

Siemens Medical Solutions USA, Inc. % Mr. Martin Rajchel Senior Regulatory Affairs Specialist 40 Liberty Blvd Mail code 65-1A MALVERN PA 19355

Re: K203345

Trade/Device Name: MULTIX Impact Regulation Number: 21 CFR 892.1680 Regulation Name: Stationary x-ray system

Regulatory Class: Class II Product Code: KPR, MQB Dated: November 12, 2020 Received: November 13, 2020

Dear Mr. Rajchel:

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.

January 7, 2021

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 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-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/training-and-continuing-education/cdrh-learn) 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">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) or phone (1-800-638-2041 or 301-796-7100).

Sincerely,

For

Thalia T. Mills, Ph.D.

Director

Division of Radiological Health

OHT7: Office of In Vitro Diagnostics

and Radiological Health

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

510(k) Number (if known)

K203345

Form Approved: OMB No. 0910-0120 Expiration Date: 06/30/2020

Expiration Date: 06/30/2020 See PRA Statement below.

| CONTINUE ON A SEPARAT | TE PAGE IF NEEDED. |
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| 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) |
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| | |
| MULTIX Impact uses digital detectors for generating diagnostic MULTIX Impact is also designed to be used with conventional f | |
| Indications for Use (Describe) MULTIX Impact is a radiographic system used in hospitals, clin radiographic exposures of the whole body including: skull, chest adult and bariatric patients. Exposures may be taken with the pat Impact is not intended for mammography. | , abdomen, and extremities and may be used on pediatric, |
| | |
| Device Name MULTIX Impact | |

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510(k) Summary: MULTIX Impact

K203345

Company: Siemens Medical Solutions USA, Inc.

40 Liberty Boulevard, 65-1A

Malvern, PA 19355

Date Prepared: November 12, 2020

This 510(k) Summary of safety and effectiveness information is being submitted in accordance with the requirements of SMDA 1990 and 21 CFR § 807.92.

1. General Information

Importer/ Distributor

Siemens Medical Solutions USA, Inc.

40 Liberty Boulevard, 65-1A

Malvern, PA 19355

Establishment Registration Number: 2240869

Location of Manufacturing Site

Siemens Shanghai Medical Equipment Ltd.

278 Zhou Zhu Road

Shanghai, 201318, China

Establishment Registration Number: 3003202425

Siemens Healthcare GmbH

Siemensstrasse 1

Forchheim, Germany 91301

Establishment Registration Number: 3004977335

2. Contact Person

Martin Rajchel Sr. Regulatory Affairs Specialist Siemens Medical Solutions USA, Inc. 40 Liberty Boulevard, 65-1A

Malvern, PA 19355

610-448-6545

martin.rajchel@siemens-healthineers.com

3. Subject Device Name and Classification

Trade Name: MULTIX Impact

Classification Name: Stationary X-Ray System

Classification Panel: Radiology

Classification Regulation: 21 CFR §892.1680

Device Class:Class IIProduct Code:KPRSecondary Product Code:MQB

4. Legally Marketed Predicate Device

Trade Name: MULTIX Impact

510(k) #: K193089

Clearance Date: March 20, 2020

Classification Name: Stationary X-Ray System

Classification Panel: Radiology

Classification Regulation: 21 CFR §892.1680

Device Class: Class II **Product Code:** KPR

Reference Device:

Trade Name: Ysio X.pree **510(k)#:** K201670

Clearance Date: October 21, 2020

Classification Name: Stationary X-Ray System

Classification Panel: Radiology

Classification Regulation: 21 CFR §892.1680

Device Class: Class II **Product Code:** KPR

5. Device Description

The MULTIX Impact (VA20) Radiography X-ray system is a modular system of x-ray components (floor-mounted x-ray tube, bucky wall stand, bucky table, x-ray generator, portable wireless and fixed detectors) based on the predicate device, the MULTIX Impact (K193089). The detectors for the subject device, MULTIX Impact (VA20), are the same as the detectors of the predicate device. The following modifications have been made to the predicate device:

- 1. Modified tube stand (motorized) to support Ortho Function
- 2. Modified automatic collimator
- 3. New bucky wall stand
- 4. Upgraded software version from VA11 to VA20 to support hardware modifications
- 5. Modified patient table
- 6. Modified touch user interface (TUI)
- 7. Modified wireless remote control console (WRCC) with new control design

The modified system will be branded as the MULTIX Impact.

6. Indications for Use

MULTIX Impact is a radiographic system used in hospitals, clinics, and medical practices. MULTIX Impact enables radiographic exposures of the whole body including: skull, chest, abdomen, and extremities and may be used on pediatric, adult and bariatric patients.

Exposures may be taken with the patient sitting, standing, or in the prone position. MULTIX Impact is not intended for mammography.

MULTIX Impact uses digital detectors for generating diagnostic images by converting X- rays into image signals. MULTIX Impact is also designed to be used with conventional film/screen or Computed Radiography (CR) cassettes.

