmanageable using other techniques.

Unicompartmental knee implants are single use only and are intended for implantation only with bone cement.

## **Technological Characteristics**

The device design, material, and indications for use of the subject device are same as the predicate JOURNEY II UK system cleared under K190085.

#### **Performance Data**

Below listed Magnetic resonance imaging (MRI) compatibility testing were conducted as per the FDA's guidance "Establishing Safety and Compatibility of Passive Implants in the Magnetic Resonance (MR) Environment", December 11, 2014 and the standards listed below:

- 1. Magnetically induced displacement force (ASTM F2052)
- 2. Magnetically induced torque (ASTM F2213)
- 3. Radiofrequency (RF) induced heating (ASTM F2182)
- 4. MR image artifact (ASTM F2119)

## **Substantial Equivalence Information**

The device design, materials, and indications for use for the Journey II UK are substantially equivalent to the commercially available predicate devices identified in table below:

Table 6.1: Predicates to the Journey II UK

Manufacturer	Description	Submission Number	Clearance Date
Smith & Nephew, Inc.	Journey II Unicompartmental Knee System	K190085	02/11/2019
Smith & Nephew, Inc.	Zimmer Unicompartmental Knee System (ZUK)	K160738	06/15/2016

#### Conclusion

In summary, the Smith & Nephew's JOURNEY II Unicompartmental Knee System is identical in function, design features, intended use, indications for use, materials, sterilization, manufacturing methods, and operational principles as the predicate device JOURNEY II Unicompartmental Knee System cleared under K190085

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