

K072160

Summary of Safety and Effectiveness

SEP -5 2007

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

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

Date: August 3, 2007

Trade Name: *NexGen[®] Trabecular Metal[™]* Tibial Tray

Common Name: Total Knee Prosthesis

Classification Name and Reference: Knee joint patellofemorotibial
polymer/metal/polymer semiconstrained cemented
prosthesis
21 CFR § 888.3560

Knee joint patellofemorotibial metal/polymer
porous-coated uncemented prosthesis
21 CFR § 888.3565

Predicate Device: *NexGen* Porous, Uncemented Tibial Baseplates,
manufactured by Zimmer, Inc., K031061, cleared
October 9, 2003.

Device Description: The *NexGen Trabecular Metal* (TM) Tibial Tray is
part of the Zimmer *NexGen* family of
semiconstrained, nonlinked condylar knee
prostheses.

Intended Use: This device is indicated for patients with severe
knee pain and disability due to:

- Rheumatoid arthritis, osteoarthritis,
traumatic arthritis, polyarthritis.
- Collagen disorders, and/or avascular
necrosis of the femoral condyle.

- Post-traumatic loss of joint configuration, particularly when there is patellofemoral erosion, dysfunction or prior patellectomy.
- Moderate valgus, varus, or flexion deformities.
- The salvage of previously failed surgical attempts or for a knee in which satisfactory stability in flexion cannot be obtained at the time of surgery.

NexGen™ Tibial Trays may be used with or without bone cement (biological fixation).

Comparison to Predicate Device:

Except for minor modifications, the *NexGen*™ Tibial Tray is identical to the predicate device. The modifications do not change the intended use or the fundamental scientific technology.

Performance Data (Nonclinical and/or Clinical):

Non-Clinical Performance and Conclusions:

Mechanical testing of the subject device demonstrated that it is substantially equivalent to the predicate device.

Clinical Performance and Conclusions:

Clinical data and conclusions were not needed for this device.



Food and Drug Administration
9200 Corporate Boulevard
Rockville MD 20850

SEP - 5 2007

Zimmer, Inc.
% Mr. Brandon Hipsher, RAC
Senior Associate, Corporate Regulatory Affairs
P.O. Box 708
Warsaw, IN 46581

Re: K072160
Trade/Device Name: NexGen® Trabecular Metal™ Tibial Tray
Regulation Number: 21 CFR 888.3560
Regulation Name: Knee joint patellofemorotibial/metal/metal
constrained cemented prosthesis
Regulatory Class: II
Product Code: MBH, JWH
Dated: August 31, 2007
Received: September 5, 2007

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, RAC

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 toll-free number (800) 638-2041 or (240) 276-3150 or the Internet address <http://www.fda.gov/cdrh/dsma/dsmamain.html>

Sincerely yours,

A handwritten signature in black ink, appearing to read "Mark N. Melkerson". The signature is fluid and cursive, with a large initial "M" and "N".

Mark N. Melkerson
Director
Division of General, Restorative
and Neurological Devices
Office of Device Evaluation
Center for Devices and
Radiological Health

Enclosure

Indications for Use

510(k) Number (if known):

Device Name:

NexGen[®] *Trabecular Metal*[™] Tibial Tray

Indications for Use:

This device is indicated for patients with severe knee pain and disability due to:

- Rheumatoid arthritis, osteoarthritis, traumatic arthritis, polyarthritis.
- Collagen disorders, and/or avascular necrosis of the femoral condyle.
- Post-traumatic loss of joint configuration, particularly when there is patellofemoral erosion, dysfunction or prior patellectomy.
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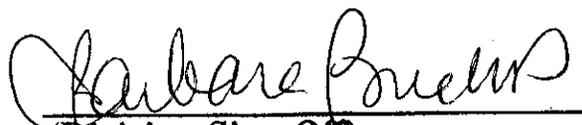
Prescription Use X
(Part 21 CFR 801 Subpart D)

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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