

#### September 6, 2023

Beijing Sano Laser S&T Development Co., Ltd % Heather Wang Consultant Microkn Medical Technology Service (Shanghai) Co.,Ltd. Room 901, No. 889, Pinglu Road, Jing'an District Shanghai (Shanghai Jing'an HUAFA Center) Shanghai, 200435 China

Re: K230024

Trade/Device Name: HI-EMT MAGSHAPE Regulation Number: 21 CFR 890.5850

Regulation Name: Powered Muscle Stimulator

Regulatory Class: Class II

Product Code: NGX Dated: July 25, 2023 Received: July 25, 2023

### Dear Heather Wang:

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 <a href="https://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfpmn/pmn.cfm">https://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfpmn/pmn.cfm</a> 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 <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 <a href="https://www.fda.gov/combination-products/guidance-regulatory-information/postmarketing-safety-reporting-combination-products">https://www.fda.gov/combination-products/guidance-regulatory-information/postmarketing-safety-reporting-combination-products</a>); 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 <a href="https://www.fda.gov/medical-devices/medical-device-safety/medical-device-reporting-mdr-how-report-medical-device-problems">https://www.fda.gov/medical-device-problems</a>.

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

Sincerely,

# **Tushar Bansal -S**

for Heather Dean, PhD
Assistant Director, Acute Injury Devices Team
DHT5B: Division of Neuromodulation
and Physical Medicine Devices
OHT5: Office of Neurological
and Physical Medicine Devices
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)

Form Approved: OMB No. 0910-0120

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

K230024
Device Name HI-EMT MAGSHAPE
ndications for Use ( <i>Describe</i> ) Improvement of abdominal tone, strengthening of the abdominal muscles, development of firmer abdomen. Strengthening, Toning and Firming of buttocks, thighs and calves. Improvement of muscle tone and firmness, for strengthening muscles in arms.
Гуре of Use <i>(Select one or both, as applicable)</i>
Prescription Use (Part 21 CFR 801 Subpart D)

This section applies only to requirements of the Paperwork Reduction Act of 1995.

CONTINUE ON A SEPARATE PAGE IF NEEDED.

### \*DO NOT SEND YOUR COMPLETED FORM TO THE PRA STAFF EMAIL ADDRESS BELOW.\*

The burden time for this collection of information is estimated to average 79 hours per response, including the time to review instructions, search existing data sources, gather and maintain the data needed and complete and review the collection of information. Send comments regarding this burden estimate or any other aspect of this information collection, including suggestions for reducing this burden, to:

Department of Health and Human Services Food and Drug Administration Office of Chief Information Officer Paperwork Reduction Act (PRA) Staff PRAStaff@fda.hhs.gov

"An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB number."

# 510(k) Summary K230024

## 1. Contact information

## 1.1. Applicant

Applicant Name: Beijing Sano Laser S&T Development Co., Ltd.

Address: Room 7-201, No.1, Caida 3rd Street, Nancai Town, Shunyi

District, Beijing, China.

Contact Person: Hongbo Zhang

Title: Manager

Tel: +86 10 53006037-830

Email: alex@sanolasers.com

Date prepared: Dec. 15, 2022

### 1.2. Consultant

Company: Microkn Medical Technology Service (Shanghai) Co.,Ltd.

Address: Room 901, No. 889, Pinglu Road, Jing'an District,

Shanghai (Shanghai Jing'an HUAFA Center)

Contact Person: Heather. Wang

Telephone: +86 13166194697

Email: heather.wang@microkn.com

### 2. Device information

1

• Trade Name: HI-EMT MAGSHAPE

• Classification Name: Stimulator, Muscle, Powered, for Muscle Conditioning

• Model(s): SHE-MSP003, SHE-MSP002, SHE-MSP001

• Classification: II

Product Code: NGX

• Regulation Number: 21 CFR 890.5850

### 3. Indications for Use

• Improvement of abdominal tone, strengthening of the abdominal muscles, development of firmer abdomen.

• Strengthening, Toning and Firming of buttocks, thighs and calves.

• Improvement of muscle tone and firmness, for strengthening muscles in arms.

# 4. Legally Marketed Predicate Device

Product name: BTL 799-2L

510(k) Number: K190456

Product Code: NGX

Manufacture: BTL Industries, Inc.

# 5. Description of the device

The proposed device is a type of the most advanced electromagnetic, non-invasive treatment machine (with attachments). It is used for muscle

2

tension enhancement and muscle strengthening on abdomen, hips, thighs, arms, etc.

Three models (SHE-MSP003, SHE-MSP002 and SHE-MSP001) are included in HI-EMT MAGSHAPE series products, and they have the same intended purposes, working theories and specifications.

The main components of proposed device shown in **Table 1**.

**Table 1 Main Components of Proposed Device** 

Components	Functions	Applied to
	Deliver Electromagnetic Field Energy to Body Part to be Treated	ALL Models
Color Touch Screen	User Interface and System Used for Control	ALL Models
Air Switch	Protect the System	ALL Models
KEY Switch	Start the System	ALL Models

### **6. Non-Clinical Test conclusion**

Non clinical tests were conducted to verify that the proposed device met all design specifications as was Substantially Equivalent (SE) to the predicate device. The test results demonstrated that the proposed device complies with the following standards:

- IEC 60601-1 Medical electrical device Part1: General requirements for basic safety and essential performance
- IEC 60601-1-2 Medical electrical equipment- Part 1-2: General requirements for basic safety and essential performance- Collateral standard: Electromagnetic compatibility- Requirements and tests

## 7. Clinical Test Conclusion

No clinical study is included in this submission.