7. Substantial Equivalence

The MULTIX Impact (VA20) is a modification of the predicate device, the MULTIX Impact, cleared via K193089. The subject device is within the same classification regulation, has the same indications for use, and the same mechanical design as the predicate device. The MULTIX Impact (VA20) is substantially equivalent to the predicate device and documentation is provided to support a claim of substantial equivalence.

8. Summary of Technological Characteristics of the Subject Device as Compared with the Predicate Device

The MULTIX Impact (VA20) is substantially equivalent to the commercially available MULTIX Impact (K193089) in terms of the indications for use, design, material, functionality, technology, and energy source. The subject device uses the same or similar components cleared in the MULTIX Impact (e.g. tube, generator, detectors, collimator, BWS, patient table and imaging system).

The components of the subject device have many of the same technological characteristics as those in the predicate device. Some technological characteristics that differ slightly are shown in the comparison tables below. Verification and validation testing have been successfully completed and test results show that the subject device, MULTIX Impact (VA20) with all its components, is substantially equivalent to the predicate device.

The modifications made to the subject device, MULTIX Impact (VA20), do not affect the intended use of the device nor do they alter its fundamental scientific technology compared to the predicate device, the MULTIX Impact (K193089).

The following tables compare the main performance data of the subject device with the predicate device.

Table 1: Indications for Use Comparison:

| Attribute | MULTIX Impact VA20 (Subject) | MULTIX Impact K193089 (Predicate) | Comparison Results |
|---------------------|--|---|---------------------------------------|
| Indications for Use | MULTIX Impact is a radiographic system used in hospitals, clinics, and medical practices. MULTIX Impact enables radiographic exposures of the whole body including: skull, chest, abdomen, and extremities and may be used on pediatric, adult and bariatric patients. Exposures may be taken with the patient sitting, standing, or in the prone position. MULTIX Impact is not intended for mammography. MULTIX Impact uses digital detectors for generating diagnostic images by converting X- rays into image signals. MULTIX Impact is also designed to be used with conventional film/screen or Computed Radiography (CR) cassettes. | 1 | Same (Minor grammatical changes only) |

Table 2: Subject Device Compared to Predicate

| Attribute | MULTIX Impact (VA20) (Subject) | MULTIX Impact (VA11) K193089 (Predicate) | Comparison Results |
|------------------------------|---|--|---|
| Tube Stand (TS) | Floor mounted semi-motorized TS - Manual tube tilting - Manual longitudinal movement | Floor mounted semi- motorized TS - Manual tube tilting - Manual longitudinal movement | Same |
| | Floor mounted fully motorized TS - Manual tube tilting - Motorized tube lifting - Manual longitudinal movement - Motorized tube tilting - Motorized longitudinal | - Motorized tube lifting | Improved to support more operational possibilities. |
| Ortho | Hardware: Ortho Stand | N.A. | New option to support |
| function (option) | Software: three options - Smart Ortho - Smart Virtual Ortho - Auto Full-Spine & Long- Leg Collimation | N.A. | more operational possibilities. |
| Collimator | Manual collimator | Manual collimator | Same |
| | Automatic collimator | Automatic collimator | Same |
| | Modified automatic collimator | N.A. | New option. |
| Detector | - Trixell Pixium 3543EZH (MAX wi-D) - iRay Mars1717VS (Core XL) - iRay Venu1717X (Core Static) | Trixell Pixium 3543EZH (MAX wi-D) iRay Mars1717VS (Core XL) iRay Venu1717X (Core Static) | Same |
| Bucky Wall Stand (BWS) | New BWS with manual or motorized height adjustment - 5 field AEC - Option for detector unit with manual or motorized lifting scope of 315mm~1750mm | BWS with manual or motorized height adjustment - 3 field AEC - Option for detector unit with manual or motorized lifting scope of 330mm~1800mm | Improved to support more operational possibilities. |

| Attribute | MULTIX Impact (VA20) (Subject) | MULTIX Impact (VA11) K193089 (Predicate) | Comparison Results |
|--|---|--|---|
| Imaging System | Software version: VA20 | Software version: VA11 | New SW version with features like Ortho function, SmartMove, and modifications to support hardware changes. |
| | User interface: - Operation tabs are on the top area | User interface: - Operation tabs are on the right sidebar | Improved user interface. |
| Other minor | modifications | | |
| Patient table | Elevating Patient table with - 5 field AEC | Fixed or elevating patient table with - 3 field AEC | Improved to support more operational possibilities. |
| Touch User Interface (TUI) | Touch user interface - Physical button with software indicator - Modified user interface for Ortho function | Touch user interface - Physical button with silkscreen | Improved to support more operational possibilities. |
| Wireless Remote Control Console (WRCC) | Collimation control BWS lifting control Enabled tracking Tube stand motion control SmartMove button | Collimation controlBWS lifting controlEnabled tracking | Improved to support more operational possibilities. |

