



October 4, 2022

Orthosoft d/b/a Zimmer CAS  
Kavina Veeren  
Regulatory Affairs Manager  
75 Queen Street, Suite 3300  
Montreal, QC H3C 2N6  
Canada

Re: K221928  
Trade/Device Name: ROSA® Knee System  
Regulation Number: 21 CFR 882.4560  
Regulation Name: Stereotaxic Instrument  
Regulatory Class: Class II  
Product Code: OLO  
Dated: June 30, 2022  
Received: July 1, 2022

Dear Kavina Veeren:

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 <https://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfpmn/pmn.cfm> 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 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) for devices or postmarketing safety reporting (21 CFR 4, Subpart B) for combination products (see <https://www.fda.gov/combination-products/guidance-regulatory-information/postmarketing-safety-reporting-combination-products>); 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 <https://www.fda.gov/medical-devices/medical-device-safety/medical-device-reporting-mdr-how-report-medical-device-problems>.

For comprehensive regulatory information about medical devices and radiation-emitting products, including information about labeling regulations, please see Device Advice (<https://www.fda.gov/medical-devices/device-advice-comprehensive-regulatory-assistance>) and CDRH Learn (<https://www.fda.gov/training-and-continuing-education/cdrh-learn>). 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 (<https://www.fda.gov/medical-devices/device-advice-comprehensive-regulatory-assistance/contact-us-division-industry-and-consumer-education-dice>) for more information or contact DICE by email ([DICE@fda.hhs.gov](mailto:DICE@fda.hhs.gov)) or phone (1-800-638-2041 or 301-796-7100).

Sincerely,

Shumaya Ali, M.P.H.  
Assistant Director  
DHT6C: Division of Restorative, Repair  
and Trauma Devices  
OHT6: Office of Orthopedic Devices  
Office of Product Evaluation and Quality  
Center for Devices and Radiological Health

Enclosure

## Indications for Use

510(k) Number (if known)

K221928

Device Name

ROSA® Knee System

Indications for Use (Describe)

The ROSA Knee System, for use with the ROSA® RECON Platform, is indicated as a stereotaxic instrumentation system for total knee replacement (TKA) surgery. It is to assist the surgeon in providing software-defined spatial boundaries for orientation and reference information to identifiable anatomical structures for the accurate placement of knee implant components.

The robotic arm placement is performed relative to anatomical landmarks as recorded using the system intraoperatively, and based on a surgical plan optionally determined pre-operatively using compatible X-ray or MRI based surgical planning tools.

It includes a robotic arm, an optical tracking system and accessories, software system, surgical instruments and accessories.

The ROSA Knee System is designed for use on skeletally mature patient population. The targeted population has the same characteristics as the population that is suitable for the implants compatible with the ROSA Knee System.

The ROSA Knee System is to be used with the following fixed bearing knee replacement systems in accordance with their indications and contraindications: NexGen® CR, NexGen CR-Flex, NexGen CR-Flex Gender, NexGen LPS, NexGen LPS-Flex, NexGen LPS-Flex Gender, Persona® CR, Persona PS, Persona Ti-Nidium® CR, Persona Ti-Nidium PS, Persona IQ®, Vanguard® CR, and Vanguard PS.

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.**

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**K221928**  
**510(k) Summary**

In accordance with 21 CFR §807.92 and the Safe Medical Devices Act of 1990, the following information is provided for the ROSA® Knee System 510(k) premarket notification. The submission was prepared in accordance with the FDA guidance document, 'Format for Traditional and Abbreviated 510(k)s', issued on September 13, 2019.

**Sponsor:** Orthosoft, Inc. d/b/a Zimmer CAS  
75 Queen St., Suite 3300  
Montreal, QC, CANADA H3C 2N6  
Establishment Registration Number: 9617840

**Contact Person:** Kavina Veeren  
Regulatory Affairs Manager  
Telephone: 574-245-8906

**Date:** June 30, 2022

**Subject Device:** **Trade Name:** ROSA® Knee System  
**Common Name:** ROSA® Knee System

**Classification Name:**

- OLO– Orthopedic Stereotaxic Instrument (21 CFR 882.4560)

**Predicate Device:**

<b>Manufacturer</b>	<b>Device Name</b>	<b>510(k) Number</b>
Zimmer CAS	ROSA® Knee System	K182964

**Purpose and Device Description:**

The ROSA® Knee System for use with the ROSA RECON Platform is used to assist surgeons in performing Total Knee Arthroplasty (TKA) with features to assist with the bone resections as well as assessing the state of the soft tissues to facilitate implant positioning intra-operatively.

The ROSA<sup>®</sup> Knee System uses a Non-Device Medical Device Data System (Non-Device MDDS) called the Zimmer Biomet Drive Portal, which manages the creation and tracking of surgical cases. The cases reside on the portal until they are uploaded to the ROSA<sup>®</sup> RECON Platform before surgeries.

If the case is image-based, a 3D virtual bone model is generated pre-operatively by the PSI systems (X-PSI Knee System or CAS PSI Knee System) to create a 3D model of the patient's femur/tibia and allows for the preparation of a pre-operative surgical plan. An imageless option is also available where landmarks taken intra-operatively on the patient's bony anatomy are used to create the surgical plan. Accuracy of resections, knee state evaluation, and soft tissue assessment are the same between image-based and imageless options as they are always based on intra-operative landmarks.

