K082078 #1/2

Summary of Safety and Effectiveness

NOV - 3 2008

Submitter:	Zimmer, Inc. P.O. Box 708 Warsaw, IN 46581-0708
Contact Person:	Anthony Francalancia Senior Associate, Regulatory Affairs Telephone: 574-372-4570 Fax: (574) 372-4605
Date:	July 22, 2008
Trade Name:	*Zimmer*® Periarticular Locking Plate System: Distal Humeral and Proximal Ulna Plates
Common Name:	Periarticular Locking Plates
Classification Name and Reference:	Plate, Fixation, Bone; Screw, Fixation, Bone 21 CFR § 888. 3030, 888.3040
Predicate Device:	*Zimmer* Periarticular Locking Plate System: Distal Lateral Fibular Plates and Screws, K070906, cleared May 1, 2007
Device Description:	The Zimmer Periarticular Locking Plate System is a plate and screw system intended for internal fracture fixation. The low-profile periarticular locking plate is anatomically contoured and has threaded holes which accept locking screws to create a stable, fixed angle construct.
Intended Use:	The Periarticular Locking Plate System is indicated for temporary internal fixation and stabilization of osteotomies and fractures, including: • Comminuted fractures • Supracondylar fractures • Intra-articular and extra-articular condylar fractures • Fractures in osteopenic bone • Nonunions • Malunions

Comparison to Predicate Device:	The *Zimmer* Periarticular Locking Plate System has the same intended use, has similar performance characteristics, is manufactured from identical materials using identical processes, and is similar in design to the predicate devices.
Performance Data (Nonclinical and/or Clinical):	Non-Clinical Performance and Conclusions: The results of non-clinical testing show the proposed device is safe and effective.

DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Food and Drug Administration
9200 Corporate Boulevard
Rockville MD 20850

NOV - 3 2008

Zimmer, Inc.
% Mr. Anthony Francalancia
Senior Associate, Regulatory Affairs
P.O. Box 708
Warsaw, Indiana 46581-0708

Re: K082078
Trade/Device Name: Zimmer® Periarticular Locking Plate System: Distal Humeral and Proximal Ulna Plates
Regulation Number: 21 CFR 888.3030
Regulation Name: Single/multiple component metallic bone fixation appliances and accessories
Regulatory Class: II
Product Code: HRS, HWC
Dated: October 27, 2008
Received: October 28, 2008

Dear Mr. Francalancia:

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.

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 Center for Devices and Radiological Health's (CDRH's) Office of Compliance at (240) 276-0120. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21CFR Part 807.97). For questions regarding postmarket surveillance, please contact CDRH's Office of Surveillance and Biometric's (OSB's) Division of Postmarket Surveillance at (240) 276-3474. For questions regarding the reporting of device adverse events (Medical Device Reporting (MDR)), please contact the Division of Surveillance Systems at (240) 276-3464. 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/industry/support/index.html.

Sincerely yours,

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): K082078

Device Name:

Zimmer® Periarticular Locking Plate System: Distal Humeral and Proximal Ulna Plates

Indications for Use:

The Periarticular Locking Plate System is indicated for temporary internal fixation and stabilization of osteotomies and fractures, including:

- Comminuted fractures
- Supracondylar fractures
- Intra-articular and extra-articular condylar fractures
- Fractures in osteopenic bone
- Nonunions
- Malunions

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

510(k) Number K082078