Table 3: Comparison of Ortho function to reference device

| Technical Specifications | MULTIX Impact (VA20) (subject) | Ysio X.pree (K201670) (reference) | Comparison Results |
|-----------------------------|--|--|----------------------------|
| Otho Support | Accessory | Accessory | Same |
| Smart Ortho | Tilting Ortho: Ortho range set by adjusting collimator and tube tilt | Tilting Ortho: Ortho range set by adjusting collimator and tube tilt | Same |
| Smart Virtual Ortho | Ortho range set by 2D camera in image system | Ortho range set by 3D camera in image system | Similar clinical workflow. |

| & Long-Leg | Otho range automatically planned for Full-Spine & Long-Leg by 2D camera with manual adjustment | planned for Thorax by 3D camera with manual | Similar clinical workflow for different body parts. |
|------------|--|---|---|
| | with manual adjustment | adjustment | |

9. Nonclinical Performance Testing

Non-clinical tests were conducted for the MULTIX Impact (VA20) during product development. The modifications described in this Premarket Notification are supported with verification and validation testing.

MULTIX Impact (VA20) conforms to the following standards: ANSI AAMI ES60601-1:2005/(R)2012 and A1:2012, C1:2009/(R)2012 and A2:2010/(R)2012; IEC 60601-1-3:2013; IEC 60601-1-2:2014; IEC 62366-1:2015; ISO 14971:2007; IEC 60601-1-6:2013; IEC 62304:2015; IEC 60601-2-28:2017; IEC 60601-2-54:2018; NEMA PS 3.1-3.20 (2016) and ISO 10993-1:2009.

All components of the x-ray system MULTIX Impact were tested and found adequate. All test results are a pass and support our claim of device safety and effectiveness.

Software Documentation for a Moderate Level of Concern software per FDA's Guidance Document Guidance for the Content of Premarket Submissions for Software Contained in Medical Devices, issued on May 11, 2005, is also included as part of this submission. The performance data demonstrates continued conformance with special controls for medical devices containing software. Non-clinical tests (integration and functional) were conducted on the MULTIX Impact (VA20) during product development.

The risk analysis was completed, and risk controls were implemented to mitigate identified hazards. The test results support that all the software specifications have met the acceptance criteria. Verification and validation testing were found acceptable to support the claim of substantial equivalence.

10. General Safety and Effectiveness Concerns

Instructions for use are included within the device labeling and the information provided will enable the user to operate the device in a safe and effective manner. Several safety features, including visual and audible warnings, are incorporated into the system design. In addition, the MULTIX Impact (VA20) Radiography X-ray system is continually monitored and if an error occurs the system functions will be blocked and an error message will be displayed.

Risk management is ensured via a hazard analysis which is used to identify potential hazards. These potential hazards are controlled via software development, verification, and validation testing. To minimize electrical, mechanical, and radiation hazards, Siemens adheres to recognized and established industry practice, and all equipment is

subject to final performance testing. Furthermore, the operators are healthcare professionals familiar with and responsible for the x-ray examinations to be performed.

11. Conclusion as to Substantial Equivalence

The MULTIX Impact (VA20) has the same indications for use as the predicate device, MULTIX Impact (K193089). The operating environment and mechanical design are similar.

Verification and validation testing demonstrate that the MULTIX Impact (VA20) performs as intended. The non-clinical test data demonstrate that the MULTIX Impact (VA20) device performance is comparable to the predicate device that is currently marketed for the same intended use.

In summary, Siemens concludes that the MULTIX Impact (VA20) does not introduce any new potential safety risks and is substantially equivalent to and performs as well as the predicate device, MULTIX Impact (K193089).

12. Guidance documents

The following FDA guidance documents were utilized in the documentation of this Premarket Notification:

- Content of Premarket Submissions for Management of Cybersecurity in Medical Devices Guidance for Industry and Food and Drug Administration Staff Document issued on: October 2, 2014
- Information to Support a Claim of Electromagnetic Compatibility (EMC) of Electrically-Powered Medical Devices Guidance for Industry and Food and Drug Administration Staff

 Document issued on July 11, 2016.
- Pediatric Information for X-ray Imaging Device Premarket Notifications Guidance for Industry and Food and Drug Administration Staff
 Document issued on November 28, 2017.
- Guidance for the Submission of 510(k)s for Solid State X-ray Imaging Devices Guidance for Industry and Food and Drug Administration Staff
 Document issued on: September 1, 2016
- Guidance for Industry and FDA Staff Guidance for the Content of Premarket Submissions for Software contained in Medical Devices

 Document issued on: May 11, 2005
- Appropriate Use of Voluntary Consensus Standards in Premarket Submissions for Medical Devices Guidance for Industry and Food and Drug Administration Staff

Document issued on: September 14, 2018

• The 510(k) Program: Evaluating Substantial Equivalence in Premarket Notifications [510(k)] Guidance for Industry and Food and Drug Administration Staff

Document issued on: July 28, 2014

• Radio Frequency Wireless Technology in Medical Devices Guidance for Industry and Food and Drug Administration Staff

Document issued on: August 14, 2013