# 8. Substantially Equivalent (SE) Comparison

The HI-EMT MAGSHAPE has been carefully compared to legally marketed devices with respect to intended use, configuration, principle of operation (**Table 2**), performance specifications (**Table 3**).

**Table 2 General Comparison** 

	Proposed Device	Predicate Device		
Item	HI-EMT MAGSHAPE K230024	BTL 799-2L K190456	Remark	
Product	NGX	NGX	Same	
Code	NOX	11021	Same	
Regulation	21CFR 890.5850	21 CFR 890.5850	Same	
Number	21CFK 890.3830	21 CFR 890.3830	Same	
T 1' 4'	• Improvement of	• Improvement of		
Indications	abdominal tone,	abdominal tone,	Same	
for Use	strengthening of the	strengthening of the		

	Proposed Device	Predicate Device	
Item	HI-EMT MAGSHAPE	BTL 799-2L	Remark
	abdominal muscles,	abdominal muscles,	
	development of	development of	
	firmer abdomen.	firmer abdomen.	
	• Strengthening,	• Strengthening,	
	Toning and Firming	Toning and Firming	
	of buttocks, thighs	of buttocks, thighs	
	and calves.	and calves.	
	• Improvement of	• Improvement of	
	muscle tone and	muscle tone and	
	firmness, for	firmness, for	
	strengthening	strengthening	
	muscles in arms.	muscles in arms.	
	Initiating action	Initiating action	
Principle of	potential of nerves	potential of nerves	Some
Operation	results in muscle	results in muscle	Same
	contraction.	contraction.	
Type of use	Prescription use	Prescription use	Same

**Table 3 Performance Comparison** 

Item	Proposed Device	Predicate Device	Remark	
Item	HI-EMT MAGSHAPE	BTL 799-2L	Kemark	
Electronic Protection Class	Class I, Type B	Class II, Type BF	Similar Note 1	
User Interface	Touch screen	Touch screen	Same	
Type of Energy	Magnetic field	Magnetic field	Same	
Magnetic Field Intensity	0-2 T	BTL 299-6 applicator: 0.5 - 1.8 T±20% BTL 299-7 applicator: 0.7 - 2.0 T±20%	Similar Note 2	
Pulse Repetition Rate	F1:1-10Hz F2:1-100Hz	1-150 Hz	Similar Note 2	
Pulse Duration	300 μ s	BTL 299-6 applicator:	Similar Note 2	

	Proposed Device	Predicate Device	D 1	
Item	HI-EMT MAGSHAPE BTL 799-2L		Remark	
		280 ±20% μ s  BTL 299-7  applicator: 190 ±20% μ s		
Selection of parameters (Intensity, Time)	Yes	Yes	Same	
Therapy Time	Up to 60 min	Up to 60 min	Same	
Energy Source	AC110V, 60Hz	100-240 V AC, 50-60 Hz	Similar Note 1	
System Dimensions (D × W × H)	MSP001: 520 *  440 * 1240mm,  Tolerance: ≤±.  5%  MSP002: 530 *  400* 1140mm,  Tolerance: ≤ ±.  5%  MSP003: 550 *	580 × 580 × 1380 mm (23 × 23 × 55 in)	Similar Note 3	

Item	Proposed Device	Predicate Device	Remark
110111	HI-EMT MAGSHAPE	BTL 799-2L	
	$400 * 1140$ mm, Tolerance: $\leq \pm 5\%$		
Ambient Temperature	+ 16°C ~ + 35°C	-10 ° C ~ + 55 ° C	Similar Note 4
Relative Humidity	80%, No Condensation	10% to 85%	Similar Note 4
Environmental Specifications	For indoor use only	For indoor use only	Same

### Note 1

The proposed device HI-EMT MAGSHAPE has minor difference on Electronic Protection Class and Energy Source with the predicate device BTL 799-2L, but the proposed device had passed IEC 60601-1 and IEC 60601-1-2 test codes, so these differences don't raise any new safety and effectiveness issues.

### Note 2

The proposed device HI-EMT MAGSHAPE has differences on stimulation parameter with the predicate device BTL 799-2L. The differences do not raise new question of safety and or effectiveness.

### Note 3

The proposed device HI-EMT MAGSHAPE has minor difference on System Dimensions with the predicate device BTL 799-2L, but differences on appearance design will not affect the effectiveness and performance of the product and will not increase the risk of the product. So, it doesn't raise any new safety and effectiveness issues.

### Note 4

The proposed device HI-EMT MAGSHAPE has minor difference on Ambient Temperature and Relative Humidity with the predicate device BTL 799-2L, but the proposed device had passed the accelerated aging test, so the difference won't raise any new safety and effectiveness issues.

Safety comparison has been done to validate the EMC specification and safety of the device (Table 4).

Item	<b>Proposed Device</b>	Predicate Device	Remark
Electrical	Comply with IEC	Comply with IEC	Same
safety	60601-1	60601-1	
EMC	Comply with IEC	Comply with IEC	Same
	60601-1-2	60601-1-2	

## Biocompatibility Consideration:

The skin contacting element is Acrylonitrile butadiene styrene (ABS). The biocompatibility of the device was assessed in accordance with FDA's 2020 Biocompatibility Guidance "Use of International Standard ISO 10993-1, 'Biological evaluation of medical devices - Part 1: Evaluation and testing within a risk management process"

# 9. Substantially Equivalent (SE) Conclusion

Based on the comparison and analysis above, the proposed device is determined to be Substantially Equivalent (SE) to the predicate device.