

APR 20 2005

Summary of Safety and Effectiveness

Submitter: Zimmer, Inc.
P.O. Box 708
Warsaw, IN 46581-0708

Contact Person: Brandon Hipsher
Specialist, Corporate Regulatory Affairs
Telephone: (574) 371-8083
Fax: (574) 372-4605

Date: March 18, 2005

Trade Name: *MG II*TM Total Knee System Stemmed Tibial
Baseplate Components

Common Name: Total Knee Prosthesis

**Classification Name
and Reference:** Knee joint patellofemorotibial polymer/metal/polymer
semi-constrained cemented prosthesis
21 CFR § 888.3560

Predicate Device: *MG II* Porous Total Knee System, manufactured by
Zimmer, Inc., K892800, cleared August 3, 1989

Device Description: Stemmed tibial baseplate components are part of the
MG II Total Knee System. They incorporate a
central stem with available modular stem
extensions. There are three versions of stemmed
tibial baseplate components: Porous, PMMA
Precoat, and Option (non-coated). They are
available in the same size range, and are compatible
with the same articular surface components, as the
predicate device.

Intended Use: Total knee replacement is indicated for patients
suffering from severe knee pain and disability due
to rheumatoid arthritis, osteoarthritis, primary and
secondary traumatic arthritis, polyarthritis, collagen
disorders, avascular necrosis of the femoral
condyle, or pseudogout.

These devices are intended for cemented use only.

Comparison to Predicate Device:

Except for minor modifications, *MG II* Stemmed Tibial Baseplate Components are identical to the predicate device. The modifications do not change the intended use or the fundamental scientific technology. The device is packaged and sterilized using the same materials and processes.

Performance Data (Nonclinical and/or Clinical):**Non-Clinical Performance and Conclusions:**

Performance testing completed as part of the design assurance process demonstrated that this device is safe and effective and substantially equivalent to the predicate device.

Clinical Performance and Conclusions:

Clinical data and conclusions were not needed for this device.



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Food and Drug Administration
9200 Corporate Boulevard
Rockville MD 20850

Mr. Brandon Hipsher
Specialist, Corporate Regulatory Affairs
Zimmer, Inc.
P.O. Box 708
Warsaw, Indiana 46581-0708

Re: K050723
Trade/Device Name: *MG II*TM Total Knee System Stemmed Tibial Baseplate Components
Regulation Numbers: 21 CFR 888.3560
Regulation Names: Knee joint, patellofemorotibial, polymer/metal/polymer semi-
constrained cemented prosthesis
Regulatory Class: II
Product Codes: JWH
Dated: March 18, 2005
Received: March 21, 2005

Dear Mr. Hipsher:

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.

If your device is classified (see above) into either class II (Special Controls) or class III (PMA), it may be subject to such 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.

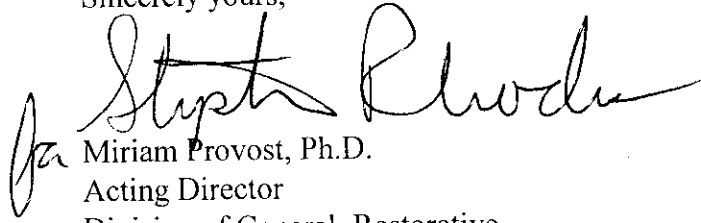
Please be advised that FDA's issuance of a substantial equivalence determination does not mean that FDA has made a determination that your device complies with other requirements of the Act or any Federal statutes and regulations administered by other Federal agencies. You must comply with all the Act's requirements, including, but not limited to: registration and listing (21 CFR Part 807); labeling (21 CFR Part 801); 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.

Page 2 – Mr. Brandon Hipsher

This letter will allow you to begin marketing your device as described in your Section 510(k) premarket notification. The FDA finding of substantial equivalence of your device to a legally marketed predicate device results in a classification for your device and thus, permits your device to proceed to the market.

If you desire specific advice for your device on our labeling regulation (21 CFR Part 801), please contact the Office of Compliance at (240) 276-0120. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21CFR Part 807.97). 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) 443-6597 or at its Internet address <http://www.fda.gov/cdrh/industry/support/index.html>.

Sincerely yours,

A handwritten signature in black ink, appearing to read "Miriam Provost". The signature is written in a cursive style with a large initial "M".

Miriam Provost, Ph.D.

Acting Director

Division of General, Restorative
and Neurological Devices

Office of Device Evaluation

Center for Devices and

Radiological Health

Enclosure

Indications for Use510(k) Number (if known): K050723

Device Name:

*MG II*TM Total Knee System Stemmed Tibial Baseplate Components**Indications for Use:**

Total knee replacement is indicated for patients suffering from severe knee pain and disability due to rheumatoid arthritis, osteoarthritis, primary and secondary traumatic arthritis, polyarthritis, collagen disorders, avascular necrosis of the femoral condyle, or pseudogout.

These devices are intended for cemented use only.

Prescription Use X
(Part 21 CFR 801 Subpart D)

AND/OR

Over-The-Counter Use _____
(21 CFR 807 Subpart C)

(Please do not write below this line – Continue on another page if needed)

Concurrence of CDRH, Office of Device Evaluation (ODE)



(Division Sign-Off)

**Division of General, Restorative,
and Neurological Devices**

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