The intraoperative workflow and surgical concepts implemented in the system remain close to the conventional TKA workflow. As such, at the time of the surgery, the system mainly assists the surgeon in (1) determining reference alignment axes in relation to anatomical landmarks, (2) planning the orthopedic implants location based on these reference alignment axes and orthopedic implant geometry (planning optionally based on a pre-operative plan using pre-operative imaging), and (3) precisely positioning the cut guide relative to the planned orthopedic implant location by using a robotic arm.

The purpose of this submission is to (1) add additional compatible FDA cleared knee implant systems, Ti-Nidium<sup>®</sup> CR, Persona Ti-Nidium. As a result of this change, the labeling and Indications for Use has been updated to include this compatibility with these implant systems. (2) New instrumentation is being added to the subject device as well as the improvement of existing features and the addition of new features within the ROSA Knee Software Application.

**Indications for Use:**

The ROSA<sup>®</sup> Knee System, for use with the ROSA RECON Platform is indicated as a stereotaxic instrumentation system for total knee replacement (TKA) surgery. It is to

assist the surgeon in providing software-defined spatial boundaries for orientation and reference information to identifiable anatomical structures for the accurate placement of knee implant components.

The robotic arm placement is performed relative to anatomical landmarks as recorded using the system intraoperatively, and based on a surgical plan, optionally determined pre-operatively using compatible X-ray or MRI based surgical planning tools.

It includes a robotic arm, an optical tracking system and accessories, software system, surgical instruments and accessories.

The ROSA Knee System is designed for use on skeletally mature patient population. The targeted population has the same characteristics as the population that is suitable for the implants compatible with the ROSA Knee System.

The ROSA Knee System is to be used with the following fixed bearing knee replacement systems in accordance with their indications and contraindications: NexGen® CR, NexGen CR-Flex, NexGen CR-Flex Gender, NexGen LPS, NexGen LPS-Flex, NexGen LPS-Flex Gender, Persona® CR, Persona PS, Persona Ti-Nidium® CR, Persona Ti-Nidium PS, Persona IQ®, Vanguard® CR, and Vanguard PS.

**Contraindications:**

The ROSA® Knee System may not be suitable for use in case of:

- hip pathology with significant bone loss (e.g. avascular necrosis of the femoral head with collapse, severe dysplasia of the femoral head or the acetabulum);
- hip pathology severely limiting range of motion (e.g. arthrodesis, severe contractures, chronic severe dislocation);
- active infections of the knee joint area;
- knee replacement revision surgery;
- presence of strong infrared sources or infrared reflectors in the vicinity of the trackers;
- contraindications for the implant as given by the implant manufacturer;
- implants that are not compatible with the system

**Summary of Technological Characteristics:**

The rationale for substantial equivalence is based on consideration of the following characteristics:

- The proposed and predicate device are intended to assist the surgeon in providing software defined spatial boundaries for orientation
- The proposed and predicate device assist in intraoperative navigation of the patient’s anatomy and are utilized to facilitate implant positioning
- The proposed and predicate device assist in joint balancing techniques
- The proposed and predicate device utilize image data that has been segmented to create a 3D model of the patient’s bony anatomy
- The proposed and predicate device share the same previously cleared ROSA RECON Platform, and the proposed and predicate device consists of major components including a software system, navigation system, various instrumentation including reusable and disposable.

**Summary of Performance Data (Nonclinical and/or Clinical)**

The following performance data was provided in support of the substantial equivalence determination:

**Biocompatibility Testing**

No new testing was deemed necessary.

**Electrical Safety and Electromagnetic Compatibility (EMC)**

No new testing was deemed necessary on the ROSA RECON Platform.

**Device Performance Testing**

Verification and Validation Testing for ROSA Knee was conducted with the following aspects:

- Physical/Performance Tests- to ensure the performance of the implemented features and verify related design inputs

- Engineering Analysis- to ensure the performance of the implemented features and verify related design inputs
- Usability Engineering- addressed user interactions with ROSA Knee System
- Validation Lab- performed to validate that using ROSA Knee System is equivalent to the predicate and that the performances of the system are acceptable under full simulated use on cadaveric specimens

### **Software Verification and Validation Testing**

Software tests were conducted to satisfy requirements of the FDA Guidance for the Content Premarket Submissions for Software Contained in Medical Devices and IEC 62304 (Medical Device Software- Life Cycle Process). The software was considered a “major” level of concern, since a failure of the software could result in serious injury or death to the patient. The testing demonstrates that the ROSA Knee System does not raise any new issues of safety and effectiveness as compared to the predicate device(s).

### **Substantial Equivalence Conclusion**

Both the proposed device and predicate device have the same intended use and similar indications for use. The proposed device and predicate utilize the same platform components. The technological characteristics between the proposed device and predicate are similar with differences in the software application and the addition of new instrumentation with the proposed device. In sum, any differences between the devices do not raise new questions of safety and effectiveness and the proposed device is at least as safe and effective as the legally marketed predicate device.